#### 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	er's name	Social security n	umber
CHA	RAN TEJA SOMEPALLI	659-95-9	486
Spouse	's name	Spouse's social	security number
Par	Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er 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> 87,969.
2	Total tax		<b>2</b> 12,123.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 15,135.
4	Amount you want refunded to you	[	4 3,012.
5	Amount you owe		5

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

Under penalties of perjury, 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

	1 ddthonzo		111111111111111111111111111111111111111	EBO firm name	to enter of generate my rint	E	in
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	5

	5	9	4	8	6	as				
Enter five digits, but don't enter all zeros										

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 my 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 ► D	ate 🖡							
Practitioner PIN Method Returns Only—continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 all zei	 9	8 9	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 ►									
ERO Must Retain This F Don't Submit This Form to the	-								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)						

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		<sub>rn</sub> 202	2	OMB No. 1545	-0074	IRS Use Or	nly—Do not	write or staple	in this space.
Filing Status Check only one box.	lf yo	Single Married filing jointly u checked the MFS box, enter the na on is a child but not your dependent	ame of yo		heck				spo	alifying sur ouse (QSS) 's name if t	0
Vour first name	-			<u>(HITA RAVELI</u>	A				Vaura	ocial securi	the number
Your first name		dale Initial	Last name								
CHARAN T		s first name and middle initial	SOME P							-95-948	o curity number
n joint return, sp	Jouse s		Last name	8					1.		•
	numba	ar and atract) If you have a D.O. have and	inatruction					at no	-	-81-318	
		er and street). If you have a P.O. box, see	Instruction	15.				Apt. no.		here if you	on Campaigr
2600 VEN			malata ana		Sta	to	ZIP ci	.016			ntly, want \$3
	JSLOIII	ce. If you have a foreign address, also co	mpiete spa	ices below.					to go t	to this fund.	Checking a
PLANO Foreign country			50	reign province/state/	TΣ		750	93 In postal code		elow will not ax or refund	0
Foreigin country	name		FU	reight province/state/	Jouri	Ly	Fullely	in postal cou			
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a						,	. ,	,	X No
Standard	Som	eone can claim: 🗌 You as a de	pendent	Your spouse	e as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you w	vere a dual-status	alien	1					
Age/Blindness	You	Were born before January 2, 1	958	Are blind Spo	ouse	: 🗌 Was bor	n befo	ore January	2 1958	🗌 ls b	lind
Dependents		•		(2) Social security		(3) Relationsh		,			instructions):
-		irst name Last name		number		to you	ib	Child tax			ther dependents
lf more than four	(1) 1					-			oroun		
dependents,											
see instructions and check											
here											
	1a	Total amount from Form(s) W-2, b	ox 1 (see i	instructions)					1	a	<u>9</u> 7,369.
Income	b	Household employee wages not re		,						b	<i>.</i> ,
Attach Form(s)	c	Tip income not reported on line 1a								c	
W-2 here. Also	d	Medicaid waiver payments not rep								d	
attach Forms W-2G and	e	Taxable dependent care benefits f								e	
1099-R if tax	f	Employer-provided adoption bene								f	
was withheld.	g	Wages from Form 8919, line 6 .					• •			g	
If you did not get a Form	h	Other earned income (see instructi	``							b	0.
W-2, see	i	Nontaxable combat pay election (s				<b>1</b> i					
instructions.	z	Add lines 1a through 1h							. 1	z	97,369.
Attach Sch. B	2a	-	2a		bТ	axable interest			. 2		200.
if required.	3a		3a			Ordinary divider			. 3	b	
	4a		4a			axable amount				b	
Standard	5a		5a			axable amount				b	
Deduction for –	6a		6a			axable amount			. 6	b	
Single or Married filing	с	If you elect to use the lump-sum e	lection me	ethod, check here	(see	instructions)					
separately, \$12,950	7	Capital gain or (loss). Attach Sche			•					7	
Married filing	8	Other income from Schedule 1, lin							. 8	3	-9,600.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									87,969.
surviving spouse,	10	Adjustments to income from Sche								0	,
\$25,900 • Head of	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>									87,969.
household,	12	Standard deduction or itemized		-							12,950.
<ul> <li>\$19,400</li> <li>If you checked</li> </ul>	13	Qualified business income deducti				5-A				3	
any box under Standard	14										12,950.
Deduction,	15	Subtract line 14 from line 11. If zer					e .				75,019.
see instructions.	-									-	

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

Form **1040** (2022)

