## Form **8879**

(Rev. January 2021)

Department of the Treasury

## 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

iliterilai nevelue Service	
Submission Identification Number (SID)	
Taxpayer's name	Social security number
APARNA BOLLA	789-58-4067
Spouse's name	Spouse's social security number
	nter year you are authorizing.)
,	
•	4   141 270
	2/102.
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for 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	above are the amounts from the income to nsmitter, or electronic return originator (ERC rejection of the transmission, (b) the reaso he U.S. Treasury and its designated Financia tindicated in the tax preparation software for itution to debit the entry to this account. Thi inate the authorization. To revoke (cancel) requests must be received no later than the processing of the electronic payment of the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	8 4 0 6 7
	ate mv PIN Las mv
	don't enter all zeros
	m now authorizing Chock this hav an
if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methods.	nethod. The ERO must complete Part I
Spouse's PIN: check one box only	
I authorize to enter or generation to enter or generation in 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	Enter five digits, but don't enter all zeros  m now authorizing. Check this box onl
	low
Part III Certification and Authentication — Practitioner PIN Method Only	
Taxpayer's name  REARNA BOLLA  Spouse's name  Received the state of t	
authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s	submitting this return in accordance with th
ERO's signature • Data I	

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

# 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	s X	Single Married filing join	:ly 🗌 Mar	ried filing separatel	y (MFS)	Head of	house	ehold (HOF	l) [		ifying survi	ving	
Check only one box.	If vo	u checked the MFS box, ente	r the name o	f vour spouse If vo	u checki	ed the HOH o	r 088	hov ente	r the c		ise (QSS) name if the	aualifyina	
OHE DOX.		on is a child but not your dep		i your spouse. Ii yo	u check		i QUC	box, ente	i tile c	JIIIU 3	name ii tire	5 qualifying	
Your first name			Last	name					Y	our so	cial security	number	
APARNA	and m		BOI								58-4067		
	nouse's	s first name and middle initial	Last									urity number	
ii joint rotairi, o	podoo	o mot hamo and middle middle	Lact						"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Home address	(numbe	er and street). If you have a P.O. b	ox. see instruc	ctions.				Apt. no.	Pı	resider	ntial Flection	n Campaign	
126 BELLA LUCE									Check here if you, or				
		ce. If you have a foreign address,	also complete	spaces below.	code		oouse if filing jointly, want \$3						
SPRING		· <b>,</b> · <b>.</b>		mplete spaces below. State ZIP  TX 77						to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/sta			1				or refund.	mange	
	,					,		J. 1			You	Spouse	
Digital	At ar	ny time during 2022, did you:	(a) receive (a	s a reward award	or payn	nent for prope	erty or	services):	or (b)	sell			
Assets		ange, gift, or otherwise dispo									Yes	⊠ No	
Standard		eone can claim: You a				a dependent		, (					
Deduction		Spouse itemizes on a separat	'			'							
				_						050			
Age/Blindness			iry 2, 1958	<u> </u>	Spouse:			ore Janua	, ,		ls blir		
Dependent				(2) Social secunumber	urity	(3) Relationsh to you	nip				alifies for (see instructions):		
If more	(1) F	rst name Last name		Humber		to you		Child tax c		it	Credit for other dependent		
than four dependents,													
see instruction	s —										L		
and check here [	1 —							L			<u>L</u>	<u></u>	
	10	Total amount from Form(a)	N 0 box 1 /r	and instructions)						10	1 1 5	<u></u>	
Income	1a	Total amount from Form(s)		•					•	1a	13	0,803.	
Attach Form(s)	b	Household employee wage	·				•		•	1b 1c			
W-2 here. Also	C C								1d				
attach Forms W-2G and	d e	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
was withheld.	g	Wages from Form 8919, line 6								1g			
If you did not get a Form	9 h			s)					•	1h		0.	
W-2, see	i	,	pay election (see instructions)									<u>_</u>	
instructions.	z	Add lines 1a through 1h							1z	15	0,803.		
Attach Sch. B		Tax-exempt interest	.   2a	· · · · · i	<b>b</b> Taxable interest				•	2b		<del></del>	
if required.	3a	Qualified dividends								3b			
	4a	IRA distributions			<b>b</b> Taxable amount					4b			
Standard	5a	Pensions and annuities .				axable amoun				5b			
Deduction for—	6a	Social security benefits .				axable amoun				6b			
Single or Married filing	С	•		lection method, check here (see instructions)									
separately, \$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here											
Married filing	8	Other income from Schedul	e 1, line 10	• • •								9,433.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>								9		1,370.	
surviving spouse, \$25,900	10	Adjustments to income from	Schedule 1	, line 26						10			
• Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									14	1,370.	
household, \$19,400	12	Standard deduction or ite	mized dedu	ctions (from Sched	ule A)					12		2,950.	
If you checked	13	Qualified business income of	deduction fro	m Form 8995 or Fo	orm 899	5-A				13			
any box under Standard	14	Add lines 12 and 13								14	<b>4</b> 12,950.		
Deduction, see instructions.	15	5 Subtract line 14 from line 11. If zero or less, enter -0 This is your <b>taxable income</b>							15		8,420.		
200 110010010110.													

