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

	<u> </u>				
Submission Identif	ification Number (SID)				
Taxpayer's name	<u> </u>	Social securit	y numbo	er	
DEEPIKA MORA	A	121-11-	- -2677	,	
Spouse's name		Spouse's soc			r
Part I Tax F	Return Information — Tax Year Ending December 31, 2022 (E	ntor year you a	ro quit	horizina	1
	rs only on lines 1 through 5.	nter year you a	re auti	nonzing	<u>·)</u>
	Sofily of lines 1 through 5SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	pross income		11	67	7,015.
2 Total tax			2		7,514.
	come tax withheld from Form(s) W-2 and Form(s) 1099		3		,048.
	ou want refunded to you		4		3,534.
5 Amount yo	•		5		70011
Part II Taxp	payer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	ırn)
my knowledge and return (original or am to send my return to for any delay in proc Agent to initiate an A payment of my feder authorization is to repayment, I must co business days prior taxes to receive cor	perjury, I declare that I have examined a copy of the income tax return (original or amer belief, it is true, correct, and complete. I further declare that the amounts in Part I mended) I am now authorizing. I consent to allow my intermediate service provider, training to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for cessing the return or refund, and (c) the date of any refund. If applicable, I authorize the ACH electronic funds withdrawal (direct debit) entry to the financial institution accounteral taxes owed on this return and/or a payment of estimated tax, and the financial instremain in full force and effect until I notify the U.S. Treasury Financial Agent to term and the training the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation to the payment (settlement) date. I also authorize the financial institutions involved in infidential information necessary to answer inquiries and resolve issues related to the thorawal Consent.	above are the amount ansmitter, or electron rejection of the trace trace and the U.S. Treasury at indicated in the trace trace and the authorizar requests must be an the processing of the payment. I further the authority is the payment. I further the authority and the payment. I further the trace and the payment. I further the trace and the payment. I further trace and the payment. I further trace and the payment.	ounts from the counts from the counts from the country to compare the country to compare the country to country the country that the country the country that	om the in urn origina sion, (b) the esignated aration so this according to the edno late extronic parameters.	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	check one box only				
	ze GLOBAL TAXES LLC to enter or gener	ate mv PIN	2 6	7 7	as my
_	ERO firm name e on the income tax return (original or amended) I am now authorizing.	ž En		ligits, but all zeros	,
	er my PIN as my signature on the income tax return (original or amended) I are entering your own PIN and your return is filed using the Practitioner PIN n	nethod. The ERC) must	complet	e Part III
Your signature ▶	Deepika Mora	<u>10/0</u>	<u>)4/</u>	202	23_
Snouse's PIN: ch	neck one box only				
I authoriz		rate my PIN			as my
radinonz	ERO firm name	,	ler five d	igits, but	asiny
signature	e on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros	
	er my PIN as my signature on the income tax return (original or amended) I a e entering your own PIN and your return is filed using the Practitioner PIN n				
Spouse's signature	re Date	>			
	Practitioner PIN Method Returns Only—continue be	low			
Part III Certi	ification 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 zer		3 9
authorized to file for	ove numeric entry is my PIN, which is my signature for the electronic individual incorr tax year indicated above for the taxpayer(s) indicated above. I confirm that I am substitutioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	me tax return (origi submitting this retu	nal or a ırn in ad	mended) ccordance	
ERO's signature ▶	Date	>			
	ERO Must Retain This Form — See Instruction				
	Don't Submit This Form to the IRS Unless Requested 1	Γο 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.

