## 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   | Social security number   |
| SONALI REDDY SRIRAMULA  | 144-61-3734  |
| Spouse's name   | Spouse's social security number  |
| Part I Tax Return Information — Tax Year Ending D   | ecember 31, 2022 (Enter year you are authorizing.)   |
| Enter whole dollars only on lines 1 through 5.  | 2022 (2000) 900 900 900 900 900  |
| Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and   | 5 blank.   |
| <b>1</b> Adjusted gross income  |  |
| 2 Total tax   |  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s)  | 1099 <b>3</b> 13,936.  |
| 4 Amount you want refunded to you   |  |
| 5 Amount you owe  |  |
|   | ation (Be sure you get and keep a copy of your return) come tax return (original or amended) I am now authorizing, and to the best of  |
| to send my return to the IRS and to receive from the IRS (a) an acknowled for any delay in processing the return or refund, and (c) the date of any reason to initiate an ACH electronic funds withdrawal (direct debit) entry to payment of my federal taxes owed on this return and/or a payment of est authorization is to remain in full force and effect until I notify the U.S. Tragarent, I must contact the U.S. Treasury Financial Agent at 1-888-3 business days prior to the payment (settlement) date. I also authorize the taxes to receive confidential information necessary to answer inquiries | ntermediate service provider, transmitter, or electronic return originator (ERO) dgement of receipt or reason for rejection of the transmission, (b) the reason efund. If applicable, I authorize the U.S. Treasury and its designated Financial to the financial institution account indicated in the tax preparation software for mated tax, and the financial institution to debit the entry to this account. This reasury Financial Agent to terminate the authorization. To revoke (cancel) a 53-4537. Payment cancellation requests must be received no later than 2 financial institutions involved in the processing of the electronic payment of and resolve issues related to the payment. I further acknowledge that the e tax return (original or amended) I am now authorizing and, if applicable, my |
|   |  |
| Taxpayer's PIN: check one box only  | 1 3 7 3 4  |
| X I authorize GLOBAL TAXES LLC  ERO firm name   | to enter or generate my PIN Enter five digits, but   |
| signature on the income tax return (original or amended)  | I am now authorizing.  |
|   | turn (original or amended) I am now authorizing. Check this box <b>only</b> using the Practitioner PIN method. The ERO must complete Part III  |
| Your signature ►  | Date ▶   |
| Spouse's PIN: check one box only  |  |
| l authorize   | to enter or generate my PIN as my  |
| ERO firm name   | Enter five digits, but   |
| signature on the income tax return (original or amended)  | I am now authorizing. don't enter all zeros  |
|   | turn (original or amended) I am now authorizing. Check this box <b>only</b> using the Practitioner PIN method. The ERO must complete Part III  |
| Spouse's signature ▶  | Date ►   |
| Practitioner PIN Method F   | eturns Only—continue below   |
| Part III Certification and Authentication — Practition  | er PIN Method Only   |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-or   | digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9  Don't enter all zeros  |
|   | or the electronic individual income tax return (original or amended) I am now led above. I confirm that I am submitting this return in accordance with the or Authorized IRS e-file Providers of Individual Income Tax Returns.  |
| ERO's signature ▶   | Date ►   |
|   | Form – See Instructions  |
|   | IRS Unless Requested To Do So  |