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	24	,656.
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	24	,656.
	16 Tax (see instructions). Check if any from Form(s): 1  8814 2 17 Amount from Schedule 2, line 3  8814 2 18 Add lines 16 and 17  8814 2 19 Child tax credit or credit for other dependents from Schedule 881 20 Amount from Schedule 3, line 8  881 21 Add lines 19 and 20  881 22 Subtract line 21 from line 18. If zero or less, enter -0-  981 23 Other taxes, including self-employment tax, from Schedule 2, line 24 Add lines 22 and 23. This is your total tax  982 25 Federal income tax withheld from:  983 26 a Form(s) W-2  983 27 Federal income tax withheld from:  983 28 a Form(s) 1099  999 29 c Other forms (see instructions)  999 20 d Add lines 25a through 25c  990 2022 estimated tax payments and amount applied from 2021 returned income credit (EIC)  999 20 Additional child tax credit from Schedule 8812  999 21 American opportunity credit from Form 8863, line 8  999 22 American opportunity credit from Form 8863, line 8  999 23 Add lines 27, 28, 29, and 31. These are your total other payment  999 24 Add lines 25d, 26, and 32. These are your total payments  999 25 Add lines 27, 28, 29, and 31. These are your total payments  999 26 b Routing number  999 27 a Routing number  999 28 a Routing number  999 29 a Routing number  999 20 a Routing number  999 20 a Routing number  999 20 a Routing number  999 21 a Routing number  999 22 b Routing number  999 23 c Company  999 24 c Company  999 25 c Company  999 26 c Cother form 8888 is attax  999 26 c Cother form 899 27 a Routing number  999 28 c Cother form 899 29 c Cother form 899 20	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 zero or less,	enter -0				22	24	,656.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23		0.
	24	Add lines 22 and 23. This is your total tax					24	24	,656.
Payments	25								
-	а	Form(s) W-2			<b>25a</b> 26	,818.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c	Second   Check   flamy from Form(s): 1						
16	26	2022 estimated tax payments and amount a	applied from 20	)21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28				28		1		
	29	American opportunity credit from Form 8863	3, line 8		29				
	30				30				
	31	Amount from Schedule 3, line 15			31		1		
	32		32						
	33	i. 100 000	33	26	,818.				
Defund	34						34	2	,162.
Refund	35a						35a	2	,162.
Direct deposit?	b								
See instructions.	d								
	36				36				
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe						
You Owe									
	38	Estimated tax penalty (see instructions) .			38				
<b>Third Party</b>									
Designee	ins	structions						× No	
							fication		$\overline{}$
0:				d accompanying cab		( /	+bo bos	t of my lens	
Sign									
Here	Yo	ur signature	Date	Your occupation		If the	· · · e IRS ser	nt vou an Id	lentity
	4			l san sesapanen		Prot	ection P		
Joint return?	4	forma totalla	04/10/2023	SOFTWARE E	ENGINEER	(see	inst.)		
	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	ion				
your records.						I	,	ECTION PIN, 6	enter it ner
	——Ph	one no (862) 812-5517	Email address	BULL VYDVDVI	N100CMNTI CO	,	,		
				DOLLAAFARNA				Check if:	
Paid				СПРФД ФДТТЛМ	3		2703		emploved
See instructions. Keep a copy for your records.  Paid Preparer			IVUI DUQUE	COLIA IALLAM	04/10/2023			(678) 965	
Use Only			INSMICK M	J 08816				1904 1014 1010 1	19 79 10 00 10 10 10 10 10 10 10 10 10 10 10
0- 1	FIN	at 0.40 for instructions and the letest information	MOMICE N	0 00010	DEL / 00/00/00 5	Firm	's EIN		171965

