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

Submission Identification Number (SID)			
Taxpayer's name	ty number		
SAIRAM BENDHE	384-77-	-1997	
Spouse's name	Spouse's soc	ial security number	
DIVYA KUMARI REKALA	982-99	-5383	
Part I Tax Return Information — Tax Year Ending December 31, 202	2 (Enter year you a	re 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 1	
1 Adjusted gross income			,487.
2 Total tax			,538.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,645.
4 Amount you want refunded to you		4 6	,107.
5 Amount you owe		_	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provid to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involtaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ambelectronic Funds Withdrawal Consent.	son for rejection of the trorize the U.S. Treasury as a count indicated in the tall institution to debit the to terminate the authorizal lation requests must be ved in the processing of d to the payment. I furt	ransmission, (b) the notate of the designated of the ax preparation softentry to this account on the color of the received no late of the electronic particle acknowledge.	re reason Financial tware for bunt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only			
	generate my PIN $\frac{7}{2}$	1 9 9 7	as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros	asiny
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.			
Your signature ►	Date ▶		
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or or signature on the income tax return (original or amended) I am now authorizing.		5 3 8 3 ter five digits, but n't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.			
Spouse's signature ▶	Date ►		
Practitioner PIN Method Returns Only—continu	ie below		
Part III Certification and Authentication — Practitioner PIN Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6 1 9 8 er all zeros	9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Pro	am submitting this retu	ırn in accordance	
ERO's signature ▶	Date ►		
ERO Must Retain This Form — See Instruc	ctions		

Don't Submit This Form to the IRS Unless Requested To Do So

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				ed filing separately		_	•	. –	spou	se (QSS)	-	
one box.		u checked the MFS box, enter the r		our spouse. If you	u check	ed the HOH or	r QSS box, en	ter the	child's	name if th	e qualifying	
Your first name		on is a child but not your dependen	Last na	me					Vour son	ial securit	v number	
	and mi	adie ilitiai							Your social security number 384-77-1997			
SAIRAM If joint return s	nouse's	first name and middle initial	BEND Last na						Spouse's social security number			
										9-5383		
DIVYA KU		r and street). If you have a P.O. box, see	REKA				Apt. no.					
	•	MEADOWS DRIVE.) III GOLIN	5113.			4317		Presidential Election Campaign Check here if you, or your			
		ce. If you have a foreign address, also co	nmolete s	naces helow	Stat	te	ZIP code		spouse if filing jointly, want \$3			
LONE TRI		oo. II you have a foreight address, also so	ompioto o	pacco bolow.	CO		80124688	~ 4 l	0		Checking a	
Foreign country			T F	Foreign province/sta			Foreign postal			w will not or refund.	change	
g.,	,			g p		,	The standard from the			You	Spouse	
Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award.	or payn	nent for prope	rtv or services	s): or (b	o) sell.			
Assets		ange, gift, or otherwise dispose of								Yes	⊠ No	
Standard	Som	eone can claim:	ependent	t Your spo	use as	a dependent	· ·					
Deduction		Spouse itemizes on a separate retu	n or you	were a dual-stat	us alien							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind	Spouse:	: Was bo	rn before Janu	ıary 2,	1958	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social secu	ırity	(3) Relationsh	nip (4) Check	the box	if qualifi	es for (see	instructions):	
If more		rst name Last name		number	,	to you	Child	tax cre	dit (Credit for oth	ner dependents	
than four												
dependents, see instruction:												
and check	S											
here \square												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .					1a	11	2,287.	
	b	Household employee wages not r	eported	on Form(s) W-2 .					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)										
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
If you did not	g	•	Vages from Form 8919, line 6									
get a Form W-2, see	h	Other earned income (see instruct	,	ons)							0.	
instructions.	i	Nontaxable combat pay election (see instr	ructions)								
	Z	Add lines 1a through 1h	. i						1z	11	2,287.	
Attach Sch. B	2a		2a			axable interes			2b			
if required.	3a		3a			rdinary divide			3b			
	4a	IRA distributions	4a			axable amoun			4b			
Standard Deduction for—	5a	_	5a				t		5b			
Single or	6a	,	6a				t		6b			
Married filing separately,	c	If you elect to use the lump-sum e		•	`	,		. 🗀	-	1		
\$12,950	7	Capital gain or (loss). Attach Sche						. Ш	7	1	1 000	
Married filing jointly or	8	Other income from Schedule 1, lir							8	1	1,800.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	1 10	00,487.	
\$25,900	10	Adjustments to income from Sche Subtract line 10 from line 9. This is							10	1.0	0 407	
Head of household,	11	Standard deduction or itemized	•						11		00,487.	
\$19,400 If you checked	12 13	Qualified business income deduction		,		 5-Δ			13		25,900.	
any box under	14	Add lines 12 and 13							14	-	<u> </u>	
Standard Deduction,	15	Subtract line 14 from line 11. If ze							15		<u>25,900.</u> 74,587.	
see instructions.	15	Capa dot into 14 Hom into 11. Il 26	.001168	o, onto 10 11115 1	io your t				13	/	I,J0/.	