E 1040 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                    | s 🔀 🤅     | Single Married filing jointly  | Marrie   | ed filing separately                  | (MFS)   | Head of                        | housel  | nold (HOH                  | )       |          | lifying surv<br>use (QSS)               | viving                      |
|----------------------------------|-----------|--|--|---------------------------------------|---------|--------------------------------|---------|----------------------------|---------|----------|---|-----------------------------|
| Check only one box.              | If yo     | u checked the MFS box, enter the   | name of y  | our spouse. If you                    | check   | ed the HOH or                  | r QSS I | box, ente                  | r the c |          |   | ne qualifying               |
|                                  | pers      | on is a child but not your depende   | nt:  |                                       |         |                                |         |                            |         |          |   |                             |
| Your first name                  | and m     | iddle initial  | Last nar   | me                                    |         |                                |         |                            | Y       | our so   | cial securit                            | y number                    |
| SONALI 1                         | REDD      | Y  | SRIR   | AMULA                                 |         |                                |         |                            | 1       | 44-6     | 51-3734                                 | 4                           |
| If joint return, s               | spouse's  | s first name and middle initial  | Last nar   | me                                    |         |                                |         |                            | Sp      | ouse'    | s social sec                            | curity number               |
| Home address                     | (numbe    | er and street). If you have a P.O. box, se   | ee instructio  | ons.                                  |         |                                | A       | pt. no.                    | Pı      | eside    | ntial Election                          | on Campaign                 |
| 7300 HE                          | NNEM      | AN WAY   |  |                                       |         |                                | 3       | 206                        |         |          | nere if you,                            |                             |
| City, town, or p                 | oost offi | ce. If you have a foreign address, also  | complete sp  | paces below.                          | Sta     | te                             | ZIP co  | ode                        |         |          | 0,                                      | tly, want \$3<br>Checking a |
| MCKINNE                          | Y         |  |  |                                       | TX      | ζ                              | 750     | 70                         |         | _        | ow will not                             | •                           |
| Foreign countr                   | y name    |  | F  | oreign province/state                 | e/count | ty                             | Foreig  | oreign postal code your ta |         | our tax  | tax or refund.                          |                             |
|                                  |           |  |  |                                       |         |                                |         |                            |         |          | You                                     | Spouse                      |
| Digital<br>Assets                |           | ny time during 2022, did you: (a) re<br>lange, gift, or otherwise dispose of       |  |                                       |         |                                |         |                            |         |          | Yes                                     | ⊠ No                        |
| -                                |           | eone can claim:  You as a c  |  | <u>-</u> _                            |         |                                | asseij  | : (566 1113                | structi | 0113.)   |   |                             |
| Standard Deduction               |           | Spouse itemizes on a separate reti   | •  |                                       |         |                                |         |                            |         |          |   |                             |
| Age/Blindnes                     | s You:    | Were born before January 2,  | 1958   | Are blind S                           | pouse   | : Was bo                       | rn befo | re Janua                   | ry 2, 1 | 958      | ☐ Is bli                                | ind                         |
| Dependent                        | s (see    | instructions):   |  | (2) Social secur                      | ity     | (3) Relationsh                 | nip (4  | ) Check th                 | e box i | f qualit | ies for (see                            | instructions):              |
| If more                          |           | (1) First name Last name   |  | number                                |         | to you                         |         | Child tax cre              |         | t        | Credit for other dependents             |                             |
| than four                        |           |  |  |                                       |         |                                |         |                            |         |          |   |                             |
| dependents,<br>see instruction   |           |  |  |                                       |         |                                |         |                            |         |          |   | <u> </u>                    |
| and check                        |           |  |  |                                       |         |                                |         |                            |         |          |   |                             |
| here                             |           |  |  |                                       |         |                                |         |                            |         |          |   |                             |
| Income                           | 1a        | Total amount from Form(s) W-2,   | •  | ,                                     |         |                                |         |                            |         | 1a       | 9                                       | 95,933.                     |
