## 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

	7.0							
Submis	sion Identification Number (SID)							
Taxpayer'	s name	Social securit	y numb	er				
SAMSI	HITHA MADHAVAPEDDI	870-77-2390						
Spouse's	name	Spouse's soc	Spouse's social security number					
Part I	Tax Return Information — Tax Year Ending December 31, 2022 (E	nter year you a	ro quit	horizina	\			
	hole dollars only on lines 1 through 5.	iller year you a	e aut	nonzing.	)			
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		11	59	,636.			
	Fotal tax		2		,886.			
3 F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,891.			
4	Amount you want refunded to you		4		,005.			
	Amount you owe		5					
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	nd keep a cop	y of y	our retu	rn)			
return (or to send it for any of Agent to payment authorizate payment business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tramy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for lelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account 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, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved in receive confidential information necessary to answer inquiries and resolve issues related to the tidentification number (PIN) below is my signature for the income tax return (original or amended as the content of the payment (PIN) below is my signature for the income tax return (original or amended to the content of the payment (PIN) below is my signature for the income tax return (original or amended to the payment (PIN) below is my signature for the income tax return (original or amended to the payment (PIN) below is my signature for the income tax return (original or amended to the payment (PIN) below is my signature for the income tax return (original or amended to the payment (PIN) below is my signature for the income tax return (original or amended to the payment (PIN) the paym	Insmitter, or electror rejection of the trace U.S. Treasury at indicated in the trace titution to debit the inate the authorizar requests must be the processing of the payment. I furt	onic retuents ansmissed its distance of the entry to attion. To the electric the electric receivers and the electric returns a return and the electric returns a return and	urn origina sion, (b) the esignated aration sofo this according revoke (eed no late extronic passion.	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the			
	c Funds Withdrawal Consent.  er's PIN: check one box only							
X	I authorize GLOBAL TAXES LLC to enter or gener	rate my DINI 7	2 3	9 0	ac my			
	ERO firm name	ř Ent		ligits, but all zeros	as my			
_	signature on the income tax return (original or amended) I am now authorizing.		Ch	ا ماد الحام				
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.							
Your sig	gnature > Date	<b></b>						
Snouse	e's PIN: check one box only							
	I authorize to enter or gener	ate my PIN			as my			
	ERO firm name	Ent		ligits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.							
Spouse	's signature ▶ Date	•						
	Practitioner PIN Method Returns Only—continue be	low						
Part II	Certification and Authentication — Practitioner PIN Method Only							
ERO's I	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ento	6 6 er all zei	1 9 8	9			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual incored to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retu	rn in a	ccordance				
ERO's	signature Date	<b>&gt;</b>						
	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested	Γο Do So						

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

2022

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (I	,	_		,	, _	spou	ifying surv use (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last nar	me					Your social security number				
SAMSHITE	ΙA		MADH	AVAPEDDI						870-77-2390			
		first name and middle initial	Last nar						_	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.		Preside	ntial Election	on Campaign	
11428 BA	ANNEI	R CT									ere if you,		
		ce. If you have a foreign address, also co	mplete sp	paces below.	Stat	e	ZIP co				spouse if filing jointly, want \$3		
ORLANDO				FL 32						to go to this fund. Checking a box below will not change			
Foreign country	/ name		F	oreign province/state/	count	у	Foreig	n postal co			or refund.	•	
Digital		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	•				•	,	•	,	Yes	⊠ No	
Assets		eone can claim: You as a de					asseij	: (366 111	Struc	110113.)			
Standard Deduction	_	Spouse itemizes on a separate retur	•			а аерепаеті							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor		re Janua			☐ Is bl		
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4	) Check th	e bo	if qualit	ies for (see	instructions):	
If more	<b>(1)</b> Fi	rst name Last name		number		to you	Child tax of		ax cre	dit	Credit for oth	her dependents	
than four													
dependents, see instructions	s ——								<u></u>				
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	- (	66,000.	
	b	<b>b</b> Household employee wages not reported on Form(s) W-2							1b				
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	, , , ,							1e				
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 29	٠.					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	,				· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (	see instr	uctions)		<u>li</u>							
	z	Add lines 1a through 1h		· · · · · i						1z	(	66,000.	
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a		<b>b</b> Ta	axable interest	t.			2b			
if required.	<u>3a</u>		3a			rdinary divider				3b			
	4a	_	4a			axable amoun				4b			
Standard Deduction for—	5a	<del>-</del>	5a			axable amoun				5b			
Single or	6a	,	6a			axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e		·	•	,							
\$12,950	7	Capital gain or (loss). Attach Sche								7			
Married filing jointly or	8	Other income from Schedule 1, lin	·							8		<u>-6,364.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9	+ 5	59,636.	
\$25,900	10	Adjustments to income from Sche								10			
Head of household,	11	Subtract line 10 from line 9. This is	•	-						11		59,636.	
\$19,400	12	Standard deduction or itemized		`	,					12	1	12,950.	
If you checked any box under	13	Qualified business income deduct								13	_	10 050	
Standard Deduction,	14	Add lines 12 and 13								14		12,950.	
see instructions.	15	Subtract line 14 from line 11. If zer	or less	s, enter -u This is y	our <b>t</b>	axable incom	ie .			15		46,686.	