Form 1040 (2022	2)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	12,1	123.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	12,1	123.
	19	Child tax credit or credit for oth	er dependen <sup>.</sup>	ts 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	12,1	123.
	23	Other taxes, including self-emp	loyment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is you						24	12,1	123.
Payments	25	Federal income tax withheld fro								
	а	Form(s) W-2				<b>25a</b> 15	,135.			
	b	Form(s) 1099				25b	<u>.</u>			
	с	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	15,1	135.
	26	2022 estimated tax payments a						26		
If you have a l qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S				28				
)	29	American opportunity credit from				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31				
	32	Add lines 27, 28, 29, and 31. Th						32		
	33	Add lines 25d, 26, and 32. Thes					• •	33	15.1	135.
	34	If line 33 is more than line 24, su	-					34		012.
Refund	35a	Amount of line 34 you want refu						35a		012.
Direct deposit?	b	Routing number 1 1 1 0					· Savings	55a		
See instructions.	d	Account number 4 8 8 0					Savings			
	а 36	Amount of line 34 you want app				36				
Amount			-			30				
Amount You Owe	37	Subtract line 33 from line 24. Th For details on how to pay, go to						37		
rou owe	38		-	-		38	• •	31		
<b>T</b> I: 1 D 1		Estimated tax penalty (see instr								
Third Party Designee		you want to allow another pe structions			n with the IRS?		omplete b	مامس	× No	
Designee		signee's		Phone			onal identifi			
	nai			no.			per (PIN)	oution		
Sign	Un	der penalties of perjury, I declare that	I have examine	ed this return and	accompanying sch	edules and stateme	nts, and to	the bes	t of my knowle	edge and
		ief, they are true, correct, and complet								
Here	Yo	ur signature		Date	Your occupation				nt you an Ident	
					~~~~~~		Prote (see i		IN, enter it here	e T
Joint return? See instructions.				<b>D</b> /	SOFTWARE I			,		
Keep a copy for	Sp	ouse's signature. If a joint return, <b>both</b>	n must sign.	Date	Spouse's occupat	ion			nt your spouse action PIN, ente	
your records.							(see ii	· .		TT
	Ph	one no. (510) 738-9510		Email address	CHARANTEJA1	109@GMAIL.CC	M			
			eparer's signat	1		Date	PTIN		Check if:	
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM SY	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2023	P02082	703	Self-emp	bloyed
Preparer		m's name GLOBAL TAXES					Phone		678) 965-	-
Use Only		m's address 245 ROONEY		NSWICK N.	J 08816		Firm's		84-317	
Go to way in a		n1040 for instructions and the latest in				DE\/ 01/20/22 DDC			Form <b>10</b> 4	
00 10 W W W.113.90		הישיים אויים א	normation.		BAA	REV 01/28/23 PRO				

BAA

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 2022

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number CHARAN TEJA SOMEPALLI 659-95-9486

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	-9,600.
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		
ĥ	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		
u	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-SF	l, or 1040-NR, line 8	10	-9,600.

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

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	basis governmen	: 🗌	
	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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
		4c		
d		4d		
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	_	
f		24f	_	
g		4g	_	
h	Attorney fees and court costs for actions involving certain unlawful			
_		4h	_	
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:			
0E		4z	05	
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> . I			
			26	
	BAA	REV 01/28/23 PRO	Schedu	le 1 (Form 1040) 2022

(Form 1040) (From rental real estate, royalties, partner						corporat	ions, es	tates,	trusts, REMI	Cs, etc.)	20	799	
	ent of the Treasury Revenue Service		Go to w	Attach to Form 1040, ww.irs.gov/ScheduleE for					formation.		Attachment Sequence No. <b>13</b>		
Name(s	shown on return									Your socia			
CHAR	AN TEJA SO	MEPALI	LI							659-95	5-9486		
Part				ental Real Estate an						•			
	Note: If yo rental inco	ou are in t ome or lo	the business ss from <b>Forı</b>	of renting personal proper <b>n 4835</b> on page 2, line 40.	ty, use	Schedule	e C. See	instru	ctions. If you a	are an indiv	idual, rep	ort farm	
Α [				2 that would require you	to file	Form(s)	1099? S	See ins	structions .		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or will y	ou file req	uired Form(s) 1099?							. 🗌 Ye	es 🗌 No	
1a	Physical addr	ress of e	ach prope	rty (street, city, state, ZIF	code	e)							
Α	-			PRAKASAM ANDHRA			TN 52	3190					
B		00711	1011112 211										
С													
1b	Type of Prope	erty 2	For each	rental real estate prope	rty list	ted		Fa	ir Rental	Person	al Use	0.11/	
	(from list below		above, re	eport the number of fair	rental	and			Days	Da	ys	QJV	
Α	3			use days. Check the Q			Α		365		0		
В				eet the requirements to f joint venture. See instru			В						
C			90.0	Jonne 1 01101 01 000 11101 0			С						
	of Property:							_					
	Single Family R			acation/Short-Term Ren	tal	5 Lanc			Self-Rental	、			
2	Multi-Family Re	sidence	9 4 C	ommercial		6 Roya	alties	8	Other (desc	ribe)			
									Propert	ies:			
Incom							Α		В			С	
3					3		5	40.					
4		ived.			4								
Exper													
5					5								
6		•			6								
7	•				7		9	57.					
8					8								
9 10					9 10								
11				· · · · · · · · · · · · · · · · · · ·	11		1,1	27					
12	-			etc. (see instructions)	12		±, ±	21.					
13					13								
14					14		3,5	41.					
15					15		2,8						
16	Taxes				16								
17	Utilities				17		1,6	72.					
18	Depreciation e	xpense	or depletic	n	18								
19	Other (list)				19								
20	Total expense	s. Add li	ines 5 throu	ugh 19	20		10,1	40.					
21				s) and/or 4 (royalties). If									
				to find out if you must			0 0	~~					
00				· · · · · · · · · · · ·	21		-9,6	00.					
22				after limitation, if any,	22	(	0 60		(		1	`	
23a		•		line 3 for all rental prope		<u> (</u>	9,60	23a	l	540.		)	
zsa b			•	line 4 for all royalty prope				23a 23b					
c			•	line 12 for all properties				23c					
d				line 18 for all properties				23d					
e			-	line 20 for all properties				23e	10	),140.			
24			•	shown on line 21. <b>Do no</b>						. 24			

Supplemental Income and Loss

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

9,600.)

-9,600.

25

26

OMB No. 1545-0074

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E