|                                  | b         | Household employee wages not   | reported   | on Form(s) W-2 .                      |         |                                |         |                            |         | 1b       |   |                             |
| Attach Form(s)<br>W-2 here. Also | С         | Tip income not reported on line  | •  | •                                     |         |                                |         |                            |         | 1c       |   |                             |
| attach Forms                     | d         | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)            |  |                                       |         |                                |         |                            | 1d      |          |   |                             |
| W-2G and<br>1099-R if tax        | е         | Taxable dependent care benefits from Form 2441, line 26                            |  |                                       |         |                                |         |                            | 1e      |          |   |                             |
| was withheld.                    | f         | Employer-provided adoption benefits from Form 8839, line 29                        |  |                                       |         |                                |         |                            | 1f      |          |   |                             |
| If you did not                   | g         | Wages from Form 8919, line 6 .   |  |                                       |         |                                |         |                            |         | 1g       |   |                             |
| get a Form<br>W-2, see           | h         | ,  | ructions)  |                                       |         |                                |         |                            | 1h      |          | 0.                                      |                             |
| instructions.                    | i         | Nontaxable combat pay election   | (see instr   | ructions)                             |         | <u>1</u> i                     |         |                            |         | + .      |   | 000                         |
|                                  |           | Add lines 1a through 1h  |  | · · · · · · · · · · · · · · · · · · · |         |                                |         |                            |         | 1z       |   | 95,933.                     |
| Attach Sch. B if required.       | 2a        | Tax-exempt interest  | 2a   |                                       |         | axable interes                 |         |                            |         | 2b       |   |                             |
| ii required.                     | 3a        | Qualified dividends  | 3a<br>4a   |                                       |         | rdinary divide<br>axable amoun |         |                            | •       | 3b       |   |                             |
| 24                               | 4a        | IRA distributions  |  |                                       |         |                                |         |                            | •       | 4b       |   |                             |
| Standard<br>Deduction for—       | 5a        | Pensions and annuities   | 5a   |                                       |         | axable amoun                   |         |                            | •       | 5b<br>6b |   |                             |
| Single or                        | 6a<br>c   | ,  | al security benefits 6a b Taxable amount   |                                       |         |                                |         |                            | OD      |          |   |                             |
| Married filing separately,       | 7         | If you elect to use the lump-sum election method, check here (see instructions)    |  |                                       |         |                                |         |                            | 7       |          |   |                             |
| \$12,950 Married filing          | 8         | Capital gain or (loss). Attach Schedule D if required. If not required, check here |  |                                       |         |                                |         | 8                          | 1       | L0,190.  |   |                             |
| jointly or                       | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>       |  |                                       |         |                                |         | 9                          |         | 35,743.  |   |                             |
| Qualifying surviving spouse,     | 10        | Adjustments to income from Schedule 1, line 26                                     |  |                                       |         |                                |         |                            | 10      |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                             |
| \$25,900<br>• Head of            | 11        | Subtract line 10 from line 9. This   |  |                                       |         |                                |         |                            | •       | 11       | +                                       | 35,743.                     |
| household,                       | 12        | Standard deduction or itemize  | -  | -                                     |         |                                |         |                            |         | 12       |   | 12,950.                     |
| \$19,400 If you checked          | 13        | Qualified business income deduc  |  | `                                     | ,       | 5-A                            |         |                            |         | 13       |   | ,,                          |
| any box under<br>Standard        | 14        | Add lines 12 and 13  |  |                                       |         |                                |         |                            |         | 14       | +                                       | L2,950.                     |
| Deduction, see instructions.     | 15        |  | ne 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b> |                                       |         |                                |         |                            |         | 15       |   | 72,793.                     |
|                                  | 1         |  |  |                                       |         |                                |         |                            |         |          |   |                             |