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the na	ame of y	· , , , ,	,	_		•	, .	spou	use (QSS	S)
		son is a child but not your dependent										
Your first name	and m	iddle initial	Last na									rity number
DEEPIKA			MORA						-		11-26	
If joint return, s	pouse's	s first name and middle initial	Last na	me						Spouse'	's social s	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				Apt. no.		Preside	ntial Elec	tion Campaigr
ST. PETI	ERSBI	URG									,	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP	code				ointly, want \$3 d. Checking a
Saint Pe	eter	sburg			FL	ı	33	701		_		ot change
Foreign country	y name		F	Foreign province/state/	count	у	Fore	ign postal c	ode	your tax	or refund	d
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco lange, gift, or otherwise dispose of a	,				•		, .	. , .	☐ Yes	s 🗵 No
Standard		eone can claim: You as a de						.,. (555		21.01.01,		
Deduction		Spouse itemizes on a separate return	•	-		и асренает						
Age/Blindness	s You:	: Were born before January 2, 1	958	Are blind Spo	ouse:	☐ Was bor	rn be	fore Janu	ary 2	, 1958	☐ Is I	blind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check t	he bo	x if quali	fies for (se	ee instructions):
If more	(1) F	irst name Last name		number		to you		Child 1	ax cre	edit	Credit for o	other dependents
than four												
dependents, see instruction	s ——											
and check	. —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions) .						1a	1	74,775.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see ins	structions)						1c	;	
attach Forms	d	Medicaid waiver payments not rep			nstru	ctions)				1d	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		· ·						1e		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructi	,				'n			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>						- 4
	Z									1z		74,775.
Attach Sch. B	2a	'	2a			axable interest				2b		
if required.	3a		3a			rdinary divide				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun	τ.			6b)	
Married filing separately,	C	If you elect to use the lump-sum e		•	`	,	•]] 		
\$12,950	7	Capital gain or (loss). Attach Schedule 1. lin					•		٠ ـ	7		7 760
Married filing jointly or	8 9	Other income from Schedule 1, lin		This is your total inc						9		-7,760.
Qualifying surviving spouse,	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche		'						10		67,015.
\$25,900	11	Subtract line 10 from line 9. This is					•		٠.	11		67 015
 Head of household, 	12	Standard deduction or itemized	-	-			•			12		67,015.
\$19,400 • If you checked	13	Qualified business income deducti				 5-Δ	•			13		12,950.
any box under	14	Add lines 12 and 13								14		12,950.
Standard Deduction,	15	Subtract line 14 from line 11. If zer								15		54,065.
see instructions.		Castact into 14 Hottl little 11. II Zel	0 01 103	5, 511151 5 - 1111515 y	Jui t	azabie ilicoli	.0			13	<u>' </u>	J=,005.

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	7,514.
Credits	17	Amount from Schedule 2, line 3	3					. 17	
	18	Add lines 16 and 17						. 18	7,514.
	19	Child tax credit or credit for oth	er dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8	3					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18. If	zero or less,	enter -0				. 22	7,514.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is you	ur total tax					. 24	7,514.
Payments	25	Federal income tax withheld from							
-	а	Form(s) W-2				25a	11,04	18.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	11,048.
If you have a	26	2022 estimated tax payments a	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 S	Schedule 8812	2		28			
	29	American opportunity credit fro	m Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	5			31			
	32	Add lines 27, 28, 29, and 31. The	nese are your	total other pa	ayments and ref	undable cred	lits .	. 32	
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments				. 33	11,048.
Refund	34	If line 33 is more than line 24, s	ubtract line 2	4 from line 33.	This is the amou	int you overp	aid .	. 34	3,534.
riciana	35a	Amount of line 34 you want ref			is attached, che	ck here .		□ 35a	3,534.
Direct deposit?	b	Routing number 2 6 7 0			c Type:	Checking	☐ Savir	ngs	
See instructions.	d	Account number 8 3 1 1	8 1 3	5 6					
	36	Amount of line 34 you want app	olied to your	2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go to						. 37	
	38	Estimated tax penalty (see instr	ructions) .			38			
Third Party Designee		you want to allow another pertructions					s. Compl	ete below.	X No
		signee's		Phone				dentification	
	nar			no.			number (P		
Sign Here		der penalties of perjury, I declare that ief, they are true, correct, and comple			, , ,		,		, ,
TICIC	Yo	ur signature		Date	Your occupation			Protection F	ent you an Identity PIN, enter it here
Joint return?					IT EMPLOY			(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, bot l	h must sign.	Date	Spouse's occupa	tion			ent your spouse an section PIN, enter it here
	———	one no. (813)809-4642		Email address	DEEPIKAD.1	∩1@СМЛТТ		. ,	
			eparer's signat		PEEFINAD.	Date	PTI	V	Check if:
Paid					AR DUDIPALLI			2470833	Self-employed
Preparer		L		. FAVAIN NUM	WY DONIENTI	101/00/20			
Use Only		m's name GLOBAL TAXE m's address 245 ROONEY		INICHITAK M	J 08816				(678)965-9522
0-1				TANAMACE INC				Firm's EIN	88-2145487
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the latest in	ntormation.		BAA	REV 03/22/23 F	PRO		Form 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment

