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)

Taxpay	er's name	Social security nun	Social security number							
RUS	HIRAJA PANUGANTI	342-47-426	58							
Spouse	's name	Spouse's social se	curity number							
Part	Tax Return Information – Tax Year Ending December 31, 2022 (Enternation	er year you are a	uthorizing.)							
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	86,601.							
2	Total tax	2	11,820.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,721.							
4	Amount you want refunded to you	4	1,901.							
5	Amount you owe	5								

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

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

				FBO firm name	c	Ē	ľ
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			1 /	ļ

7	4	2	6	8	as my
Ent dor					

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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 ►	Da	ite l								
Practitioner PIN Method Returns Only—cont	nue	be	low							
Part III Certification and Authentication – Practitioner PIN Method On	ly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN				Do	n'te	nter	all ze	eros		

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 >			
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retu	urn instructions. BAA	REV 03/22/23 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Service S. Individual Income Tax		_m 202	2	OMB No. 1545	-0074	IRS Use	Only–	Do not w	rite or staple	in this space.
Check only				filing separately (,					spou	use (QSS)	-
one box.	-	u checked the MFS box, enter the na on is a child but not your dependent		ur spouse. If you c	check	ted the HOH or	QSS	box, ente	er the	child's	name if th	ie qualifying
Your first name	and mi	ddle initial	Last name	e					,	Your so	cial securit	y number
RUSHIRAJ	A		PANUG	ANTI						342-4	47-426	8
lf joint return, sp	ouse's	first name and middle initial	Last name	e					:	Spouse'	s social see	curity number
Home address (numbe	er and street). If you have a P.O. box, see	instruction	IS.			A	Apt. no.				on Campaigr
<u>72 N TUC</u>	KER	ST					2	2			here if you,	,
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP c	ode			0,	tly, want \$3 Checking a
Memphis					TI	1	381	04		box below will not change		
Foreign country	name		Fo	reign province/state	/coun	ty	Foreig	in postal co	ode 1	your tax	or refund.	Spouse
Digital		ny time during 2022, did you: (a) rece					•	,		,		X No
Assets		ange, gift, or otherwise dispose of a	-			-	asset)	? (See In	struc	tions.)	Yes	
Standard Deduction	_	eone can claim:		Your spous		•						
Age/Blindness	You:	Were born before January 2, 19	958 🗌	Are blind Sp	ouse	: 🗌 Was bor			, ,		🗌 ls bl	-
Dependents	s (see	instructions):		(2) Social securit	у	(3) Relationsh	ip (4) Check th	ne box	k if qualit	fies for (see	instructions):
If more	(1) Fi	rst name Last name		number		to you		Child ta	ax cre	dit	Credit for ot	her dependents
than four dependents,												
see instructions											[
and check											[
here											[
Income	1a	Total amount from Form(s) W-2, be		,						1a		95,243.
Attach Form(s)	b	Household employee wages not re					• •	• •	• •	1b		
W-2 here. Also	C d	Tip income not reported on line 1a				· · · ·	• •	• •	• •	10		
attach Forms W-2G and	d	Medicaid waiver payments not rep			instru	ictions)	• •		• •	1d		
1099-R if tax	e f	Taxable dependent care benefits for Employer-provided adoption bene		-			• •		• •	1e 1f		
was withheld.	f	Wages from Form 8919, line 6 .					• •		• •		_	
If you did not get a Form	g h	Other earned income (see instructi			• •		• •		• •	1g 1h		0.
W-2, see	;	Nontaxable combat pay election (s	,		• •	· · · · ·	ì	• •	• •			
instructions.	z	Add lines 1a through 1h		ctions)	• •	11				1z		95,243.
Attach Sch. B	2a	e l	2a		 . н. т	axable interest	• •	• •	• •	2b		23.
if required.	2a 3a		3a	35.		Ordinary divider			• •	3b		35.
	4a		4a			axable amount		• •	• •	4b		
Standard	5a		5a			axable amount				5b		
Deduction for-	6a		6a			axable amount				6b		
 Single or Married filing 	С	If you elect to use the lump-sum el		ethod. check here					. Г			
separately,	7	Capital gain or (loss). Attach Sched								7		
\$12,950Married filing	8	Other income from Schedule 1, line				-				8	-	-8,700.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		86,601.
surviving spouse,	10	Adjustments to income from Sched		-						10		,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	-	86,601.
household, \$19,400	12	Standard deduction or itemized deductions (from Schedule A)										12,950.
 If you checked 	13	Qualified business income deducti				95-A				13		
any box under Standard	14	Add lines 12 and 13								14	-	12,950.
Deduction,	15	Subtract line 14 from line 11. If zer				taxable incom	е.			15		73,651.
see instructions.			,									<u> </u>

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

Form **1040** (2022)