| Form 1040 (2022               | 2)      |   |                         |                   |                   |            |            |                  | Page <b>2</b>                            |  |  |
|-------------------------------|---------|---|-------------------------|-------------------|-------------------|------------|------------|------------------|--|--|--|
| Tax and                       | 16      | Tax (see instructions). Check   | if any from Form        | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972 | 3 🗌        |            | . 16             | 11,628.                                  |  |  |
| Credits                       | 17      | Amount from Schedule 2, lin   | ne 3                    |                   |                   |            |            | . 17             |  |  |  |
|                               | 18      | Add lines 16 and 17   |                         |                   |                   |            |            | . 18             | 11,628.                                  |  |  |
|                               | 19      | Child tax credit or credit for  | other dependen          | ts from Sched     | ule 8812          |            |            | . 19             |  |  |  |
|                               | 20      | Amount from Schedule 3, lin   | ne 8                    |                   |                   |            |            | . 20             |  |  |  |
|                               | 21      | Add lines 19 and 20   |                         |                   |                   |            |            | . 21             |  |  |  |
|                               | 22      | Subtract line 21 from line 18   | . If zero or less,      | enter -0          |                   |            |            | . 22             | 11,628.                                  |  |  |
|                               | 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 <b>total tax</b>   |                   |                   |            |            | . 24             | 11,628.                                  |  |  |
| Payments                      | 25      | Federal income tax withheld   |                         |                   |                   |            |            |                  |  |  |  |
| -                             | а       | Form(s) W-2   |                         |                   |                   | 25a        | 13,9       | 936.             |  |  |  |
|                               | b       | Form(s) 1099  |                         |                   |                   | 25b        |            |                  |  |  |  |
|                               | С       | Other forms (see instructions   | s)                      |                   |                   | 25c        |            |                  |  |  |  |
|                               | d       | Add lines 25a through 25c   |                         |                   |                   |            |            | . 25d            | 13,936.                                  |  |  |
| If you have a                 | 26      | 2022 estimated tax payment  | ts and amount a         | pplied from 20    | 21 return         |            |            | . 26             |  |  |  |
| qualifying child,             | 27      | Earned income credit (EIC)  |                         |                   |                   | 27         |            |                  |  |  |  |
| attach Sch. EIC.              | 28      | Additional child tax credit from  | m 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   | ne 15                   |                   |                   | 31         |            |                  |  |  |  |
|                               | 32      | Add lines 27, 28, 29, and 31  | . These are your        | total other pa    | ayments and re    | fundable o | redits .   | . 32             |  |  |  |
|                               | 33      | Add lines 25d, 26, and 32. T  | hese are your <b>to</b> | tal payments      |                   |            |            | . 33             | 13,936.                                  |  |  |
| Refund                        | 34      | If line 33 is more than line 24   |                         |                   |                   |            |            |                  | 2,308.                                   |  |  |
| neiuliu                       | 35a     | Amount of line 34 you want  | refunded to you         | ı. If Form 8888   | is attached, ch   | eck here   |            | □ 35a            | 2,308.                                   |  |  |
| Direct deposit?               | b       | Routing number 1 0 1  | 1 0 0 0                 | 4 5               | <b>c</b> Type:    | X Checking | g 🗌 Sav    | /ings            |  |  |  |
| See instructions.             | d       | Account number 5 1 8  | 0 0 9 3                 | 9 7 4 9           | 9 7               |            |            |                  |  |  |  |
|                               | 36      | Amount of line 34 you want a  | applied to your         | 2023 estimate     | ed tax            | 36         |            |                  |  |  |  |
| Amount<br>You Owe             | 37      | Subtract line 33 from line 24<br>For details on how to pay, g                 |                         |                   |                   |            |            | . 37             |  |  |  |
| 100 0 110                     | 38      | Estimated tax penalty (see in   | •                       | -                 |                   | 1 1        |            | . 31             |  |  |  |
| Third Doub                    |         | you want to allow another   |                         |                   |                   |            |            |                  |  |  |  |
| Third Party Designee          |         | structions  |                         |                   |                   |            | Yes. Com   | plete below.     | X No                                     |  |  |
| Doolgiloo                     |         | signee's  |                         | Phone             |                   |            |            | l identification | <del>_</del>                             |  |  |
|                               | nai     |   |                         | no.               |                   |            | number     | (PIN)            |  |  |  |
| Sign                          |         | der penalties of perjury, I declare t<br>ief, they are true, correct, and com |                         |                   |                   |            |            |                  |  |  |  |
| Here                          | Yo      | ur signature  |                         | Date              | Your occupation   | 1          |            |                  | ent you an Identity                      |  |  |
| Joint return?                 |         |   |                         |                   |                   |            |            | (see inst.)      | otection PIN, enter it here<br>ee inst.) |  |  |
| See instructions.             | Sp      | ouse's signature. If a joint return, I  | ooth must sign.         | Date              | Spouse's occup    | ation      |            | If the IRS se    | ent your spouse an                       |  |  |
| Keep a copy for your records. |         |   |                         |                   |                   |            |            | 1 -              | tection PIN, enter it here               |  |  |
| your records.                 |         |   |                         |                   |                   |            |            | (see inst.)      |  |  |  |
|                               |         | one no. (612)707-165  |                         | Email address     | SONALISON         |            |            | T. I.            | To                                       |  |  |
| Paid                          |         | eparer's name   | Preparer's signat       |                   |                   | Date       |            | TIN              | Check if:                                |  |  |
| Preparer                      | SYAM    | PRIYA RAM SAGAR GUPTA TALLAM  |                         | RAM SAGAR         | GUPTA TALLA       | М 02/04    | /2023   PO | 2082703          |  |  |  |
| Use Only                      | Fire    | m's name GLOBAL TAX   |                         |                   |                   |            |            | Phone no.        | (678)965-9522                            |  |  |
|                               | Fir     | m's address 245 ROONE   | Y CT E BRU              | NSWICK N          | J 08816           |            |            | Firm's EIN       | 88-2145487                               |  |  |
| Go to www.irs.g               | ov/Forn | n1040 for instructions and the late   | st information.         |                   | BAA               | REV 01/28  | /23 PRO    |                  | Form 1040 (2022)                         |  |  |

