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

Submi	ission Identification Number (SID)	
Taxpaye	er's name	Social security number
SAI	SIDHARTHA SUVARNA	874-09-0944
Spouse'	's name	Spouse's social security number
Part		year you are authorizing.)
	whole dollars only on lines 1 through 5.	
_	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	110 200
1	Adjusted gross income	1 118,309.
2 3	Total tax	2 15,550.
4	Amount you want refunded to you	3 21,489. 4 5,939.
5	Amount you owe	3,755.
Part		eep a copy of your return)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
to send for any Agent t paymen authoriz paymen busines taxes t person	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uco initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the Indicated the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the particular and identification number (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent.	ction of the transmission, (b) the reason S. Treasury and its designated Financial cated in the tax preparation software for n to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the
	yer's PIN: check one box only	
Тахра		my PIN 9 0 9 4 4 as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am no	ow authorizing Chook this hav anh
	if you are entering your own PIN and your return is filed using the Practitioner PIN meth- below.	
Your s	signature ▶ Date ▶	
Spous	se's PIN: check one box only	
	I authorize to enter or generate i	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am n	ow authorizing. Check this box only
	if you are entering your own PIN and your return is filed using the Practitioner PIN meth-	
	below.	
Spous	e's signature ▶ Date ▶	
	Practitioner PIN Method Returns Only—continue below	
Part	Certification and Authentication — Practitioner PIN Method Only	
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 6 1 9 8 9 Don't enter all zeros
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this return in accordance with the
EDO!-	olignatura N	
EKU'S	ERO Must Retain This Form — See Instructions	
	ENO IVIUSI NEIZIII I IIIS FOITII — See IIISTIUCTIONS	

Don't Submit This Form to the IRS Unless Requested To Do So

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	X S	Single Married filing jointly	Marrie	ed filing separately (N	1FS)	Head of	housel	nold (HOH)			fying survi se (QSS)	iving	
one box.		u checked the MFS box, enter the nation is a child but not your dependent		our spouse. If you ch	neck	ed the HOH or	r QSS	box, enter	the cl	nild's	name if the	e qualifying	
Your first name	and mi	ddle initial	Last nar	ne					Yo	ur soc	cial security	/ number	
SAI SIDE	IARTI	ΙA	SUVA	RNA					87	874-09-0944			
		first name and middle initial	Last nar									urity number	
Home address	(numbe	r and street). If you have a P.O. box, see	instructio	ons.			Α	pt. no.	Pre	Presidential Election Campaign			
1765 THE	LMA	LOOP								Check here if you, or y spouse if filing jointly,			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	nplete spaces below. State ZIF								Checking a	
TRACY			CA 95								box below will not change		
Foreign country	name		F	oreign province/state/c	ount	ty	Foreig	n postal cod	de you	your tax or refund. You Spou			
 Digital	At an	y time during 2022, did you: (a) rec	eive (as	a reward, award, or p	oayn	nent for prope	rty or	services);	or (b)	sell,			
Assets	exch	ange, gift, or otherwise dispose of a	digital a	asset (or a financial in	ntere	est in a digital	asset)	? (See ins	tructio	ns.)	Yes	⊠ No	
Standard Deduction		eone can claim:						W					
Age/Blindness	You:	Were born before January 2, 1	958	Are blind Spo	use	: Was bor	rn befo	re Januar	y 2, 19	958	Is bli	nd	
Dependents	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4) Check the	box if	qualifi	es for (see i	nstructions):	
If more		rst name Last name		number		to you		Child tax	credit	(Credit for oth	er dependents	
than four													
dependents, see instructions	· —												
and check	·												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)						1a	12	9,309.	
	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	•		7					1c 1d			
attach Forms	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26											
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29											
If you did not	g	Wages from Form 8919, line 6 .			•					1g 1h			
get a Form W-2, see	h	Other earned income (see instructions)										0.	
instructions.	i										1.0	0 200	
	<u>z</u>	Add lines 1a through 1h			. T					1z	12	9,309.	
Attach Sch. B if required.	2a		2a			axable interes				2b			
	3a		3a			ordinary divide				3b			
Standard	4a 5a		4a 5a			axable amoun axable amoun				4b 5b			
Standard Deduction for—	6a		6a			axable amoun			•	6b			
Single or Married filing	C	If you elect to use the lump-sum e							$\dot{\Box}$	OD			
separately,	7	Capital gain or (loss). Attach Sche		,					П	7			
\$12,950 Married filing	8	Other income from Schedule 1, lin							_	8	-1	1,000.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9	1	8,309.	
surviving spouse,	10	Adjustments to income from Sche								10		-,	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	11	8,309.	
household, \$19,400	12	Standard deduction or itemized								12		7,817.	
If you checked	13	Qualified business income deduct		•	,	5-A				13		,	
any box under Standard	14									14	2	7,817.	
Deduction,	15	Subtract line 14 from line 11. If zer								15		0,492.	
see instructions.		▼		•									

