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

Submission Identification Number (SID)		
Taxpayer's name	Social securit	y number
LAKSHMI GODHA MUMMADI	-5445	
Spouse's name	ial security number	
Part I Tax Return Information — Tax Year Ending December 31, 2022	2 (Enter year you a	re 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		1 95,855.
2 Total tax		2 13,861.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 16,049.
4 Amount you want refunded to you		4 2,188.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you go Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in P return (original or amended) I am now authorizing. I consent to allow my intermediate service provide to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I author Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involv taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	er, transmitter, or electro on for rejection of the tr rize the U.S. Treasury ar count indicated in the ta al institution to debit the terminate the authoriza ation requests must be red in the processing of the to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
<u></u>	enerate my PIN	5 4 4 5 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	[*] Ent	er five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner F below.		
Your signature ►	Date ►	
Spouse's PIN: check one box only		
· <u> </u>	enerate my PIN	00 my
ERO firm name	·	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner F below.		
Spouse's signature ▶ □	Date ▶	
Practitioner PIN Method Returns Only—continue	e below	
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.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Prov	am submitting this retu	rn in accordance with the
ERO's signature ►	Date ►	
ERO Must Retain This Form — See Instruct		

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



OMB No. 1545-007

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

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the non is a child but not your dependent	ame of y	ed filing separately (l	ŕ	☐ Head of ed the HOH or		,	, _	spou	fying surv se (QSS) name if th	Ü	
Your first name	and mi	ddle initial	Last na	me					Y	our so	ial securit	y number	
LAKSHMI GODHA MUM				ADI					6	659-53-5445			
If joint return, s	pouse's	first name and middle initial	Last na	me					S	Spouse's social security number			
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			А	ot. no.	Р	resider	itial Election	on Campaign	
6713 BEI	RMUDA	A AVE									ere if you,		
		ce. If you have a foreign address, also co	omplete spaces below. State ZIP					de				tly, want \$3	
MCKINNE	Y		TX					70			ms runa. w will not	Checking a change	
Foreign countr	y name		F	oreign province/state/	count	/	Foreig				ix or refund.		
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a	,				•	, .	` '		Yes	X No	
Standard		eone can claim: You as a de		<u>_</u>		a dependent	40001)	(000)) ti doti	0110.)			
Deduction		Spouse itemizes on a separate retur	•	•		а асренает							
		Were born before January 2, 1				☐ Was bor	rn hofo	ro lonuo	n, 0 1	1050	☐ Is bli	ind	
		<u> </u>	936 _		ouse:		(4)		_			instructions):	
•	•	(see instructions): (1) First name Last name		(2) Social security number		(3) Relationsh to you	iip C	Child tax cr				dit for other dependents	
If more than four	(.,								7				
dependents,									-			╤	
see instruction and check	s ——								-				
here]							Ī	-				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	10	04,962.	
meome	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)						1c			
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26								1e			
1099-R if tax 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	h	Other earned income (see instruct	ions) .							1h		0.	
W-2, see instructions.	i	i Nontaxable combat pay election (see instructions)											
	Z	Add lines 1a through 1h								1z	10)4 , 962.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b			
if required.	<u>3a</u>	Qualified dividends	3a			rdinary divider				3b			
	4a	_	4a			axable amoun				4b			
Standard Deduction for—	5a	-	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							Ш	7			
 Married filing jointly or 	8	·	er income from Schedule 1, line 10							8		<u>-9,107.</u>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1 2	95 , 855.	
\$25,900	10	Adjustments to income from Sche	,							10			
 Head of household, 	11	Subtract line 10 from line 9. This is								11		95 , 855.	
\$19,400	12	Standard deduction or itemized		•	,					12]	12 , 950.	
If you checked any box under	13	Qualified business income deduct								13	+ -		
Standard Deduction,	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer								14		12 , 950.	
see instructions.	10	Subtract line 14 from line 11. If Zei	o or iess	5, enter -u ITHS IS)	our t	axable Incom	IC .		•	15		32,905.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	13,861.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	13,861.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,861.
	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	13,861.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 16	,049.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	16,049.
If	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			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	16,049.
Refund	34	If line 33 is more than line 24						34	2,188.
neiulia	35a	Amount of line 34 you want				•		35a	2,188.
Direct deposit?	b	Routing number 1 1 1				_	Savings		
See instructions.	d	Account number 4 8 8					J		
	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 For details on how to pay, g						37	
rou owe	38		•	-		38		31	
The level December		Estimated tax penalty (see in							
Third Party Designee		you want to allow another structions	•				omolete h	elow	X No
Designee		signee's		Phone			onal identifi		
	nai			no.			ber (PIN)	Jation	
Sign		der penalties of perjury, I declare tief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation					nt you an Identity N, enter it here
Joint return?					SOFTWARE	ENGINEER	(see ii		IN, enter it here
See instructions.	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				IRS ser	nt your spouse an
Keep a copy for your records.			_				l l		ection PIN, enter it here
your records.							(see in	ist.)	
		one no. (660) 528-079		Email address	GODHA555@				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/18/2023	P02082		Self-employed
Use Only	Fire	m's name GLOBAL TA					Phone	e no. (678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	3 EIN	84-3171965
Go to www.irs.g	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/10/23 PRO			Form 1040 (2022)

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	cial s	ecurity number			
LAKS	HMI GODHA MUMMADI	3-54	145		
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. Att	ach Schedule	Ε.	5	-9,107.
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			
I	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			
	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) Scholarship and fellowship grants not reported on Form W-2	8q			
r	Nontaxable amount of Medicaid waiver payments included on Form	8r			
S	1040, line 1a or 1d	8s (١		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (
t	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	34			
_	earlor moorno. Elot typo and amount.	8z			
9	Total other income. Add lines 8a through 8z			9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

10

-9<u>,</u>107.

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-base			
	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)	1		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit)		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	i e		
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 24g	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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			
	tax law violations			
J	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
05	Tatal athous diseases and Add lines Of a three will Of		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 . En		00	
	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.)

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

OMB No. 1545-0074

Name(s) shown on return Your social security number LAKSHMI GODHA MUMMADI 659-53-5445

Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
A	Did you make any payments in 2022 that would require you	to file	Form(s)	1099? S	ee ins	structions .		. \(\text{Ye} \)	s X No	
	"Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIF	cod	e)							
Α	NEAR DOOR NO 14-79, MUSTAB ROAD, KESARAPA	ALLI	GANNV	ARAM M	IANDA	AL KRISH	NA DIS	T AP II	N 521102	
В										
С										
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair in the state properable.		l and Days			Persor Da	QJV			
Α	g personal use days. Check the Qu			Α	A 365			0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quainled joint venture. See instru	CLIOI	5.	С						
Гуре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roy			Self-Rental Other (descri	ribe)			
						Properti				
ncon	16.			Α		В			С	
3	Rents received	3			20.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6		2.	56.					
7	Cleaning and maintenance	7		8.	59.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	40.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,4	26.					
15	Supplies	15		2,9	86.					
16	Taxes	16								
17	Utilities	17		1,8	60.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		9,6	27.					
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		-9,1	07.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,10	7.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope		٠		23a		520.		,	
b	Total of all amounts reported on line 4 for all royalty properties				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	,627.			
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any l	osses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from li	ine 22. E	nter to	otal losses he	re 25	(9,107.)	
26	Total rental real estate and royalty income or (loss). On 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						. 26		-9,107.	