# 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

SONALI REDDY SRIRAMULA

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.

Your social security number 144-61-3734

| 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 | ach Schedule E .       | 5       | -10,190. |
| 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                     |         |          |
| 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                 | 0- (                   |         |          |
|         | 1040, line 1a or 1d  | 8s ( )                 | 4       |          |
| t       | Pension or annuity from a nonqualifed deferred compensation plan or            | 04                     |         |          |
|         | a nongovernmental section 457 plan   | 8t                     |         |          |
| u       | Wages earned while incarcerated  | 8u                     |         |          |
| Z       | Other income. List type and amount:  | 8z                     |         |          |
| 0       | Total other income. Add lines 8a through 8z                                    |                        | 0       |          |
| 9<br>10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR,         |                        | 9<br>10 | -10,190. |
| IU      | - Combine intes a unrough r and a. Enter here and on Form 1040, 1040-5K,       | , 01 1040-110, 11116 0 | I IU    | -10,190. |

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 governing   |   |      |   |
|          | officials. Attach Form 2106  | [ | 12   | 1 |
| 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)   |   |      |   |
| 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       |  |   | O.F. |   |
| 25<br>26 | 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> . Enter here an Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a |   | 26   |   |
|          | Form 1040 of 1040-3n, lifte 10, of Form 1040-1nn, lifte 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.

