## 8879 Form

(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

Internal Revenue Service Control of the latest morniation		
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
DORA SAI KUMAR BHATTIPROLU	130-69-	2223
Spouse's name		al security number
	nter year you ar	e 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 Adjusted gross income	<del>-</del>	<b>1</b> 56,397.
2 Total tax	-	2 5,171.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	_	3 10,099.
4 Amount you want refunded to you		4 4,928.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer		
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended).	the U.S. Treasury and the U.S. Treasury and the tax titution to debit the continuate the authorizator requests must be not the processing of the payment. I furth	d its designated Financial of preparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of per acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	. 50. 9	2 2 2 3
X I authorize GLOBAL TAXES LLC to enter or generated to enter or g	rate my PIN Ente	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.	don'	t enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.		
Your signature ► Date	<b>&gt;</b>	
Consider DINIs about and have sub-		
Spouse's PIN: check one box only	. 511	
I authorize to enter or gener	-	as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN r below.	· ·	•
Chausa's signature N	_	
Spouse's signature ► Date  Practitioner PIN Method Returns Only—continue be		
Part III Certification and Authentication — Practitioner PIN Method Only	51U VV	
Certification and Address Cation — Practitioner Pilv Method Only		
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	Don't enter	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instruction	*	

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

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Norder spouse. If you cl		_				spou	lifying su use (QSS name if	)	Ü
		on is a child but not your dependen											
Your first name			Last nar							Your social security number			
DORA SAI			_	TIPROLU					-		69-222		
If joint return, s	pouse's	first name and middle initial	Last nar	me					8	pouse'	s social s	ecurity	y number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruction	ons.			А	pt. no.	+		ntial Elec		
30 CIRCU	JIT S	STREET					_   1		- 1		nere if you	, ,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	paces below.	Stat	e	ZIP cc	de			if filing jo this fund		
ROXBURY,	BOS	STON			MA		021	19			ow will no		
Foreign country	/ name		F	Foreign province/state/o	county	У	Foreig	n postal co	de y	our tax	or refund		_
											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					40001	(000					
Deduction	_	Spouse itemizes on a separate return	•			a dopondoni							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor						olind	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check th	e box	if qualit	fies for (se	e instr	ructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you		Child ta	x cred	dit	Credit for o	other d	ependents
than four													
dependents, see instructions	s ——												
and check	. —												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a		61,	357.
	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	a (see ins	structions)						1c			
attach Forms	d	Medicaid waiver payments not rep	oorted or	n Form(s) W-2 (see in	nstru	ctions)				1d			
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26 .						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .								1g			
get a Form	h	Other earned income (see instruct	tions) .				, .			1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (	see instr	uctions)		1i	i						
	Z	Add lines 1a through 1h								1z		61,	357.
Attach Sch. B	2a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b			
if required.	3a	Qualified dividends	3a		<b>b</b> O	rdinary divider	nds .			3b			
	4a	IRA distributions	4a		<b>b</b> Ta	axable amoun	t			4b			
Standard	5a	Pensions and annuities	5a		<b>b</b> Ta	axable amoun	t			5b			
Deduction for— Single or	6a	Social security benefits	6a		<b>b</b> Ta	axable amoun	t			6b			
Married filing	С	If you elect to use the lump-sum e	election n	nethod, check here (	see i	nstructions)							
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not requ	ired,	check here				7			
Married filing	8	Other income from Schedule 1, lin	ne 10 .							8		-4,	960.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your <b>total inc</b>	ome					9		56,	397.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, li	ine 26						10			
Head of	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted gross incon	ne					11		56,	397.
household, \$19,400	12	Standard deduction or itemized	deducti	ons (from Schedule	A)					12			950.
If you checked	13	Qualified business income deduct	tion from	Form 8995 or Form	8995	5-A				13			
any box under Standard	14	Add lines 12 and 13								14		12,	950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ro or less	s, enter -0 This is y	our <b>t</b> a	axable incom	ne .			15		43,	447.