Form 1040 (2022	2)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	11,	,820.
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	11,	,820.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,	,820.
	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	11,	,820.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 13	,721.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions	6)			25c				
	d	Add lines 25a through 25c						25d	13,	,721.
If you have a	26	2022 estimated tax payment	s and amount a	pplied from 20	21 return			26		
qualifying child,	27	Earned income credit (EIC)			No	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e15			31				
	32	Add lines 27, 28, 29, and 31	32							
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33		,721.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34		,901.
	35a	Amount of line 34 you want			is attached, che	eck here		35a	1,	,901.
Direct deposit?	b	Routing number 0 6 4				Checking	Savings			
See instructions.	d	Account number 4 4 4	0 2 0 7	928	3 1					
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions	1 1		37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another								
Designee		structions					•		X No	
	De	signee's ne		Phone no.			onal identi ber (PIN)	ication		
Sian	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanying scl	nedules and stateme	nts, and to	the bes	t of my know	vledge and
Sign		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Ide	ntity
								ection Pl	N, enter it he	ere
Joint return? See instructions.				D 1	SOFTWARE			,		
Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupa	tion			nt your spous action PIN, er	
your records.								inst.)		
	Ph	one no. (660) 822-193	7	Email address	P.RUSHIRA	JA@GMAIL.CC	M			
Data		parer's name	Preparer's signat			Date	PTIN		Check if:	
Paid									Self-en	nployed
Preparer	Fin	n's name GLOBAL TAX	KES LLC				Phor	ne no.		
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN		
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/22/23 PRO			Form 1 (040 (2022)

SCHEDULE	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	Attachment Sequence No. 01							
Name(s) shown on Fo	Your social security number							
RUSHIRAJA PANUGANTI 342-47-4								

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	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-8,700.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
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	8р		
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	l, or 1040-NR, line 8	10	-8,700.
	and the state of t			

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN	· _				
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
i	Attorney fees and court costs you paid in connection with an award					
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
j	Housing deduction from Form 2555	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k				
z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	03/22/23 P	RO	Schedu	ile 1 (Form 1040) 2022

(Form	1040)	ental real estate	e, royalties, partnersl	hips, S	6 corporati	2022							
Internal	nent of the Treasury Revenue Service				Attach to Form 1040, rs.gov/ScheduleE for			Attachment Sequence No. 13					
) shown on return											al security	number
	IIRAJA PANU										342-4	7-4268	
Part	Note: If yo	ou are	e in th	ne business of re	al Real Estate an nting personal proper 5 on page 2, line 40.			C . See	e instruc	ctions. If you a	are an indiv	vidual, rep	ort farm
Α [t would require you	to file	Form(s) 1	099? \$	See ins	tructions .		. 🗌 Ye	s 🛛 No
B	f "Yes," did you	or w	/ill yo	ou file required	Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical addr	ress o	of ea	ach property (s [.]	treet, city, state, ZIF	code	e)						
Α	3-78-177/	871,	, CH	ENGI CHERL	A RANGAREDDY	TELA	ANGANA	IN	5000	92			
В													
С													
1b	Type of Prope (from list below		2		al real estate prope the number of fair				Fa	ir Rental Days	Person Da	nal Use Iys	QJV
Α	3				days. Check the Q			Α		365		0	
В					e requirements to f venture. See instru			В					
С				quaimed joint	venture. See instru	CLIONS	5.	С					
Туре	of Property:												
	Single Family R Multi-Family Re			e 3 Vacatio 4 Comm	on/Short-Term Ren ercial	tal	5 Land 6 Roya		-	Self-Rental Other (desc	ribe)		
	j								-				
								•		Propert	les:		•
Incom						•		A	F 0	В			C
3						3		4	50.				
4		ivea	• •			4							
Exper						-							
5	•					5 6							
6				-		7			50.				
7 8	•					8		/	50.				
о 9						o 9							
9 10						10							
11	-	-				11		1 1	50.				
12	-				(see instructions)	12		, _					
13	Other interest	•				13							
14						14		2.0	50.				
15	a					15			50.				
16	Taxes	• •	• •			16		-/-					
17						17		1.8	50.				
18						18		_, -					
19	Other (list)	-		-		19							
20		s. Ad	ld lin	es 5 through 1	9	20		9,1	50.				
21					d/or 4 (royalties). If								
	file Form 6198				nd out if you must	21		-8,7	00.				
22					r limitation, if any,	22	(8.70	00.)	()	()
23a				-	for all rental prope		IV	<i>.</i> , , (23a	\	450.	\	/
b					for all royalty prop				23b				
c					2 for all properties				23c				
d					8 for all properties				23d				
e					0 for all properties				23e		,150.		
24					n on line 21. Do no			sses	· · ·		. 24		
25		-			and rental real estat		-		Enter to	tal losses he	re 25	(8,700.)
26					income or (loss).								

Supplemental Income and Loss

SCHEDULE E

L

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

Schedule E (Form 1040) 2022

-8,700.

OMB No. 1545-0074

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