Attachment

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

2022
Attachment
Sequence No. 13

| Name(s)  | shown on return  |          |        |       |         | Y                   | our socia      | I security | number  |
|----------|--|----------|--------|-------|---------|---------------------|----------------|------------|---------|
| SONA     | LI REDDY SRIRAMULA   |          |        |       |         | 1                   | L44-61         | 3734       |         |
| Part     |  |          |        |       |         |                     |                |            |         |
|          | <b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40. |          |        |       |         |                     |                |            |         |
|          | Did you make any payments in 2022 that would require you   |          |        |       |         |                     |                |            |         |
| B I      | f "Yes," did you or will you file required Form(s) 1099? .   |          |        |       |         |                     |                | . ∐ Y∈     | es U No |
| 1a       | Physical address of each property (street, city, state, ZIF  | P code)  | )      |       |         |                     |                |            |         |
| Α        | H.NO -8-5-86/1 OLD BOWENPALLY SECUNDER   | RABAD    | , TELA | NGAN  | A II    | 1 500011            |                |            |         |
| В        |  |          |        |       |         |                     |                |            |         |
| С        |  |          |        |       |         |                     |                |            |         |
| 1b       | Type of Property (from list below)  2 For each rental real estate prope above, report the number of fair real estate property.     |          |        |       | -       | ir Rental I<br>Days | Persona<br>Day |            | QJV     |
| A        | personal use days. Check the Qu  |          | A 365  |       |         |                     | ,              |            |         |
| B        | if you meet the requirements to f  |          |        |       |         | 303                 |                |            |         |
|          | qualified joint venture. See instru  | ictions. |        | C     |         |                     |                |            |         |
|          | of Property:   |          |        |       |         |                     |                |            |         |
|          | Single Family Residence 3 Vacation/Short-Term Ren  | tal      | 5 Lanc | ı     | 7       | Self-Rental         |                |            |         |
|          | Multi-Family Residence 4 Commercial  | · cai    | 6 Roya |       |         | Other (describ      | e)             |            |         |
|          | Maria Farmy Hodiacrico Francisco   |          |        |       |         |                     |                |            |         |
|          |  |          |        |       |         | Properties          | S:             |            |         |
| Incom    |  |          |        | Α     |         | В                   |                |            | С       |
| 3        | Rents received   | 3        |        | 5     | 80.     |                     |                |            |         |
| 4        | Royalties received   | 4        |        |       |         |                     |                |            |         |
| Exper    |  | _        |        |       |         |                     |                |            |         |
| 5        | Advertising  | 5        |        |       |         |                     |                |            |         |
| 6        | Auto and travel (see instructions)   | 6        |        | 1 5   | 10      |                     |                |            |         |
| 7        | Cleaning and maintenance   | 7        |        | 1,5   | 40.     |                     |                |            |         |
| 8        | Commissions  | 8        |        |       |         |                     |                |            |         |
| 9        | Insurance  | 9        |        |       |         |                     |                |            |         |
| 10       | Legal and other professional fees  | 10       |        |       |         |                     |                |            |         |
| 11       | Management fees  | 11       |        | 1,2   | 20.     |                     |                |            |         |
| 12       | Mortgage interest paid to banks, etc. (see instructions)   | 12       |        |       |         |                     |                |            |         |
| 13       | Other interest   | 13       |        | 2 2   | 20      |                     |                |            |         |
| 14       | Repairs  | 14       |        | 2,3   |         |                     | -              |            |         |
| 15<br>16 | Supplies   | 15<br>16 |        | 2,6   | 40.     |                     | -              |            |         |
| 17       | Taxes  | 17       |        | 3,0   | ΕΛ      |                     |                |            |         |
| 18       | Utilities  | 18       |        | 3,0   | 50.     |                     |                |            |         |
| 19       | Other (list)   | 19       |        |       | -       |                     |                |            |         |
| 20       | Total expenses. Add lines 5 through 19   | 20       |        | 10,7  | 70      |                     | +              |            |         |
|          | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If  | 20       |        | 10,7  | 70.     |                     | +              |            |         |
| 21       | result is a (loss), see instructions to find out if you must   |          |        |       |         |                     |                |            |         |
|          | file <b>Form 6198</b>  | 21       |        | -10,1 | 90.     |                     |                |            |         |
| 22       | Deductible rental real estate loss after limitation, if any,   |          |        | ,_    |         |                     |                |            |         |
|          | on <b>Form 8582</b> (see instructions)   | 22 (     | ,      | 10,19 | 0 1     |                     | )(             |            |         |
| 23a      | Total of all amounts reported on line 3 for all rental prope   |          |        | ,     | 23a     |                     | 580.           |            |         |
| b        | Total of all amounts reported on line 4 for all royalty prope  |          |        |       | 23b     | ·                   |                |            |         |
| c        | 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     |                     |                |            |         |
| e        | Total of all amounts reported on line 20 for all properties  |          |        |       | 23e     | 10.                 | 770.           |            |         |
| 24       | <b>Income.</b> Add positive amounts shown on line 21. <b>Do no</b>   |          |        |       |         |                     | 24             |            |         |
| 25       | Losses. Add royalty losses from line 21 and rental real estat  |          | -      |       | nter to | tal losses here     | 25 (           |            | 10,190. |
| 26       | Total rental real estate and royalty income or (loss).   |          |        |       |         |                     | <del> '</del>  |            |         |
|          | here. If Parts II, III, IV, and line 40 on page 2 do not   |          |        |       |         |                     |                |            |         |
|          | Schedule 1 (Form 10/0) line 5. Otherwise include this ar   |          |        |       |         |                     | 06             |            | _10 100 |