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.

Submission Identification Number (SID)

Taxpay	ver's name	Social securi	ity numb	er
BHA	RATH THIRUVEEDULA	636-71	-2559	9
Spouse	's name	Spouse's so	cial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you a	are aut	horizing.)
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		1	123,041.
2	Total tax		2	20,257.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22,666.
4	Amount you want refunded to you		4	2,409.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cor	v of v	our 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

			EBO firm name		Er
X	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	

1	2	5	5	9	00 mV
Ent don	er fiv n't er	/e di nter 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 s	ignature D	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2		 	6 all zei	 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 🕨	
	st Retain This Form — See Instructions is Form to the IRS Unless Requested To Do So	
For Denemicarly Deduction Act Nation and your toy		Earm 8870 (Payr 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/24/23 PRO

E 1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn 202	22	OMB No. 1545	5-0074	IRS Use	e Only	—Do not v	vrite or staple	e in this space.
Filing Status Check only one box.	lf yc	Single Married filing jointly	ame of y	ed filing separately your spouse. If you	. ,			,	,	spo	lifying sur use (QSS) a name if t)
Your first name		, ,	Last na	me						Your so	cial secur	ity number
BHARATH				UVEEDULA							71-255	-
-	oouse's	s first name and middle initial	Last na									curity number
j , - ,												• • •
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt. no.		Preside	ntial Elect	ion Campaign
		THUR BLVD						3027			here if you	
		ce. If you have a foreign address, also co	mplete s	paces below.	Sta	te	1 1	code				ntly, want \$3
IRVING		,	1		ТУ			063		0	o this fund. ow will no	. Checking a
Foreign country	/ name		F	Foreign province/state			+	gn postal o	ode		k or refunc	0
· · · · g · · · · · · ,						.,		5. p		5	You	Spouse
Digital Assets		ny time during 2022, did you: (a) rec nange, gift, or otherwise dispose of a									Yes	X No
Standard Deduction		neone can claim: DYou as a de Spouse itemizes on a separate retur	•	— .		•						
Age/Blindness	You	: 🗌 Were born before January 2, 1	958 🗌	Are blind Sp	ouse	: 🗌 Was bo	rn bet	ore Janu	ary 2	2, 1958	🗌 ls b	lind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip 🛛	4) Check	the bo	ox if quali	fies for (see	e instructions):
If more	(1) F	irst name Last name		number		to you		Child	tax cr	edit	Credit for o	ther dependents
than four												
dependents, see instructions												
and check	·											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions) .						. 1a	ı 1	33,551.
	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	a (see ins	structions)						. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see	instru	ictions)				. 10	1	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line 26						. 1e	•	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	n Form 8839, line 2	9.					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form	h	Other earned income (see instruct	ions)				•			. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (see instr	ructions)		1 i	i					
	z	Add lines 1a through 1h	• •							. 1z	: 1	33,551.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interes	t .			. 2b		
if required.	3a	Qualified dividends	3a		bС	ordinary divide	nds			. 3b		
	4a	IRA distributions	4a		bΤ	axable amoun	nt.			. 4b		
Standard	5a	Pensions and annuities	5a		bΤ	axable amoun	nt.			. 5b		
Deduction for-	6a	Social security benefits	6a		bΤ	axable amoun	nt.			. 6b		
 Single or Married filing 	с	If you elect to use the lump-sum e	lection r	nethod, check here	e (see	instructions)			. C			
separately, \$12,950	7	Capital gain or (loss). Attach Sche	dule D if	required. If not red	uired	, check here			. [7		
 Married filing 	8	Other income from Schedule 1, lin								. 8	-	10,510.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total ir	ncome	ə				. 9	1	23,041.
surviving spouse, \$25,900	10	Adjustments to income from Sche								. 10		
Head of	11	Subtract line 10 from line 9. This is	s your a	djusted gross inco	me					. 11	1	23,041.
household, \$19,400	12	Standard deduction or itemized								. 12		12,950.
If you checked	13	Qualified business income deduct	ion from	Form 8995 or Fori	n 899	5-A				. 13		
any box under Standard	14	Add lines 12 and 13								. 14	•	12,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -0 This is	your 1	axable incom	ne			. 15		10,091.
See instructions.												

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

Form **1040** (2022)

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16	20,257.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	20,257.
	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	20,257.
	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	20,257.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 22	2,666.		
	b	Form(s) 1099				25b		1	
	с	Other forms (see instruction	s)			25c		1	
	d	Add lines 25a through 25c						25d	22,666.
If your have a	26	2022 estimated tax paymen	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		1	
	29	American opportunity credit	from Form 8863	3, 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	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,666.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,409.
neiuliu	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, che	ckhere	. 🗆	35a	2,409.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 2 6	9 6 9 2	8 5			-		
	36	Amount of line 34 you want	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	v/Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	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.	X No
		signee's		Phone			onal identi	ication	
	na			no.			ber (PIN)		
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	u signature		Date					IN, enter it here
Joint return?					SOFTWARE H	ENGINEER	(see	inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.								iity Prote inst.)	ection PIN, enter it here
,			0	Fue elle elebrere					
		one no. (214)934-018 eparer's name	9 Preparer's signat	Email address	TBHARATH9	L@GMAIL.CON	1 PTIN		Check if:
Paid								2702	Self-employed
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA TALLAM	02/26/2023	P0208		
Use Only		m's name GLOBAL TA			T 0001C				678)965-9522
			Y CT E BRU	INSWICK N			Firm	's EIN	84-3171965
Lio to WWW inc a	OV/For	n1040 for instructions and the late	et intermetion			DEV/ 02/24/22 DDO			Form 11/41 (0000

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 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soci	ial security number
BHARATH THIRUV	EEDULA	636-71	-2559

Par	t 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. Att		5	-10,510.
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			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		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	l, or 1040-NR, line 8	10	-10,510.