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.

Doubl Adalitie	val la carac		
DEEPIKA MORA		121-11	-2677
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	al security numbe
Internal Revenue Service	do to www.ns.gov/r orm/ro40 for instructions and the latest information.		Sequence No. 01

Par	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. Att		5	-7,760.
6	Farm income or (loss). Attach Schedule F		6	•
7	Unemployment compensation		7	
8	Other income:		-	
а	Net operating loss	8a ()	
b	Gambling	8b	4	
C	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
e	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		
i	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
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-SF	, or 1040-NR, line 8	10	-7,760.

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-	basis 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 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 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			24a		
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			24b	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			24d		
f Contributions to section 501(c)(18)(D) pension plans	е		040		
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)	_		249		
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	"		24h		
from the IRS for information you provided that helped the IRS detect tax law violations	i	` <i>'</i>	2-711		
tax law violations	٠				
j Housing deduction from Form 2555			24i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		,		
z Other adjustments. List type and amount:	•••		24k		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		24z		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	•			
				26	

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

2022 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

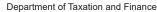
Go to www.irs.gov/ScheduleE for instructions and the latest information.

) snown on return							al security	
	PIKA MORA	1.0	. 102				121-1	1-2677	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instruc	tions. If you	are an indi	vidual, rep	ort farm
Α [Did you make any payments in 2022 that would require you	to file	Form(s) 1	099? S	See inst	tructions .		. 🗌 Ye	es 🗵 No
B	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
	H.NO.29-1415/8, KAKATIYANA NEREDMET TE		<u> </u>	F F O O) F 6				
A B	H.NO.29-1415/6, KAKAIIIANA NEREDMEI IE	ггиис	ANA IIV	500	J 5 6				
C									
1b	Type of Property 2 For each rental real estate prope	utu liat	e a d		Fai	r Rental	Воновн	nal Use	
ID	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				_	Days		iai ose iys	QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f			В		303			
C	qualified joint venture. See instru	ıctions	S.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
	·		,						
						Propert	ies:		
Incom				A	50.	В			С
3 4	Rents received	3		4	50.				
Exper	Royalties received	4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	00				
8	Commissions	8		1,0	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,5	60.				
15	Supplies	15		1,9					
16	Taxes	16							
17	Utilities	17		1,8	90.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,2	10.				
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		-7,7	60.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(7,76	0.)()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		450.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	3	3,210.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estate							(7,760.
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, IV, and line 40 on page 2 do not								

26

-7,760.

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





New York State E-File Signature Authorization for Tax Year 2022 For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Electronic return originator (ERO): Do **not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name	Spouse's name (jointly filed return only)
DEEPIKA MORA	

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X. Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, and NYC-210, Claim for New York City School Tax Credit. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers, available on our website.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2022 Form IT-370 and Tax Year 2023 Form IT-2105.

