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.

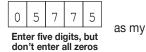
Submission Identification Number (SID)

l axpayer's name	Social security number						
NIHARIKA PRATAPANENI 887-30-5775							
Spouse's name Spouse's social security							
Part I Tax Return Information – Tax Year Ending December 31, 2022 (E	nter 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 95,313.						
2 Total tax							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 16,893.						
4 Amount you want refunded to you	4 3,153.						
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 perjury, 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	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Er
				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

Date 🕨

Spouse's PIN: check one box only	
----------------------------------	--

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

as my

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 E	ate					 	 		
Practitioner PIN Method Returns Only—continue 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.	2	2				6 all zei	 9	89	

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 Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Paparwork Poduction Act Nation	on your tax roturn instructions		REV 01/28/22 RBO	Earm 8879 (Pay 01 2021)		

1040		artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		rn 20 2	2	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	vrite or staple in	this space.
Filing Status Check only	5 X S	Single Married filing jointly] Married	d filing separately (N	/IFS)	Head of	house	hold (HOH)		llifying surviv use (QSS)	ving
one box.	-	u checked the MFS box, enter the n on is a child but not your dependent	-	our spouse. If you cl	heck	ed the HOH or	QSS	box, enter t			qualifying
Your first name	and mi	iddle initial	Last nam	e					Your so	cial security	number
NIHARIKA	1		PRATA	PANENI					887-	30-5775	
lf joint return, sj	oouse's	s first name and middle initial	Last nam	e					Spouse	's social secu	rity number
	•	er and street). If you have a P.O. box, see	instruction	าร.			Å	Apt. no.		ntial Election	
26319 20							710			here if you, o if filing jointl	
•	OST OTTIC	ce. If you have a foreign address, also co	omplete spa	aces below.	Sta		ZIP c		to go to	this fund. C	hecking a
KENT			5		WZ		980		1.	low will not c x or refund.	hange
Foreign country	name			preign province/state/	Journ	LY	Foreig	in postal code	your ta	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			Yes	No
Standard		eone can claim: You as a de	-	Your spous		-	asser)	: (066 1130	uctions.)		
Deduction	_	Spouse itemizes on a separate retur									
		Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor		ore January	,	Is blin	
Dependents				(2) Social security		(3) Relationsh	ip (4		•	ifies for (see ir	,
If more	(1) Fi	irst name Last name		number		to you		Child tax	credit	Credit for othe	r dependents
than four dependents,											<u></u>
see instructions	s ——										<u></u>
and check											<u>]</u>
here	4	T.I. I. E. ().W.O.I.		• • • • •							
Income	1a ⊾	Total amount from Form(s) W-2, b							. 1a		5,511.
Attach Form(s)	b	Household employee wages not re					• •		. 1k		
W-2 here. Also	c d	Tip income not reported on line 1a Medicaid waiver payments not rep				· · · ·	• •		· 10		
attach Forms W-2G and	e	Taxable dependent care benefits f		., .			• •		. 16		
1099-R if tax	f	Employer-provided adoption bene					• •		. 11		
was withheld.	g	Wages from Form 8919, line 6.			•		• •		. 10	_	
If you did not get a Form	9 h	Other earned income (see instruct			• •		• •		. 11		0.
W-2, see	i	Nontaxable combat pay election (,	ctions)		1i	 				
instructions.	z	Add lines 1a through 1h							. 12	10	5,511.
Attach Sch. B	 2a	-	2a		bТ	axable interest	t .		. 21		
if required.	3a		3a			ordinary divide			. 3k		
	4a		4a			axable amoun			. 4k		
Standard	5a		5a		bТ	axable amoun	t		. 5k)	
Deduction for –	6a	Social security benefits	6a		bТ	axable amoun	t		. 6t)	
 Single or Married filing 	с	If you elect to use the lump-sum e	lection m	ethod, check here	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if r	required. If not requ	ired	, check here			7		
 Married filing 	8	Other income from Schedule 1, lin	ie 10 .						. 8	-10	0,198.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	come	e			. 9		5 , 313.
surviving spouse, \$25,900	10	Adjustments to income from Sche		-					. 10		
 Head of 	11	Subtract line 10 from line 9. This is	s your adj	justed gross incor	ne				. 11	9!	5,313.
household, \$19,400	12	Standard deduction or itemized	deductio	ns (from Schedule	A)				. 12		2,950.
If you checked	13	Qualified business income deduct	ion from F	Form 8995 or Form	899	5-A			. 13		
any box under Standard	14	Add lines 12 and 13							. 14	12	2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or less,	enter -0 This is y	our 1	taxable incom	ie.		. 15	i 82	2,363.