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

Schedule 1 (Form 1040) 2022

1						
	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	is qov	ernment	:	
	officials. Attach Form 2106				12	
	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
	Deductible part of self-employment tax. Attach Schedule SE				15	
	Self-employed SEP, SIMPLE, and qualified plans				16	
	Self-employed health insurance deduction				17	
	Penalty on early withdrawal of savings				18	
	Alimony paid				19a	
	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):				-	
	IRA deduction				20	
	Student loan interest deduction				21	
	Reserved for future use				22	
	Archer MSA deduction				23	
	Other adjustments:					
	Jury duty pay (see instructions)	24a				
	Deductible expenses related to income reported on line 81 from the				-	
	rental of personal property engaged in for profit	24b				
	Nontaxable amount of the value of Olympic and Paralympic medals				-	
	and USOC prize money reported on line 8m	24c				
	Reforestation amortization and expenses	24d				
	Repayment of supplemental unemployment benefits under the Trade				-	
	Act of 1974	24e				
	Contributions to section 501(c)(18)(D) pension plans	24f			-	
	Contributions by certain chaplains to section 403(b) plans	24g	-		-	
	Attorney fees and court costs for actions involving certain unlawful				-	
	discrimination claims (see instructions)	24h				
	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	24i				
	Housing deduction from Form 2555	24j				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
IX.		24k				
z	Other adjustments. List type and amount:	2-11			-	
~		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
	Add lines 11 through 23 and 25. These are your adjustments to income					
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA		02/24/23 F			ule 1 (Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

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.

)	20 22
	Attachment Sequence No. 13

. ,							our social security number 536-71-2559				
	RATH THIRUVEEDULA						636-7	1-2559			
Part	Income or Loss From Rental Real Esta Note: If you are in the business of renting personal rental income or loss from Form 4835 on page 2, lir	property, us		e C . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm		
Α	Did you make any payments in 2022 that would requir	e you to file	e Form(s)	1099? 5	See ins	structions .		. 🗌 Ye	s 🛛 N	0	
B	If "Yes," did you or will you file required Form(s) 1099	?						. 🗌 Ye	s 🗌 N	0	
1a	Physical address of each property (street, city, sta										
		-		00000							
	PUPPALAGUDA, MANIKONDA HYDERABAD T	LANGAN	C NI A	00089							
<u>В</u> С											
 1b	Type of Property 2 For each rental real estate	n kon ovtru lie	tad		Ба	ir Rental	Personal Use				
ID		2 For each rental real estate property listed above, report the number of fair rental and			Days		Days		QJV	QJV	
Α	above, report the number of personal use days. Check t			Α		260	0				
B	if you meet the requiremen	ts to file as	а	B		200					
C	qualified joint venture. See	instruction	s.	C							
	of Property:			U							
	Single Family Residence 3 Vacation/Short-Tern	n Rental	5 Lano	4	7	Self-Rental					
	Multi-Family Residence 4 Commercial	innentai	6 Roy			Other (desci	rihe)				
			0 1109	antes	0	Other (desci					
						Properti	es:				
Incom	ne:			Α		В			С		
3	Rents received			7	20.						
4	Royalties received	4									
Exper	nses:										
5	Advertising										
6	Auto and travel (see instructions)										
7	Cleaning and maintenance			1,0	15.						
8	Commissions										
9	Insurance										
10	Legal and other professional fees										
11	Management fees			1,2	63.						
12	Mortgage interest paid to banks, etc. (see instruction										
13	Other interest										
14	Repairs				00.						
15	Supplies			3,1	52.						
16	Taxes										
17	Utilities			2,6	00.						
18	Depreciation expense or depletion										
19	Other (list) Total expenses. Add lines 5 through 19	19									
20				11,2	30.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie										
	result is a (loss), see instructions to find out if you			10 -	10						
	file Form 6198			-10,5	10.						
22	Deductible rental real estate loss after limitation, if		(10 57		1		/			
00	on Form 8582 (see instructions)		(10,51		()	(
23a	Total of all amounts reported on line 3 for all rental			• •	23a		720.				
b	Total of all amounts reported on line 4 for all royalty				23b						
C d	Total of all amounts reported on line 12 for all proper				23c						
d	Total of all amounts reported on line 18 for all proper				23d	1 1	220				
e	Total of all amounts reported on line 20 for all prope				23e	11	,230.				
24 05	Income. Add positive amounts shown on line 21.		-			••••	. 24	(10 510		
25	Losses. Add royalty losses from line 21 and rental rea							(10,510		
26	Total rental real estate and royalty income or (lo										
	here. If Parts II, III, IV, and line 40 on page 2 dc Schedule 1 (Form 1040), line 5. Otherwise, include								-10,51	0	
					10 41	on page z	· 26		то, эт		

-10,510.