Part A – Tax return information

1	Federal adjusted gross income (from applicable line)	1.	67015.
2	Refund	2.	54.
3	Amount you owe	3.	
	Financial institution routing number	4.	267084131
	Financial institution account number		831181356
			•

6 Account type: ☒ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2022 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2022 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2022 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date
Spouse's signature (jointly filed return only)	Date

Part C – Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2022 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2022 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Do not mail Form TR-579-IT to the Tax Department:

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name GLOBAL TAXES LLC	Date
Paid preparer's signature	Print name VENKATA SAI PAVAN KUMAR DUDIPALLI	Date 04082023

Department of Taxation and Finance

Nonresident and Part-Year Resident Income Tax Return

IT-203

New York State • New York City • Yonkers • MCTMT

22

EEPIKA	or help completing your return, see the instructions, Form IT-203-I. Your first name and middle initial Your last name (for a joint return, enter spouse's name on line below)					dyyyy)	Your S	ocial Se	curity nur	nber	
	MORA	11301989			121112677						
Spouse's first name and middle initial Spouse's last name					Spouse's date of birth (mmddyyyy) Spouse's Social Security num				y numbe	r	
ailing address (see instructions) (nu	mber and street or PO Bo	x)			Apartment numb	er	New Y	ork State	county	of reside	nce
T PETERSBURG							NR				
ity, village, or post office	Sta	te ZIP code	Country				School	l district ı	name		
AINT PETERSBURG	FI	33701	UNITED	ST	ATES		NR				
expayer's permanent home addres	SS (see instructions) (no. a	nd street or rural route)	Apartment no.		City, village, or p	ost office			l district		
tate ZIP code C	ountry				Decedent information	Taxpayer	's date o		number Spouse'	s date o	f dea
X in one box): (enter bo	ependent on another	y numbers above) ifying person) Yes No X	E G	(1) D cr (2) E New (1) N (2) N in Enter code New Enter or ou On that 1) Li N N (3) Li	ders part-year id you receive redit? (see instructors for city particular of montal NY City in 202 regions of the date you it of NYS (mmd in elast day of the last day of the	a homeo uctions) t-year re ths you li ths your 22 cter speciale rt-year r moved in dyyyy) yes; recei uring non yes; recei	sident ived in spous cial co resident ived in ived in ived in ived in ived in ived in ived no	s only NY City e lived ndition nts come from periode income	y in 2022		
Dependent information	III		I	living	rou or your spo quarters in N s, complete Form	/S in 202	22?		.Yes	No	。[
First name and middle initial	Last name	Relation	onship		Social Secu	rity numb	er	Dat	e of birt	h (mmda	lyyyy,

REV 01/27/23 PRO

Federal amount

121112677

Federal income and adjustments Whole dollars only Whole dollars only 74775.00 11180.00 1 Wages, salaries, tips, etc. 1 1 2 Taxable interest income 2 .00 2 3 3 Ordinary dividends00 .00 Taxable refunds, credits, or offsets of state and local 4 4 .00 income taxes (also enter on line 24)00 5 .00 5 .00 5 Alimony received 6 Business income or loss (submit a copy of federal Sch. C, Form 1040) 6 .00 6 .00 7 7 .00 7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .00 Other gains or losses (submit a copy of federal Form 4797) 8 .00 8 .00 9 9 Taxable amount of IRA distributions. Beneficiaries: mark **X** in box .00 .00 Taxable amount of pensions/annuities. Beneficiaries: mark **X** in box 10 .00 10 .00 Rental real estate, royalties, partnerships, S corporations, -7760.00 trusts, etc. (submit a copy of federal Schedule E, Form 1040) 11 11 .00 12 Rental real estate included in line 11 (federal amount) 12. -7760.00**13** Farm income or loss (submit a copy of federal Sch. F, Form 1040) 13 13 .00 .00 Unemployment compensation..... 14 .00 14 .00 Taxable amount of Social Security benefits (also enter on line 26) 15 .00 15 .00 Other income | Identify: 16 .00 16 .00 Add lines 1 through 11 and 13 through 16 17 67015.00 11180.00 17 Total federal adjustments to income Identify: 18 .00 18 .00 19 67015.00 19 11180.00 19 Federal adjusted gross income (subtract line 18 from line 17)... 19a Recomputed federal adjusted gross income (see Line 19a worksheets) | 19a 67015.00 19a 11180.00 **New York additions** 20 Interest income on state and local bonds and obligations (but not those of New York State or its localities) 20 .00 20 .00 21 Public employee 414(h) retirement contributions 21 .00 21 .00 **22** Other (Form IT-225, line 9) 22 22 .00 .00 11180.00 23 Add lines 19a through 22 67015.00 23 **New York subtractions** 24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)00 24 .00 25 Pensions of NYS and local governments and the federal government 25 .00 25 .00 **26** Taxable amount of Social Security benefits (from line 15) 26 .00 26 .00 27 Interest income on U.S. government bonds 27 27 .00 .00 Pension and annuity income exclusion 28 .00 28 .00 Other (Form IT-225, line 18) 29 29 .00 .00 Add lines 24 through 2900 30 67015.00 11180.00 New York adjusted gross income (subtract line 30 from line 23) 31