Form 1040 (202	2)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	5,171.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,171.
	19	Child tax credit or credit for other dependents from Schedule 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, enter -0	22	5,171.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,171.
Payments	25	Federal income tax withheld from:		
-	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,099.
f you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
qualifying child,	27	Earned income credit (EIC)		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	10,099.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,928.
iciana	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	4,928.
Direct deposit?	b	Routing number 0 2 1 2 0 0 3 3 9 c Type: X Checking Savings		
See instructions.	d	Account number 3 8 1 0 5 4 1 9 6 6 9 2		
	36	Amount of line 34 you want applied to your 2023 estimated tax		
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party Designee	ins	you want to allow another person to discuss this return with the IRS? See tructions		X No
	Des nar	signee's Phone Personal identif ne no. number (PIN)	ication	

Designee	Instructions					Yes. C	omplete below.	X NO
	Designee's name			Phone no.	9		sonal identification ber (PIN)	
Sign		es of perjury, I declare e true, correct, and com						
Here	Your signatur	е		Date	Your occupation			nt you an Identity IN, enter it here
Joint return?					STUDENT		(see inst.)	
See instructions. Keep a copy for your records.	Spouse's sign	nature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupati	on		nt your spouse an ection PIN, enter it her
	Phone no.	(201)884-002	5	Email address	Dorasaidsk	@Gmail.Cor	n	
Date	Preparer's na	me	Preparer's sign	ature		Date	PTIN	Check if:
Paid	SYAM PRIYA RA	M SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/03/2023	P02082703	Self-employed

GLOBAL TAXES LLC

245 ROONEY CT E BRUNSWICK NJ 08816

Firm's name

Firm's address

**Preparer** 

**Use Only** 

Phone no. (678) 965-9522

Firm's EIN

### SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

2022
Attachment Sequence No. 01

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.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
DORA SAI KUMAR BHATTIPROLU

Your social security number 130-69-2223

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. Atta		5	-4,960.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · · · · · · · · · · · · · · · · · ·	8a ( )		
b	5	8b		
С	<u> </u>	8c		
d	<u> </u>	8d ( )		
е	<u> </u>	8e		
f		8f		
g		8g		
h	, , , , , <sub> </sub>	8h		
į	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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	0		
	· · · · · · · · · · · · · · · · · · ·	8m		
n	, , , , , , , , , , , , , , , , , , , ,	8n		
0	· · · · · · · · · · · · · · · · · · ·	80		
p	Y F	8p 8q		
q r	· · · · · · · · · · · · · · · · · · ·	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	OI		
3	' '	8s ( )		
t	_	)		
		8t		
u	· · · · · · · · · · · · · · · · · · ·	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-SR,		10	-4,960.

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

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ti-			
	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			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f		24f		
g	, , , , , , , , , , , , , , , , , , , ,	24g		
h	Attorney fees and court costs for actions involving certain unlawful			
	·	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	- 41		
	F	24i		
j	<u> </u>	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	S.4.		
		24k		
Z	Other adjustments. List type and amount:	<b></b>		
05		24z	05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		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. Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **13** 

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

Your social security number

DOR	A SAI KUMAR BHATTIPROLU						130-6	59-222	3
Par	Income or Loss From Rental Real Estate an	d Roy	yalties						
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instru	ctions. If you a	are an ind	ividual, re	port farm
Α	Did you make any payments in 2022 that would require you	to file	Form(s) 1	0002 S	Saa ing	etructions			es X No
	If "Yes," did you or will you file required Form(s) 1099?								
<u>Б</u> 1а	Physical address of each property (street, city, state, ZIF				• •			. 🗀 т	es 🗆 NO
			·						
Α	H N:11-5-559/19, ROAD NO 18 NEW VENKATESHWA	ARA C	OLONY, S	SAROOR	NAGA	R, HYDERAB	AD, TEL	ANGANA	IN 500035
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	<b>5.</b>	С					
Tvpe	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (desc	ribe)		
	,		,-						
_						Propert	es:		
Incor				Α		В			С
3	Rents received	3		4	50.				
_ 4	Royalties received	4						-	
-	nses:	_							
5	Advertising	5							
6	Auto and travel (see instructions)	6			<b>-</b> 0				
7	Cleaning and maintenance	7		6	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	90.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,2					
15	Supplies	15		1,3	55.				
16	Taxes	16							
17	Utilities	17		1,2	50.				
18	Depreciation expense or depletion	18						-	
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		5,4	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			1 0	<u></u>				
	file Form 6198	21		-4,9	60.			-	
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	4,96	50.)	(		)(	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		450.		
b	Total of all amounts reported on line 4 for all royalty prop				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		,410.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	otal losses he	re <b>25</b>	(	4,960.
26	Total rental real estate and royalty income or (loss).	Combi	ine lines	24 and	25. E	nter the resu	ult		
	here. If Parts II, III, IV, and line 40 on page 2 do not								
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar						. 26		-4,960.