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check if any fro	om Form(s	s): 1	4 2 4972	3 🗌			16	8,538.
Credits	17	Amount from Schedule 2, line 3 .							17	
	18	Add lines 16 and 17							18	8,538.
	19	Child tax credit or credit for other de	pendents	from Schedu	ıle 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, er	nter -0					22	8,538.
	23	Other taxes, including self-employme	ent tax, fr	om Schedule	2, line 21				23	0
	24	Add lines 22 and 23. This is your total	al tax .						24	8,538.
Payments	25	Federal income tax withheld from:								
	а	Form(s) W-2				25a	14	,645		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c							25d	14,645.
If you have a	26	2022 estimated tax payments and ar	mount app	plied from 20	21 return				26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Schedu	ule 8812			28				
	29	American opportunity credit from For	rm 8863,	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. These a	are your t	otal other pa	yments and refu	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. These are	your tot a	al payments					33	14,645.
Refund	34	If line 33 is more than line 24, subtract	ct line 24	from line 33.	This is the amou	nt you	overpaid		34	6,107.
	35a	Amount of line 34 you want refunded			is attached, ched	ck here			35a	6,107.
Direct deposit?	b	Routing number 1 2 1 1 0 0 7 8 2 c Type: X Checking Savings								
See instructions.	d	Account number 0 6 7 8 1	3 2	4 6						
	36	Amount of line 34 you want applied t	to your 20	023 estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is a For details on how to pay, go to www		•	see instructions .				37	
	38	Estimated tax penalty (see instruction	ns)			38				
Third Party Designee		you want to allow another person structions					Yes. C	omplete	below.	X No
		signee's		Phone				onal iden	tification	
		ne		no.				ber (PIN)		
Sign		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Dec								
Here		ur signature	1	Date	Your occupation	2000 011	an innormativ			nt you an Identity
	10	ur signature		Date Your occupation						IN, enter it here
Joint return?					QA ANALYS	Γ		(see	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must	t sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.								(see	e inst.)	
	Ph	one no. (240)608-8488		Email address	RAMHERE200	3@GI	MAIL.CC	M		
Paid	Pre	eparer's name Preparer	r's signatur	re		Date		PTIN		Check if:
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM I	PRIYA R	AM SAGAR	GUPTA TALLAM	01/	27/2023	P0208	32703	Self-employed
Use Only	Fir	m's name GLOBAL TAXES LI	LC					Pho	one no. (678)965-9522
————	Fir	m's address 245 ROONEY CT I	E BRUN	SWICK NO	Л 08816			Firr	n's EIN	88-2145487
										4040

SCHEDULE 1 (Form 1040)

9

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

SAIRAM BENDHE & DIVYA KUMARI REKALA 384-77-1997 Part | Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 -11,800. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . 5 6 6 7 7 8 Other income: 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e Income from Form 8889 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t **u** Wages earned while incarcerated 8u Other income. List type and amount:

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

-11,800.

9

10

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governr			
	officials. Attach Form 2106	L	12	
13	Health savings account deduction. Attach Form 8889	[13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	[14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction	[17	
18	Penalty on early withdrawal of savings	[18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
İ	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_	1041)			
Z	Other adjustments. List type and amount:			
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	roini 1040 oi 1040-on, iiile 10, oi roini 1040-inn, iiile 10a		20	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **13**

OMB No. 1545-0074

Name(s)	shown on return					Y	our socia	I security	number
SAIR	AM BENDHE & DIVYA KUMARI REKALA					3	384-75	7-1997	
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	ctions. If you are	an indiv	idual, rep	oort farm
Α [Did you make any payments in 2022 that would require you	to file	Form(s) 1	10992 5	See ins	tructions		Y6	es X No
	f "Yes," did you or will you file required Form(s) 1099?								
	Physical address of each property (street, city, state, ZIF								
									