32 Enter the amount from line 31, Federal amount column

67015.00

New York State amount

0.00

540.00

56

IT-203 (2022) Page 3 of 4

DE	EPIKA MORA		121112677		REV 01/27/23 PRO
Sta	andard deduction or itemized deduction				
33	Enter your standard deduction or your itemized deduction	on (fro	om Form IT-196).		
	Mark an X in the appropriate box:	•	, , , , , , , , , , , , , , , , , , ,	33	00.000
34	Subtract line 33 from line 32 (if line 33 is more than line 32, le			34	59015.00
	Dependent exemptions (enter the number of dependents listed		•	35	000.00
36	New York taxable income (subtract line 35 from line 34)			36	59015.00
Tax	c computation, credits, and other taxes				
	New York taxable income (from line 36)			37	59015.00
	New York State tax on line 37 amount	38	3240.00		
	New York State household credit	39	.00.		
	Subtract line 39 from line 38 (if line 39 is more than line 38, lea	40	3240.00		
	New York State child and dependent care credit	41	.00		
	Subtract line 41 from line 40 <i>(if line 41 is more than line 40, lea</i> r	42	3240.00		
43	New York State earned income credit	43	.00		
44	Base tax (subtract line 43 from line 42; if line 43 is more than line	42, le	ave blank)	44	3240.00
	Income New York State amount from line 31 percentage	F	ederal amount from line 31		Round result to 4 decimal places
	percentage 11180.00 ÷		67015.00	45	0.1668
16	Allocated New York State tay (multiply line 44 by the decimal of	n lina	45)	46	540.00
	Allocated New York State tax (multiply line 44 by the decimal or		•	47	.00
	7 New York State nonrefundable credits (Form IT-203-ATT, line 8)				540.00
	Net other New York State taxes (Form IT-203-ATT, line 33)			48 49	.00
	50 Total New York State taxes (add lines 48 and 49)				540.00
	<u> </u>			50	310100
Ne	w York City and Yonkers taxes, credits, and surcharges,	and	MCTMT		
51	Part-year New York City resident tax (Form IT-360.1)	51	.00		See instructions to compute
52	Part-year resident nonrefundable New York City				New York City and Yonkers
	child and dependent care credit	52	.00		taxes, credits, and
52a	Subtract line 52 from 51	52a	.00]	surcharges, and MCTMT.
52b	MCTMT net				
	earnings base 52b .00				
	MCTMT	52c	.00		
	Yonkers nonresident earnings tax (Form Y-203)	53	.00	J	
54	Part-year Yonkers resident income tax surcharge			1	
	(Form IT-360.1)	54	.00		
55	Total New York City and Yonkers taxes / surcharges and M	СТМТ	(add lines 52a, and 52c through 54)	55	.00

Enter your Social Security number



Name(s) as shown on page 1



56 Sales or use tax (Do not leave blank.)

Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT,

99-R	
	NO
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4 .00 4 .00	ITTEN
.00 4 .00	ENT
the your	TRIES
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ation	ON
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	FOR