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

Form **1040** (2022)

Form 1040 (2022	2)								Pag
Tax and	16	Tax (see instructions). Check if an	y from Form	(s): 1 🗌 881	4 2 4972	3		16	13,740
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	13,740
	19	Child tax credit or credit for othe	r dependen [.]	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If z	ero or less,	enter -0				22	13,740
	23	Other taxes, including self-emplo	oyment tax,	from Schedule	e 2, line 21 .			23	C
	24	Add lines 22 and 23. This is your	total tax					24	13,740
Payments	25	Federal income tax withheld from							
	а	Form(s) W-2				25a 16	,893.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instructions) .				25c		1	
	d	Add lines 25a through 25c						25d	16,893
Here have a	26	2022 estimated tax payments an	id amount a	pplied from 20	21 return			26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from Sc				28		1	
	29	American opportunity credit from	n Form 8863	3, line 8		29		1	
	30	Reserved for future use				30		1	
	31	Amount from Schedule 3, line 15				31		1	
	32	Add lines 27, 28, 29, and 31. The						32	
	33	Add lines 25d, 26, and 32. These						33	16,893
Defined	34	If line 33 is more than line 24, su	-					34	3,153
Refund	35a	Amount of line 34 you want refu						35a	3,153
Direct deposit?	b	Routing number 1 2 1 0					Savings		
See instructions.	d	Account number 3 2 5 0					J		
	36	Amount of line 34 you want appl				36			
Amount	37	Subtract line 33 from line 24. Thi	-			-1			
You Owe	01	For details on how to pay, go to						37	
	38	Estimated tax penalty (see instru	-	-		38			
Third Party	Do	you want to allow another per							
Designee		structions					omplete b	elow.	× No
Ū		signee's		Phone		Pers	onal identif	ication	· · · · · ·
	nai	ne		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare that I							
Here		ief, they are true, correct, and complete	. Declaration (ased on all informatio		• •	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE 1	DEVELOPER	(see i		
See instructions.	Sp	Spouse's signature. If a joint return, both m		Date	Spouse's occupat		If the	IRS se	nt your spouse an
Keep a copy for	- 1-	,					Ident	ity Prote	ection PIN, enter it I
your records.							(see i	nst.)	
	Ph	one no. (234) 567-1792		Email address	NIHARIKAPRATA	PANENI@GMAIL.C	MC		1
Paid	Pre	eparer's name Pre	parer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYA	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2023	P02082		Self-employe
Use Only	Fir	m's name GLOBAL TAXES	LLC				Phon	ne no. ((678)965-952
	Fir	m's address 245 ROONEY C	T E BRU	NSWICK N	J 08816		Firm'	s EIN	88-214548
Go to www.irs.go	ov/Forn	1040 for instructions and the latest inf	ormation.		BAA	REV 01/28/23 PRO			Form 1040 (2

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2022

	Attachment Sequence No. 01						
Your social security number							
887-30	-5775						

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR NIHARIKA PRATAPANENI

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		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-10,198.
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		
I	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	10 100
<u>10</u>	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		10	-10,198.
OF LO			Fahad.	

