Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### Department of the Treasury Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social accurity number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

Taxpay	ler s name	Social security i	lumber
SAI	YA MAHESH CHIDIRALA	853-88-4	871
Spouse	o's name	Spouse's social	security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	r year you are	authorizing.)
Enter	whole dollars only on lines 1 through 5.		
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		<b>1</b> 94,723.
2	Total tax	[	2 13,608.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	<b>3</b> 14,954.
4	Amount you want refunded to you	[	4 1,346.
5	Amount you owe	[	5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

••	radinonizo		EPO firm name		E
X	Lauthorize	GLOBAL TAXES	5 LLC	to enter or generate my PIN	5

8	4	8	7	1	
Ent don	er fiv n't er	ve di Iter a	gits, all ze	but ros	as my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

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

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date I					 			
Practitioner PIN Method Returns Only—contin	ue be	low							
Part III Certification and Authentication – Practitioner PIN Method Onl	/								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		_	6 nter al	 	9 8	9	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨	
Don	ERO Must Retain This Form — Set t Submit This Form to the IRS Unless		
For Denomicarly Deduction Act Nation	and your toy return instructions	REV 02/24/22 RRO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

E <b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 202	22	OMB No. 1545	-0074	IRS Use	Only	—Do not v	vrite or staple	in this space.
Filing Status Check only one box.	lf yc	Single Arried filing jointly source of the MFS box, enter the n son is a child but not your dependent	ame of y	ed filing separately your spouse. If you	,				,	spo	lifying sur use (QSS) s name if tl	0
Your first name	and m	iddle initial	Last na	me						Your so	cial securi	ty number
SATYA MA	HES	Н	CHID	IRALA						853-	88-487	1
lf joint return, s	pouse's	s first name and middle initial	Last na							Spouse	's social se	curity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			A	pt. no.		Preside	ential Electi	on Campaigr
101 CENT	RAL	AVE									here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s	paces below.	Sta	te	ZIP co	ode		•		ntly, want \$3 Checking a
LOUISVII	LE				KY	7	402	09		0	low will not	0
Foreign country	/ name		F	Foreign province/state	count/	у	Foreig	n postal c	ode	your ta:	x or refund	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a									Yes	X No
Standard		neone can claim: You as a de	-				,					
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-status	alien	•						
Age/Blindness	You	: 🗌 Were born before January 2, 1	958	Are blind Sp	ouse	: 🗌 Was bor	rn befo	re Janu	ary 2	2, 1958	Is b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip (4)	) Check t	he b	ox if quali	ifies for (see	instructions):
If more	<b>(1)</b> F	irst name Last name		number		to you		Child t	ax ci	edit	Credit for ot	her dependents
than four												
dependents, see instructions												
and check												
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. <u>1</u> a	1	05,923.
	b	Household employee wages not re	eported	on Form(s) W-2 .			• •		•	. <u>1b</u>	)	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a							•	. 10		
attach Forms	d	Medicaid waiver payments not rep			instru	ictions)	• •		•	. 10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		-			• •	• •	•	. <u>1</u> e		
was withheld.	f	Employer-provided adoption bene		-			• •	• •	•	. <u>1</u> f		
If you did not	g	Wages from Form 8919, line 6 .					• •	• •	•	. <u>1</u> g		
get a Form W-2, see	h	Other earned income (see instruct	,			1	•••	• •	•	. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)						-	1 1.	
		Add lines 1a through 1h	· · ·					• •	•	. 1z		05,923.
Attach Sch. B if required.	2a	· ·	2a 3a			axable interes			•	. 2b . 3b		
	<u>3a</u>		3a 4a			rdinary divide axable amoun		• •	•	. 30		
Chandand	4a 5a		4a 5a			axable amoun		• •	•	. <u>4</u> 0. . 5b		
Standard Deduction for –	5a 6a		5a 6a			axable amoun		• •	•	. 6b		
Single or     Married filing	c	If you elect to use the lump-sum e		method check here			· · ·	• •	г		,	
Married filing separately,	7	Capital gain or (loss). Attach Sche				,	• •	• •	. L	7		
\$12,950 Married filing	8	Other income from Schedule 1, lin					• •	• •	· L	. 8		11,200.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					• •	•••		. 9		94,723.
Qualifying spouse,	10	Adjustments to income from Sche							:	10		- 1 1 1 1 .
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,							. 11		94,723.
household,	12	Standard deduction or itemized	•							. 12		12,950.
\$19,400 If you checked	13	Qualified business income deduct				5-A				13		,
any box under Standard	14									. 14		12,950.
Deduction,	15	Subtract line 14 from line 11. If zer								15		81,773.
see instructions.												