Form 1040 (2022	2)			Page 2	
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	15,550.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	15,550.	
	19	Child tax credit or credit for other dependents from Schedule 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	15,550.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	15,550.	
Payments	25	Federal income tax withheld from:			
,	а	Form(s) W-2			
	b	Form(s) 1099			
	С	Other forms (see instructions)			
	d	Add lines 25a through 25c	25d	21,489.	
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26		
If you have a qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15	7		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	21,489.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,939.	
neiulia	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	5,939.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 0 2 5 c Type: X Checking Savings			
See instructions.	d	Account number 4 8 8 0 4 8 6 9 1 4 0 4			
	36	Amount of line 34 you want applied to your 2023 estimated tax 36			
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee		structions	below.	⋉ No	
	De nai	signee's Phone Personal ident no. number (PIN)	ification		
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the bes	st of my knowledge and	
Here	bel	ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic	h prepar	er has any knowledge.	
пеге	Yo			nt you an Identity	
			tection P	IN, enter it here	
Joint return? See instructions.		SOF IWAKE ENGINEER		-t	
Keep a copy for your records.	Sþ	Ider	e IRS sent your spouse an tity Protection PIN, enter it here inst.)		
	Ph	one no. (972)878-9515 Email address SSIDHARTHA1990@GMAIL.COM			
Doid	Pre	eparer's name Preparer's signature Date PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/24/2023 P0208	2703	Self-employed	
Preparer	Fire	m's name GLOBAL TAXES LLC Pho	ne no. (678)965-9522	
Use Only	Fire		Firm's FIN 84-3171965		

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

SAI SIDHARTHA SUVARNA

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 874-09-0944

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 E .	5	-11,000.
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			
	a nongovernmental section 457 plan	8t		
u –	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total other income Add lines 0s through 07	8z		
9 IN	Total other income. Add lines 8a through 8z		10	-11 000

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-ba	sis 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	Jury duty pay (see instructions)	а		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade	_		
	Act of 1974	-		
f				
g	Contributions by certain chaplains to section 403(b) plans	9		
h	discrimination claims (see instructions)	h		
	Attorney fees and court costs you paid in connection with an award	11		
	from the IRS for information you provided that helped the IRS detect			
	tax law violations	li		
i	Housing deduction from Form 2555			
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	7		
	1041)	k		
z	Other adjustments. List type and amount:			
_	24	z		
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	nter here and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	

BAA

SCHEDULE A (Form 1040)

Department of the Treasury

Name(s) shown on Form 1040 or 1040-SR

Internal Revenue Service

Itemized Deductions

Go to www.irs.gov/ScheduleA for instructions and the latest information. Attach to Form 1040 or 1040-SR.