59 I	Enter amount from line 58					59	540.00
Pa	yments and refundable credits						
60	Part-year NYC school tax credit (fixed amount) (also complete E on front)	60			.00		If applicable, complete
60a	NYC school tax credit (rate reduction amount)	60a			.00		Form(s) IT-2 and/or IT-1099-R and submit them with your
61			İ		.00	.	return.
62	Total New York State tax withheld	-			594.00		Do not send federal
63		-			.00	1	Form W-2 with your return.
	Total Yonkers tax withheld	-			.00	7	1 Olin W-2 Willi your rotain
65					.00	-	
	Total payments and refundable credits (add lines 60 thro	-				66	594.00
Yo	ur refund, amount you owe, and account information						
67	Amount overpaid (if line 66 is more than line 59, subtract line	e 59 fr	om line 66)			67	54.00
	Amount of line 67 available for refund (subtract line 69 from					-	54.00
	TIP: Use this amount to check your refund status online.		,				
68a	Amount of line 68 that you want to deposit into a NYS 529 account	(Form	IT-195, line 4) (also subr	nit Form IT-195)	68a	.00
	Total refund after NYS 529 account deposit (subtract line 68	•	, ,		,	68b	54.00
69	Mark one refund choice: X direct deposit to savings account Amount of line 67 that you want applied to your 2023			r	paper check	(Refund? Direct deposit is the easiest, fastest way to get your refund.
	estimated tax (see instructions)	69			.00	1	See instructions for payment
70	Amount you owe (if line 66 is less than line 59, subtract line 6		line 59). To	pay by	electronic		options.
	funds withdrawal, mark an X in the box and fill in I	lines -	73 and 74. I	f you pa	ay by check		
	or money order you must complete Form IT-201-V and	mail	it with your	return		70	.00
71	Estimated tax penalty (include this amount on line 70,						
	or reduce the overpayment on line 67)	71			.00		See instructions for the
72	Other penalties and interest	72			.00		proper assembly of your return.
	Account information for direct deposit or electronic funds v		rawal.			,	return.
	If the funds for your payment (or refund) would come from (unt outs	ide the U.S.,	mark	c an X in this box
	73a Account type: X Personal checking - or - Personal checking	rsonal	savings - o	r	Business ch	neckir	ng - or - Business savings
			Ü				
	73b Routing number 267084131 73c	c Acc	count number			831	1181356
74	Electronic funds withdrawal	Date			Amour	nt _	.00
	In the state of th		- Desi	1			D and identification
ا	Third-party Print designee's name signee? (see instr.)		Desig	gnee's pr	none number		Personal identification number (PIN)
)			
Yes							
((see instructions) ex	YTPRIN xcl. code			•	yer(s	s) must sign here ▼
	parer's signature NKATA SAI PAVAN KUMAR Preparer's printed name VENKATA SAI PAV	/AN J	KUMAR	Your sig	ınature		
Firm	n's name (or yours, if self-employed) Preparer's PT	ΓIN or S	SSN		cupation		
	OBAL TAXES LLC P02 ress Employer ider	4708			MPLOYEE	OCCUR	pation (if joint return)
1	882	11454		Горошоо	5 Signature una		
		ate	22222	Date			Daytime phone number
E	BRUNSWICK NJ 08816	040	82023	1			()

See instructions for where to mail your return.

Email: DEEPIKAD.101@GMAIL.COM





Email: SYAM@GTAXFILE.COM



Department of Taxation and Finance

Summary of W-2 Statements New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