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

Form **1040** (2022)

Form 1040 (2022	2)								Pag	je <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	13,608	•
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	13,608	•
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,608	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0	۱.
	24	Add lines 22 and 23. This is	your total tax					24	13,608	
Payments	25	Federal income tax withheld								
	а	Form(s) W-2				<b>25a</b> 14	1,954.			
	b	Form(s) 1099				25b		1		
	с	Other forms (see instruction:	s)			25c		1		
	d	Add lines 25a through 25c						25d	14,954	
If	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	8, line 8		29		1		
	30	Reserved for future use .				30		1		
	31	Amount from Schedule 3, lir				31		1		
	32	Add lines 27, 28, 29, and 31				undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	14,954	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	1,346	•
neiuliu	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a	1,346	•
Direct deposit?	b	Routing number 0 8 3	0 0 2 3	4 2	c Type: 🛛 🗙	Checking	Savings			
See instructions.	d	Account number 7 9 3	8 5 7 2	8 1 0			-			
	36	Amount of line 34 you want a	applied to your	2023 estimate	edtax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37		
	38	Estimated tax penalty (see ir	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				🗌 Yes. C	omplete b	elow.	× No	
		signee's		Phone no.			onal identi ber (PIN)	ication		
	na						. ,			_
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		ur signature		Date	Your occupation		1	· ·	nt you an Identity	,
	10	ar signature		Duic					IN, enter it here	
Joint return?					SOFTWARE I	ENGINEER	(see	inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.							(see		ection PIN, enter it I	iere
-	Dh		1	Email addraga				,		
		one no. (502)802-231 eparer's name	4 Preparer's signat	Email address	CHIDIRALA34	3@OUTLOOK.CO	PTIN		Check if:	
Paid					ለጠውጥአ ጥአተተ አለ			כחדכ	Self-employe	d
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		NAMI SAGAR	GUPIA IALLAM	03/07/2023				
Use Only		m's name GLOBAL TAX			J 08816				678)965-952	
		m's address 245 ROONE	Y CT E BRU	INSWICK N	J U8816		Firm	s EIN	84-317196	
Lio to WWW inc a	OV/For	n 11/40 tor instructions and the late	et intermetion			DEV 00/04/00 DDO			Form TU(U) /0	(100)

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

REV 02/24/23 PRO BAA

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

01

Attachment

Internal nevenue del vice	-		Sequence No. <b>U</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SATYA MAHESH C	HIDIRALA	853-88	-4871

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
<b>2</b> a	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	-11,200.
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		
	Stock options	8k	-	
	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			
		8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	- 1	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s (		
		os (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated		-	
u z	Other income. List type and amount:	8u		
2		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	-11,200.
10	combine integration of through a land of Enternet e and off off 1040, 1040-off		10	±±,200.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					i					
11	Educator expenses			. 1	1						
12	Certain business expenses of reservists, performing artists, and fee	-basi	is governme	ent							
	officials. Attach Form 2106			. 1:	2						
13	Health savings account deduction. Attach Form 8889				3						
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 1	4						
15	Deductible part of self-employment tax. Attach Schedule SE		5								
16		Self-employed SEP, SIMPLE, and qualified plans									
17	Self-employed health insurance deduction										
18	Penalty on early withdrawal of savings		8								
19a	Alimony paid				_						
b	Recipient's SSN				-						
С	Date of original divorce or separation agreement (see instructions):			_							
20	IRA deduction				0						
21	Student loan interest deduction										
22	Reserved for future use										
23	Archer MSA deduction										
24	Other adjustments:			. –							
 a	Jury duty pay (see instructions)	24a									
b	Deductible expenses related to income reported on line 81 from the										
	rental of personal property engaged in for profit	24b									
с	Nontaxable amount of the value of Olympic and Paralympic medals										
·	and USOC prize money reported on line 8m	24c									
d	Reforestation amortization and expenses	24d									
e	Repayment of supplemental unemployment benefits under the Trade	- 14									
Ŭ	Act of 1974	24e									
f	Contributions to section 501(c)(18)(D) pension plans	24f									
g	Contributions by certain chaplains to section 403(b) plans	24g									
	Attorney fees and court costs for actions involving certain unlawful	9									
	discrimination claims (see instructions)	24h									
;	Attorney fees and court costs you paid in connection with an award	2-111									
	from the IRS for information you provided that helped the IRS detect										
	tax law violations	24i									
i	Housing deduction from Form 2555	24j									
J K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	<u> </u>									
ĸ		24k									
z	Other adjustments. List type and amount:	271									
2		24z									
25	Total other adjustments. Add lines 24a through 24z			. 2	5						
25 26	Add lines 11 through 23 and 25. These are your adjustments to income										
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				6						
						Form 1040) 00					
	BAA	REV	02/24/23 PRO	Sch	edule 1 (l	Form 1040) 20					