#### SCHEDULE 1 (Form 1040)

Department of the Treasury

Internal Revenue Service

## **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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR APARNA BOLLA

Your social security number 789-58-4067

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	-9,433.
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	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	90 /		
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	0+		
		8t 8u		
u	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR		_	

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-ba			
	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)	la		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb	_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_		
	and USOC prize money reported on line 8m		_	
d	Reforestation amortization and expenses	łd	_	
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	łg	_	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	lla .		
	,	₽N .	-	
- 1	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	4:		
	Housing deduction from Form 2555		-	
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	+j	-	
K	1041)	114		
z	Other adjustments. List type and amount:	fK .		
_	Other adjustments. List type and amount.	17		
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E		25	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
		<u> </u>		

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

Name(s) shown on return Your social security number

APAF	RNA BOLLA									78	9-58	-406	67	
Part	Note: If you a	are in t	s From Rental Real Es ne business of renting person s from Form 4835 on page 2	al property,			. See	instru	ctions. If you	are a	n individ	dual, r	eport	farm
	Did you make any p	ayme	nts in 2022 that would req	uire you to										X No
B I	f "Yes," did you or	will y	ou file required Form(s) 10	199?									Yes	∐ No
1a	Physical address	s of e	ach property (street, city, s	state, ZIP c	ode)	)								
Α	D-NO.2-65	PEDA	PARIMI POST, THUL	T.URU MAI	NDA	I. ANDRA	PR	ADES	H TN 52	200	7			
В														
C														
1b	Type of Property (from list below)	2	For each rental real estate proper above, report the number of fair r						ir Rental Days					QJV
Α	3		personal use days. Chec				Α		352			0		
В			if you meet the requirem				В							
С			qualified joint venture. So	ee instructi	ons.		С							$\overline{\Box}$
vpe	of Property:													
	Single Family Resi	dence	e 3 Vacation/Short-Te	erm Rental		5 Land		7	Self-Rental					
	Multi-Family Resid		4 Commercial			6 Royalti	es	8	Other (desc	ribe)				
					-				Propert	ies:				
ncon					_	A	١		В		-+		С	
3					3						-+			
4	-	a			4						_			
•	1ses:				_									
5	-			_	5						_			
6			structions)	· · · -	6		0	4.0						
7	•		ınce	_	7 8			49.			-+			
8 9				_	9						-+			
9 10			sional fees	_	10									
11	-				11		1 1	49.						
12	•		to banks, etc. (see instruc	_	12		1, 1	49.						
13				—	13						_			
14					14		3,0	12.						
15				_	15		2,7							
16				_	16		_,							
17				_	17		1,6	74.						
18			or depletion	_	18		_, -							
19	Other (list)				19						$\top$			
20	, , , , , , , , , , , , , , , , , , , ,		nes 5 through 19		20		9,4	33.						
21	•		ne 3 (rents) and/or 4 (roya											
	result is a (loss),	see ir	structions to find out if yo	ou must										
	file Form 6198			[	21	_	9,4	33.						
22			estate loss after limitation, tructions)		22 (	(	) <b>,</b> 43	33.)	(		) (			
23a	Total of all amour	nts re	oorted on line 3 for all rent	al propertie	es			23a						
b	Total of all amour	nts re	oorted on line 4 for all roya	alty propert	ies			23b						
С	Total of all amour	nts re	oorted on line 12 for all pro	operties .				23c						
d	Total of all amour	nts re	oorted on line 18 for all pro	operties .				<b>23</b> d						
е			oorted on line 20 for all pro					23e	(	9,43	33.			
24	•		amounts shown on line 21			•					24			
25	Losses. Add roya	ılty los	ses from line 21 and rental	real estate l	osse	s from line	22. E	Enter to	otal losses he	ere	<b>25</b> (		9	,433.
26			te and royalty income or											
			, and line 40 on page 2 )), line 5. Otherwise, incluc								26		_	9,433.