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-b	basis government	: 🗌	
	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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	_	
f		24f	_	
g		4g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
_		4h	_	
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			
		24i	_	
J	•	24j	_	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_		24k	_	
Z	Other adjustments. List type and amount:			
0E		4z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . I			
			26	
	BAA	REV 01/28/23 PRO	Schedu	le 1 (Form 1040) 2022

	1040)	(From r	ental real estate, royalties, partnerships, S	corporat	ions, est	tates, trusts, RI	MICs, etc.)		
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.							
Name(s)) shown on return						Your so		
NIHA	RIKA PRATA	PANEN	II				887-		
	Note: If you rental incor Did you make any	u are in ti ne or los / payme	s From Rental Real Estate and Ro he business of renting personal property, use is from Form 4835 on page 2, line 40. ents in 2022 that would require you to file ou file required Form(s) 1099?	Form(s)	1099? Se				
1a	Physical addre	ess of ea	ach property (street, city, state, ZIP code SAMBHANI NAGAR, KHAMMAM TEL	e)					
 	11 NO.5 5 1	10/5	SANDIANI WAGAN, MIAMAN ILL	IIIGAIIA	111 50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<u> </u>									
	Turne of Dronor			had					
1b	Type of Proper (from list below		For each rental real estate property lis above, report the number of fair rental			Fair Rental Days	Perso		
1b A			above, report the number of fair rental personal use days. Check the QJV box	and conly	A				
	(from list below		above, report the number of fair rental personal use days. Check the QJV box if you meet the requirements to file as	and conly a	AB	Days			
A	(from list below		above, report the number of fair rental personal use days. Check the QJV box	and conly a		Days			
A B C Type o	(from list below		above, report the number of fair rental personal use days. Check the QJV box if you meet the requirements to file as qualified joint venture. See instructions	and conly a	B C	Days	tal		
A B C Type o	(from list below 3 of Property: Single Family Re		above, report the number of fair rental personal use days. Check the QJV box if you meet the requirements to file as qualified joint venture. See instructions a Vacation/Short-Term Rental	and c only a s. 5 Lanc	B C	Days 365 7 Self-Ren 8 Other (d	tal		
A B C Type o	(from list below 3 of Property: Single Family Res Multi-Family Res		above, report the number of fair rental personal use days. Check the QJV box if you meet the requirements to file as qualified joint venture. See instructions a Vacation/Short-Term Rental	and c only a s. 5 Lanc	B C	Days 365 7 Self-Ren 8 Other (d	tal		

OMB No. 1545-0074
2022
Attachment Sequence No. 13

Name(s) shown on return						Your soci	al security	number
NIHA	HARIKA PRATAPANENI 887-30					0-5775			
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.									
Α [Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	See inst	ructions .		. 🗌 Ye	s 🛛 No
	f "Yes," did you or will you file required Form(s) 1099?								
1 a	Physical address of each property (street, city, state, ZIF								
Α	H NO:5-5-146/3 SAMBHANI NAGAR, KHAMMAM	TELA	NGANA	IN 50	07001				
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r				Fair Rental Days 365		Personal Use Days		QJV
Α	above, report the number of hard								
B	if you meet the requirements to fi			AB					
	qualified joint venture. See instru-	ctions	i.	C					
	of Property:			•					
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Lan	d	7 9	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roy				ribe)		
			0 110 9						
						Propert	ies:		
Incon				<u> </u>		В			С
3		3		5	40.				
	Royalties received	4							
Exper									
5	Advertising	5			0.1				
6	Auto and travel (see instructions)	6			91.				
7	Cleaning and maintenance	7		9	80.				
8	Commissions	8							
9		9							
10	Legal and other professional fees	10			10				
11	Management fees	11		1,1	49.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 0	16				
14 15		14 15		3,8					
15 16		16		Z, 1	43.				
17	Taxes	17		1,7	20				
18	Depreciation expense or depletion	18		±, /	29.				
19		19							
20	Other (list) Total expenses. Add lines 5 through 19	20		10,7	3.8				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,7	50.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-10,1	98.				
22	Deductible rental real estate loss after limitation, if any,			- 1 -					
	on Form 8582 (see instructions)	22	(10,19	8.)()	()
23a	Total of all amounts reported on line 3 for all rental proper	-			23a		540.		/
b	Total of all amounts reported on line 4 for all royalty properties				23b				
С					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	10	,738.		
24	Income Add positive amounts shown on line 21 De net						24		

24	Income. Add positive amounts shown on line 21. Do not include any losses
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
26	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 .

25

-10,198.

10,198.

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