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

Internal Revenue Service Add to WWW.iis.gov/1 orimos/3 for the latest mornitations	•	
Submission Identification Number (SID)		
Taxpayer's name	Social security	number
PURNASAI PARUCHURI	696-68-	2728
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.	I	120 006
1 Adjusted gross income	H	1 138,896.
2 Total tax		2 24,063.
(-)	F	3 28,369. 4 4.306.
4 Amount you want refunded to you	-	4 4,306.
5 Amount you owe Part II Taxpayer Declaration and Signature Authorization (Be sure you get at		-
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 fo 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 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).	he U.S. Treasury an t indicated in the tax itution to debit the inate the authorizat requests must be the processing of he payment. I furth	d its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Electronic Funds Withdrawal Consent.		
Taxpayer's PIN: check one box only	8	2 7 2 8
X I authorize GLOBAL TAXES LLC to enter or gener	ř 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 and your return is filed using the Practitioner PIN n below.		
Your signature ▶ Date	>	
Spauge's DINL shock and havenly		
Spouse's PIN: check one box only	onto more DIN	
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 and your return is filed using the Practitioner PIN n below.		-
Construction N	_	
Spouse's signature ► Date Practitioner PIN Method Returns Only—continue be		
	iow	
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 2 4 9 6 Don't ente	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retur	n in accordance with the
ERO's signature ▶ Date	•	
ERO Must Retain This Form — See Instructions	•	

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

2022

OMB No. 1545-007

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the name	_	ed filing separately (Nour spouse. If you c		_				spou	ifying su use (QSS name if	3)			
		on is a child but not your dependent	:												
Your first name		iddle initial	Last na	me							cial secu	•	umber		
_PURNASA:				CHURI					-		<u> 58-27</u>				
If joint return, s	pouse's	s first name and middle initial	Last na	me					S	pouse'	s social s	ecuri	ty number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	pt. no.	Р	reside	ntial Elec	tion (Campaign		
28 ROYAL CREST DR							_ 2				Check here if you, or your				
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spaces below. State ZIP					ALCOUGE I '			spouse if filing jointly, want \$3 to go to this fund. Checking a				
NASHUA					NH		030)3060 bc			box below will not change				
Foreign country name			F	Foreign province/state/	count	у	Foreig	n postal co	de y	our tax	or refun	_	Spouse		
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, award, or	payn	nent for prope	erty or s	services):	or (b)) sell,		<u> </u>			
Assets		ange, gift, or otherwise dispose of a			-		-				Ye:	s [>	No		
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur		•		a dependent									
	-	Were born before January 2, 1			use:	□ Was box	rn hefo	re Janua	n/2 1	1058		blind			
	-		330 _	(2) Social security		(3) Relationsh	- 14						tructions):		
•	•	(see instructions): (1) First name Last name		number		to you	iip (Child ta		· .	,		dependents		
If more than four	(1)					<u> </u>		Г	7		0.0011.101		200011001110		
dependents,												Ħ			
see instruction and check	s ——							Ī	_			〒			
here] —											Ī			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						1a		148,	,265.		
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b					
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c					
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d					
W-2G and 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 W-2, see	h	Other earned income (see instruct	,			1	. i			1h	-		0.		
instructions.	i	Nontaxable combat pay election (see instructions)										1 10	0.65		
	<u>z</u>	Add lines 1a through 1h								1z		148,	,265.		
Attach Sch. B if required.	2a	· -	2a			axable interes				2b					
ii required.	3a		3a			rdinary divide				3b					
24dd	4a		4a			axable amoun axable amoun				4b					
Standard Deduction for—	5a		5a 6a			axable amoun				5b 6b					
Single or	6a c	Social security benefits Left you elect to use the lump-sum e		mothod chock horo					· .	OD					
Married filing separately,	7	•			•	,			· 📙	7					
\$12,950 Married filing	8	Other income from Schedule 1, lin	pital gain or (loss). Attach Schedule D if required. If not required, check here							8		a	,369.		
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9			, 896.		
Qualifying surviving spouse,	10	Adjustments to income from Sche		=						10		<u> </u>	, 0 , 0 ,		
\$25,900 Head of	11	Subtract line 10 from line 9. This is								11		 1	896.		
household,	12	Standard deduction or itemized	-	-						12			,950.		
\$19,400 If you checked	13	Qualified business income deducti				5-A				13	_		, , , , , , ,		
any box under Standard	14									14		12	,950.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15			,946.		
SEE MISHUULIUNS.				-							_				

						Pa	ag	e 2
		2	4	,	0	6	3	
		2	4	,	0	6	3	
_		2	4	,	0	6	3	
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		2	4	,	0	6	3	<u>. </u>
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n			_	-	Г	-	Т	