			Employer's information							
W-2 Record 1			yer's name							
Box a Employee's Social Security nu	mber	COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT								
or this W-2 Record		Employer's address (number and street)								
121112677			QUALITY CIR	STE	150					
Box b Employer identification number	(EIN)	City				State	ZIP code		Country	
133924155		COL	LEGE STATION			TX	7784	5		
Box 1 Wages, tips, other compensation	n	Box 12a /	mount	_	Code	Bo	x 14a Amount			Description
74775.00			100.0	00	C			41	.95 . 00	TXREL
Box 8 Allocated tips		Box 12b A	mount		Code	Bo	x 14b Amount			Description
.00			3932.0	00	DD				.00	
Box 10 Dependent care benefits		Box 12c A	mount		Code	Во	x 14c Amount			Description
.00]).	00					.00	
3ox 11 Nonqualified plans	•	Box 12d A	mount		Code	Bo	x 14d Amount			Description
.00			.(00					.00	
NY State information: Box 15 NY State information:	a	nent plan		os, etc 111	00.08	Box	17a NYS income		neld 94.00	Corrected (W-2c)
Other state information Box 15	h		Box 16b Other state wa	ges, t	tips, etc.	Box	17b Other state in	ncome tax	withheld	
Other state information: Box 15 other s					.00				. 00	
NYC and Yonkers information (see instr.): Locality a Locality b			.00 .00	Loca	lity a	19 Loca	al income tax with	.00 .00	Locality a Locality b	Box 20 Locality name
W-2 Record 2 Box a Employee's Social Security number or this W-2 Record		Emplo	yer's name yer's address (number and	street)					
Box b Employer identification number	(EIN)	City				State	ZIP code		Country	
									-	
Box 1 Wages, tips, other compensation	nn .	L Box 12a <i>A</i>	mount		Code	Bo	x 14a Amount			Description
.00	1			00					.00	2 000.1.p.1.011
Box 8 Allocated tips		Box 12b /		,0	Code	Bo	x 14b Amount		.00	Description
.00	1			00			7		.00	2 coci.pusi.
Box 10 Dependent care benefits	-	Box 12c A		,0	Code	Bo	x 14c Amount		.00	Description
.00	1	DOX 120 7	anount				k 140 / tillount		00	Decempation
			(1111						
Box 11 Nonqualified plans	-	Box 12d A	.(00	Code	Bo	x 14d Amount		.00	Description
· · · · · ·	1	Box 12d A	mount	_	Code	Во	x 14d Amount			Description
3ox 11 Nonqualified plans .00	1	Box 12d A	mount	00	Code	Во	x 14d Amount		.00	Description
.00]	Box 12d A	mount	00 pay					.00	Description Corrected (W-2c)
.00] Retirer a		mount .(00 pay			x 14d Amount	e tax withh	.00	
Box 13 Statutory employee NY State information: Box 15	Retirer a te b	nent plan	mount	oay os, et	c.	Вох			.00	
.00 Box 13 Statutory employee NY State information: Box 15 NY Sta Other state information: Box 15 other s	Retirer a te b tate	nent plan	Third-party sick p Box 16a NYS wages, tip Box 16b Other state wa	oay os, et	.00 tips, etc.	Box 1	17a NYS income	ncome tax	.00 neld .00 withheld	Corrected (W-2c)
.00 Box 13 Statutory employee NY State information: Box 15 NY State Other state information: Box 15 other s NYC and Yonkers nformation (see instr.):	Retirer a te b tate	nent plan	Third-party sick p Box 16a NYS wages, tip Box 16b Other state was ages, tips, etc.	pay pos, etc ges, t	.00 tips, etc.	Box 1	17a NYS income	ncome tax	.00 meld .00 withheld .00	
.00 Box 13 Statutory employee NY State information: Box 15 NY Sta Other state information: Box 15 NY Sta Other state information: Box 15 NY Sta	Retirer a te b tate	nent plan	Third-party sick p Box 16a NYS wages, tip Box 16b Other state wa	oay os, et	c00 tips, etc00 Box	Box 1	17a NYS income	ncome tax	.00 neld .00 withheld	Corrected (W-2c)





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 DEEPIKA MORA 121-11-2677 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) H.NO.29-1415/8, KAKATIYANA NEREDMET TELANGANA IN 500056 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: 3 450. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,000. 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 2,560. 14 14 Repairs . . . 15 Supplies 15 1,960. 16 16 Taxes 17 17 1,890. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 8,210. Total expenses. Add lines 5 through 19 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 21 -7,760.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7.760.)450. 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 8,210. 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 7,760.

26

-7,760.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

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