Attachment

Your social security number

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

SAI SIDHA	RTH	A SUVARNA				87	74-	09-0944	
Medical and Dental Expenses	2	Caution: Do not include expenses reimbursed or paid by others. Medical and dental expenses (see instructions) Enter amount from Form 1040 or 1040-SR, line 11 2 Multiply line 2 by 7.5% (0.075)	1				-		
•		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0					4		
Taxes You Paid	5	State and local taxes. State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes,	5a			815.			
	ŀ	F	5b						
	(State and local personal property taxes	5c		7				
	(1 Add lines 5a through 5c	5d		10,	815.			
		Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e		10,	000.			
			6						
	7	Add lines 5e and 6					7	10,000.	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	á	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no.,	8a		17,8	317.			
	9	Points not reported to you on Form 1098. See instructions for special rules	8b 8c 8d 8e 9			317.	10	17,817.	
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see						, -	
Charity			11						
Caution: If you made a gift and got a benefit for it,		Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12						
see instructions.		,	13				4.4	l	
Occupitor and		Add lines 11 through 13					14		
Theft Losses		Casualty and theft loss(es) from a federally declared disaster (other disaster losses). Attach Form 4684 and enter the amount from line 18 instructions	3 of 	that	form. 	See	15		
Other Itemized Deductions	16	Other—from list in instructions. List type and amount:					16		
Total Itemized	17	Add the amounts in the far right column for lines 4 through 16. Also, er Form 1040 or 1040-SR, line 12					17		
Deductions									

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.

Your soci	al security number
	Attachment Sequence No. 13
s, etc.)	2022

SAI	SIDHARTHA SU	VARNA							8	74-09	9-0944	Į
Par	Income or	Loss F	rom Rental Real Es	tate an	d Ro	yalties			'			
	Note: If you a	re in the	business of renting persor	nal propert	ty, use	Schedul	e C . See	instru	ctions. If you are	an indiv	ridual, rep	ort farm
			om Form 4835 on page 2			5 ()	10000					57
			s in 2022 that would rec									
В			file required Form(s) 10								. ∐ Ye	es 🗌 No
1a	Physical address	s of each	property (street, city,	state, ZIF	ode	e)						
Α	KOHEDA HYDER	RABAD	TELANGANA IN TE	LANGAN	ΙA							
В											7	
С												
1b	Type of Property	2 F	or each rental real esta	te prope	rty list	ed		Fa	ir Rental F	erson	al Use	QJV
	(from list below)		bove, report the number						Days	Day	ys	QUV
A	3		ersonal use days. Chec you meet the requirem				Α		365		0	
B			ualified joint venture. S				В					
C							C					
	of Property:											
	Single Family Resid		3 Vacation/Short-T	erm Rent	tal	5 Land			Self-Rental			
2	Multi-Family Resid	ence	4 Commercial			6 Roy	alties	8	Other (describe	e)		
									Properties	:		
Incon	ne:						Α		В			С
3	Rents received .				3		6	00.				
4	Royalties received	b			4							
Expe												
5	Advertising				5							
6	·		uctions)									
7			e		7		1,3	00.				
8	Commissions .				8							
9	Insurance				9							
10	-		nal fees		10							
11	_				11		1,0	00.				
12		•	banks, etc. (see instruc		12							
13			,		13							
14					14		3,0					
15					15		2,8	00.				
16					16		2 5	0.0				
17					17		3,5	00.				
18			depletion		18							
19 20	Other (list)	dd linos	5 through 19		19		11,6	0.0				
			-		20		11,0	00.				
21			3 (rents) and/or 4 (roya uctions to find out if yo									
	file Form 6198 .				21		-11,0	00.				
22			ate loss after limitation									
			ctions)		22	(11,00	ار . ١٥	()((,
23a			ted on line 3 for all ren					23a	•	500.		
b		- 1	ted on line 4 for all roya					23b				
C	*		ted on line 12 for all pr					23c				
d		_	ted on line 18 for all pr	-				23d				
е		-	ted on line 20 for all pr	-				23e	11,6	500.		
24		-	nounts shown on line 2	-						24		
25	•		s from line 21 and rental			-				25 ((11,000.
26	•	•	and royalty income or									
			nd line 40 on page 2									
	Schedule 1 (Form	1040), 1	ine 5. Otherwise, include	de this an	nount	in the to	tal on li	ne 41	on page 2 .	26		-11,000.