Form 1040 (2022	2)											Page	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		24	,063.	
Credits	17	Amount from Schedule 2, lin	ne 3						17				
	18	Add lines 16 and 17							18		24	,063.	
	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		24	,063.	
	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		24	,063.	
Payments	25	Federal income tax withheld	I from:										
-	а	Form(s) W-2				25a	28	,369.					
	b	Form(s) 1099				25b							
	С	Other forms (see instructions	s)			25c							
	d	Add lines 25a through 25c							25d		28	,369.	
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20)21 return				26				
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27							
	28	Additional child tax credit from	m Schedule 8812	2		28							
	29	American opportunity credit	from Form 8863	3, line 8		29							
	30	Reserved for future use .				30							
	31	Amount from Schedule 3, lin	ne 15			31			1				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits											
	33	Add lines 25d, 26, and 32. These are your total payments									28	,369.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid									4	,306.	
nerana	35a	Amount of line 34 you want	refunded to you	ی. If Form 8888	3 is attached, ched	ck here			35a		4	,306.	
Direct deposit?	b	Routing number 0 1 1 4 0 0 4 9 5 c Type: X Checking Savings											
See instructions.	d	Account number 3 8 8	0 0 5 7	8 5 7 9	9 6								
	36	Amount of line 34 you want a	applied to your	2023 estimate	ed tax	36							
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37				
	38												
Third Party	Do	you want to allow another				See							
Designee		· .	•				Yes. Co	mplete l	oelow.	ΧN	lo		
		signee's me		Phone no.				nal identi er (PIN)	fication		\top	\Box	
Sign	Un be	der penalties of perjury, I declare t lief, they are true, correct, and com	that I have examine	ed this return and of preparer (othe	d accompanying sch r than taxpayer) is ba	edules and ased on all	I statemer informatio	nts, and to n of whicl	the bes	t of my er has a	knov iny kr	vledge ar nowledge	
Here	Yo	ur signature		Date	Your occupation			If the	e IRS ser	nt you a	an Ide	entity	
		·			·				ection Pl	N, ente	rit he	ere	
Joint return?					JAVA DEVEI			,	inst.)	Ш	Ш		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	ion			e IRS ser			se an nter it he	
your records.									inst.)	CLIOITI	111, 6		
	Ph	one no. (603) 937-555	Ω	Email address	PPS.PEGASI	Z NI A C M 7	TT. CO	,					
		eparer's name	Preparer's signat		IID, FEGASI	Date	111.00	PTIN		Check	 c if:		
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			СПРФД ФДТ.Т.ДМ		/2023	P0208	2703			nployed	
Preparer			1	IVIII DUQUI	COLITY TABLAM	100/21	, 2023					. ,	
Use Only	Firm's name GLOBAL TAXES LLC PI								one no. (678) 965-9522				

Firm's address

245 ROONEY CT E BRUNSWICK NJ 08816

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
PURNASAI PARUCHURI

Your social security number
696-68-2728

Par	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	ch Schedule E .	5	-9,369.
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		
0	\	80		
р		8p		
q	` ' '	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		8u		
Z				
		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,	or 1040-NR, line 8	10	-9,369.

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-t			
	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:			
05		24z	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 .		00	
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

REV 03/09/23 PRO

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

	NASAI PARUCHURI						696-6	8-2728	3
Part									
	Note: If you are in the business of renting personal proper	rty, use	Schedule	C . See	instru	ctions. If you are	e an indiv	/idual, rep	ort farm
Α Ι	rental income or loss from Form 4835 on page 2, line 40.		Form(a) 1	10000 0	`aa ina	aturations			- V N-
	Did you make any payments in 2022 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u> 10	es U No
1a	Physical address of each property (street, city, state, ZII	P code))						
Α	7-3 COSTAL BANK SIDE ST TAKKELLAPADU I	PEDAF	KAKANI,	GUNT	UR ,	ANDHRA PR	ADESH	IN 52	2509
В									
С									
1b	Type of Property 2 For each rental real estate property				Fa	ir Rental	Person		QJV
	(from list below) above, report the number of fair					Days	Da	-	
A	gersonal use days. Check the Quif you meet the requirements to			Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descril	be)		
						Propertie	s:		
Incon	ne:			Α		. В			С
3	Rents received	3		6	24.				
4	Royalties received								
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			8	49.				
8	Commissions								
9	Insurance								
10	Legal and other professional fees	_							
11	Management fees			1,2	40.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,7	43.				
15	Supplies	15		3,3	21.				
16	Taxes	16							
17	Utilities	17		1,8	40.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,9	93.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-9,3	69.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)		(9,36	9.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		624.		
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	9,	993.		
24	Income. Add positive amounts shown on line 21. Do no		-				24		
25	Losses. Add royalty losses from line 21 and rental real esta	ite loss	es from lii	ne 22. E	nter to	otal losses here	25	(9,369.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not						ا		
	Schedule 1 (Form 1040) line 5. Otherwise, include this at	mount	in the to	tal on li	na 41	on nage 2	0.0		-0 360