A	SR NAGAR HYDERABAD TELANGANA IN 500072	2							
B									
C									1
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair					I	Person		QJV
	representation of the collection of					Days	Day		
A B	personal use days. Check the Quite if you meet the requirements to f			A B		365		0	
C	qualified joint venture. See instru	ıctions	S.	С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	ıaı	6 Roya			Other (describ	(م		
	Widiti-1 arilly riesidence 4 Commercial		O HOya	111163					
						Properties	S :		
Incom				Α		В			С
3	Rents received	3		6	00.				
_4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 0	0.0				
7	Cleaning and maintenance	7		1,0	00.				
8	Commissions	8							
9	Insurance	9			-				
10	Legal and other professional fees	10		0	0.0				
11 12	Management fees	12		8	00.				
13	Other interest	13			-				
14	Repairs	14		3,8	00				
15	Supplies	15		2,0					
16	Taxes	16		2,0					
17	Utilities	17		4,8	00.				
18	Depreciation expense or depletion	18		<u>, , , , , , , , , , , , , , , , , , , </u>					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,4	00.				
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	-	-11,8	00.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(11,80	0.)(,)(
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.		
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	12,	400.		
24	Income. Add positive amounts shown on line 21. Do no		-				24	,	
25	Losses. Add royalty losses from line 21 and rental real estat						25 (<u> </u>	11,800.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not						06		_11

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8582 for instructions and the latest information.

Attachment Sequence No. **858**

Identifying number

OMB No. 1545-1008

SAIRAM BENDHE & DIVYA KUMARI REKALA 384-							4-77-1997		
Par									
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.						
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special				
1a	1a Activities with net income (enter the amount from Part IV, column (a)) 1a 0 .								
b	Activities with net loss (enter the amo								
С	, ()								
d	d Combine lines 1a, 1b, and 1c								
All Ot	her Passive Activities								
2a	Activities with net income (enter the a								
b	Activities with net loss (enter the amo)				
С	Prior years' unallowed losses (enter the)				
d	Combine lines 2a, 2b, and 2c					2d			
3	Combine lines 1d and 2d. If this line i								
	all losses are allowed, including any losses on the forms and schedules no		ed losses entered 		Report the	3	-11,800.		
		•				3	11,000.		
	If line 3 is a loss and: • Line 1d is a l	oss, go to Part II. oss (and line 1d is	zero or more) sk	in Part II and go to	line 10				
		•	,,						
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne during the	year,	do not complete		
	. Instead, go to line 10. t II Special Allowance for Rer	stal Bool Estata	A ativitica With	Active Porticin	otion				
Par	Note: Enter all numbers in Par			•					
4	Enter the smaller of the loss on line 1	<u> </u>		tions for all examp	ne.	4	11,800.		
5	Enter \$150,000. If married filing separ			5 1	50,000.	7	11,000.		
6	Enter modified adjusted gross income	-			12,287.				
	Note: If line 6 is greater than or equal								
	on line 9. Otherwise, go to line 7.	, . , .							
7	Subtract line 6 from line 5			7	37,713.				
8	Multiply line 7 by 50% (0.50). Do not en					8	18,857.		
9	Enter the smaller of line 4 or line 8					9	11,800.		
Par									
10	Add the income, if any, on lines 1a an					10	0.		
11	Total losses allowed from all passiv						11,800.		
Par	out how to report the losses on your to Complete This Part Before	ax return				11	11,600.		
ı aı	Complete This Fait Below								
		Currer	nt year	Prior years	Ove	rall ga	ain or loss		
	Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	n	(e) Loss		
SR I	NAGAR	0.	11,800.	, ,			11,800.		
			, = = , ;				,		

11,800.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2**

Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instrud	ctions.			•	
Name of activity		Currer	nt year		Prior y	ears Overa			all gain or loss	
name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	Form or sche		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
SR NAGAR		E Ln 22		11,800.	1.0000	0000	11,80	0.	0.	
Total				11,800.	1.00	0	11,80	0.	0.	
Allocation of Orlanowed L	-05			5.						
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss (I		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instr						1				
Name of activity		Form or schedu and line numb to be reported (see instruction		mber ed on (a) L		(b) Unallowed loss		(c) Allowed loss		
		l								
Total										