Form 1040 (202:	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from	om Form(s): 1 881	4 <b>2</b> 4972	3 🗌		16	5,886.
Credits	17	Amount from Schedule 2, line 3 .					17	
	18	Add lines 16 and 17					18	5,886.
	19	Child tax credit or credit for other de	pendents from Sched	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	5,886.
	23	Other taxes, including self-employm	ent tax, from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is your tot	al tax				24	5,886.
<b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	7 <b>,</b> 891.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	7,891.
If you have a	26	2022 estimated tax payments and a	mount applied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Sched	ule 8812		28			
	29	American opportunity credit from Fo	rm 8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15 .			31			
	32	Add lines 27, 28, 29, and 31. These	are your <b>total other p</b> a	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are	your total payments				33	7,891.
Refund	34	If line 33 is more than line 24, subtra	ct line 24 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,005.
	35a	Amount of line 34 you want refunde		is attached, che	ck here	🗌	35a	2,005.
Direct deposit?	b	Routing number 0 3 1 1 0		<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 7 0 2 1 9	2 2 9 8 2					
	36	Amount of line 34 you want applied	to your 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is For details on how to pay, go to www					37	
	38	Estimated tax penalty (see instruction	ns)		38			
Third Party Designee		you want to allow another person structions				Complete b	elow.	⊠ No
		signee's	Phone			sonal identif	ication [	
		ne	no.			nber (PIN)		
Sign Here		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. Dec				ion of which	prepare	r has any knowledge.
	Yo	ur signature	Date	Your occupation				t you an Identity N, enter it here
loint roturn?				   SOFTWARE :	ENG	(see		1
Joint return? See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> mus	t sign. Date	Spouse's occupat			ity Prote	t your spouse an ction PIN, enter it here
	Ph	one no. (334) 372-5484	Email address	SAMSHITHAMADHA	AVAPEDDI@GMAIL.	COM		
Doid	Pre		r's signature		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGAR	GUPTA TALLAM	01/26/2023	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAXES L			•			678)965-9522
Use Only	Fir	m's address 245 ROONEY CT		J 08816		Firm	s EIN	88-2145487
Co to ununuimo m	01/F0 W	a 10.40 few in attribute and the letest informs	tion	544				F 1040 (2000)

## 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

SAMSHITHA MADHAVAPEDDI

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 870-77-2390

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-6,364.
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			
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0-		
•	Total ather income Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	C 2C4
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR	, or 1040-NK, line 8	10	-6,364.

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 government		
	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	, , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	F	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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

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

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

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

SAMSHITHA MADHAVAPEDDI							870-7	7-2390		
Par				•				,		_
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use \$	Schedule	<b>C</b> . See	ınstruc	tions. If you ai	re an indiv	vidual, rep	ort tarm	
Α	Did you make any payments in 2022 that would require you	to file F	orm(s) 1	099? S	ee inst	ructions .		.  \( \subseteq \text{Ye} \)	s 🗵 No	_
	f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIF									_
A	PLOT NO.2 RN REDDY COLONY JILLELAGUDA			TN 50	10007					_
<u>А</u> В	PLOI NO.2 KN REDDI COLONI JILLELAGODA	ТЕПА	INGANA	11/1 3 (	10091					_
C										-
1b	Type of Property 2 For each rental real estate prope	rty liete		Fair Rental			Person	معالا اد		
	(from list below) above, report the number of fair i	rental a	and			Days	Da		QJV	
Α	personal use days. Check the QJ			Α		365		0		
В	if you meet the requirements to f			В						_
С	qualified joint venture. See instru	ctions.		С						_
Туре	of Property:					•				
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	l		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8 (	Other (descri	ibe)			
						Propertie				-
Incor	ne.			Α		В	,3.		С	_
3	Rents received	3			80.					-
4	Royalties received	4								_
Expe	nses:									_
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		7.	59.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9:	27.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								_
14	Repairs	14		1,2						_
15	Supplies	15		2,4	17.					_
16	Taxes	16		1 /	0.2					_
17 18	Utilities	17		1,4	92.					_
19	Depreciation expense or depletion	19								-
20	Total expenses. Add lines 5 through 19	20		6,8	4 4					-
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		0,0	17.					_
21	result is a (loss), see instructions to find out if you must									
	file <b>Form 6198</b>	21		-6,3	64.					
22	Deductible rental real estate loss after limitation, if any,									_
	on Form 8582 (see instructions)	22 (		6,36	4.)		)	(		)
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		480.			
b	Total of all amounts reported on line 4 for all royalty proper	erties			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	6	,844.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	,		_
25	Losses. Add royalty losses from line 21 and rental real estat							(	6,364.	)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, IV, and line 40 on page 2 do not a Schedule 1 (Form 1040), line 5. Otherwise, include this ar								-6,364.	
	Concade i (i offi 10-0), inte o. Officiwise, include tills at	nount I		ai Oii III	10 +1 C	ni paye Z	26		-0,004.	