SCHEDULE E (Form 1040)		Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											OMB No. 1545-0074		
(Form	2022														
Departn	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachment 12					
Internal Revenue Service Go to www.irs.gov/ScheduleE for Name(s) shown on return						insur		Sequence No. 13 al security number							
	A MAHESH C	ד אל	Γ.Λ					88-4871	number						
Part					al Real Estate an	d Ro	valties				000-0	0-40/1			
ran	Note: If yo	ou are in	h th	e business of re	enting personal proper 35 on page 2, line 40.			e C. See	e instru	ctions. If you a	are an ind	ividual, rep	ort farm		
Α [	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions												s 🛛 I	٩٥	
BI	f "Yes," did you												No		
1a	Physical addr	dress of each property (street, city, state, ZIP code)													
Α		ROAD, CHANUBANDA CHATRAIMANDAL, KRISHNA ANDHRA PRADESH IN 521214													
B		(0112)	01			- /					50101	-			
1b	Type of Prope	rtv 2	2	For each rent	al real estate prope	rtv list	ted		Fa	air Rental	Perso	nal Use			
	(from list below		above, report the number of fair r			rental	and	b		Days		ays 0	QJV		
Α	3			personal use days. Check the QJ			Α	365							
В					e requirements to f venture. See instru			В						]	
С				qualified joint	venture. See instru	CLIOITS	5.	С							
Туре	of Property:														
1	Single Family R	esiden	се	3 Vacati	on/Short-Term Rent	tal	5 Land	ł		Self-Rental					
2	Multi-Family Re	sidenc	е	4 Comm	ercial		6 Roya	alties	8	Other (desc	ribe)				
										Properti					
Incon	ne:												С		
<b>3</b> Rents received						3			10.	В			•		
4						4									
Exper															
5						5									
6	-	uto and travel (see instructions)													
7	Cleaning and r							1,4	70.						
8	Commissions	Commissions													
9	Insurance	nsurance													
10	-	egal and other professional fees													
11	Management fees							1,1	60.						
12	Mortgage inter	to banks, etc.	(see instructions)	12 13											
13	Other interest														
14		Repairs							30.						
15	Supplies							3,0	50.						
16						16 17									
17	Utilities							3,3	00.						
18		xpense	e o	r depletion .		18									
19 00	Other (list)		l'un i		0	19		11 0	1.0						
20	•			•	9	20		11,8	10.						
21		20 from line 3 (rents) and/or 4 (royalties). If ss), see instructions to find out if you must <b>8</b>						-11,2	200.						
22					r limitation, if any,	22	(	11,20	)0.)	(		)(		)	
23a	Total of all amounts reported on line 3 for all rental proper					rties			23a		610.			,	
b		Total of all amounts reported on line 4 for all royalty prop							23b						
с	Total of all amo	amounts reported on line 12 for all properties							23c						
d	Total of all amo	al of all amounts reported on line 18 for all properties						23d							
е	Total of all amo	Total of all amounts reported on line 20 for all properties							23e	11	,810.				
24		•			n on line 21. <b>Do no</b>		-				. 24				
25	Losses. Add ro	oyalty lo	oss	ses from line 21	and rental real estat	te loss	es from li	ne 22. E	Enter to	otal losses he	re <b>25</b>	(	11,20	0.)	

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -11,200. NPA For Paperwork Reduction Act Notice, see the separate instructions.

-11,200. 26 Schedule E (Form 1040) 2022