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)

l axpayer's name		Social security num	ber
SARVAGNA CHITTIGIDDA		769-45-669	4
Spouse's name		Spouse's social sec	curity number
Part I Tax Return Information – Tax Year Ending December 31,	2022 (Enter	year you are au	Ithorizing.)
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	82,159.
2 Total tax		2	10,847.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,802.
4 Amount you want refunded to you		4	2,955.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and k	eep a copy of	your return)

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

Х	I authorize	GLOBAL T	TAXES	LLC	to enter or generate my PIN	E
				ERO firm name		

5	6	6	9	4	
	er fiv i't er				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 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 E	ate 🕨							
Practitioner PIN Method Returns Only—continue	e bel	ow						
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.	2	2			6 all ze	9	8 9	3

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 Don't Submit This Form t			
For Paperwork Reduction Act Notice, see your tax return instru	ictions. BAA	REV 01/24/23 PRO	Form 8879 (Rev. 01-2021)

E1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ım 20 2	2	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or staple i	in this space.
Filing Status Check only one box.		Single D Married filing jointly D warried filing jointly D warried the MFS box, enter the na	_	d filing separately (N our spouse. If you cl						spou	lifying surv use (QSS) name if th	0
		on is a child but not your dependent			1001		QUU					io quaitying
Your first name	and mi	ddle initial	Last nam	ne						Your so	cial securit	y number
SARVAGNA			CHITT	FIGIDDA						769-4	45-6694	4
lf joint return, sp	ouse's	first name and middle initial	Last nam	ne						Spouse'	s social sec	curity number
Home address	numbe	r and street). If you have a P.O. box, see	instructio	ns.			A	Apt. no.				on Campaign
		10N CIRCLE			-						nere if you, if filing ioin	or your tly, want \$3
City, town, or po FAIRFAX	ost offic	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta		ZIP c 220			to go to		Checking a
Foreign country	name		Fo	oreign province/state/o				in postal co			or refund.	0
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) rece ange, gift, or otherwise dispose of a									Yes	🗙 No
Standard		eone can claim: 🗌 You as a de	-									
Deduction	<u> </u>	Spouse itemizes on a separate return	n or you	were a dual-status	alien	1						
		Were born before January 2, 1	958	Are blind Spo	ouse			ore Janua	-			
Dependents				(2) Social security number		(3) Relationsh to you	ip (4	Check th Child ta		1		instructions):
lf more than four	(1) FI	rst name Last name		hamboi						uit		her dependents
dependents,								L			[<u> </u>
see instructions								L	-		[
and check here									-		[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .						1a		
Income	b	Household employee wages not re	eported o	on Form(s) W-2 .						1b		
Attach Form(s)	с	Tip income not reported on line 1a	ι (see inst	tructions)						1c		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see in	nstru	ictions)				1d		
W-2G and	е	Taxable dependent care benefits f	rom Forn	n 2441, line 26						1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits 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 instructi	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		1 i						
	z	Add lines 1a through 1h								1z	9	92,248.
Attach Sch. B	2a	Tax-exempt interest	2a		bΤ	axable interest	t.			2b		
if required.	3a		3a		b C	Ordinary divide	nds .			3b		
	4a	IRA distributions	4a		bΤ	axable amoun	t			4b		
Standard	5a		5a		bΤ	axable amoun	t			5b		
• Single or	6a	,	6a			axable amoun	t		· _	6b		
Married filing separately,	С	If you elect to use the lump-sum el			•	,	• •		. L			
\$12,950	7	Capital gain or (loss). Attach Schee		required. If not requ	ired	, check here	• •		. L	7		
 Married filing jointly or 	8	Other income from Schedule 1, line					• •			8		10,089.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			om	e	• •			9		32,159.
surviving spouse, \$25,900	10	Adjustments to income from Sche					• •			10	_	
Head of household,	11	Subtract line 10 from line 9. This is	-	-			• •			11		<u>32,159.</u>
\$19,400	12	Standard deduction or itemized					• •			12		12,950.
 If you checked any box under 	13	Qualified business income deducti				5-A	• •	· ·		13		
Standard Deduction,	14						• •	· ·		14		<u>12,950.</u>
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	, enter -U This is y	our	taxable incom	e.			15	(<u>59,209.</u>

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

Form **1040** (2022)

Form 1040 (2022	2)								F	Page 2
Tax and	16	Tax (see instructions). Check if an	ny from Form	(s): 1 🗌 881	4 2 4972	3		16	10,84	47.
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	10,84	47.
	19	Child tax credit or credit for othe	er dependen [.]	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 z	ero or less,	enter -0				22	10,84	47.
	23	Other taxes, including self-emplo	oyment tax,	from Schedule	e 2, line 21 .			23		0.
	24	Add lines 22 and 23. This is your						24	10,84	47.
Payments	25	Federal income tax withheld fror							· · · ·	
,	а	Form(s) W-2				25a 13	,802.			
	b	Form(s) 1099				25b				
	с	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	13,80	02.
	26	2022 estimated tax payments ar						26	,	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Sc				28				
)	29	American opportunity credit from				29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15				31				
	32	Add lines 27, 28, 29, and 31. The				_		32		
	33	Add lines 25d, 26, and 32. These						33	13,80	02
	34	If line 33 is more than line 24, su						34	2,9	
Refund	35a	Amount of line 34 you want refu						35a	2,9	
Direct deposit?	b	Routing number $\begin{vmatrix} 3 \\ 2 \\ 2 \end{vmatrix} 2 \begin{vmatrix} 2 \\ 2 \end{vmatrix}$					· Savings	004	273	
See instructions.	b	Account number 7 6 9 8					Savings			
	36	Amount of line 34 you want appl				36				
Amount			-			30				
You Owe	37	Subtract line 33 from line 24. Thi For details on how to pay, go to						37		
	38	Estimated tax penalty (see instru	-	-		38	• •	31		
Third Party Designee		you want to allow another per			n with the IRS	·	omolete h	elow	X 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 sc	hedules and stateme	nts, and to	the bes	t of my knowled	ge and
Here	bel	ief, they are true, correct, and complete	e. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	prepare	er has any knowl	edge.
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity	У
					~~~~~~		Prote (see i		N, enter it here	
Joint return? See instructions.					SOFTWARE			, i		
Keep a copy for	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupa	tion			t your spouse an ection PIN, enter	
your records.							(see ii	· .		T
	Ph	one no. (513) 888-2733		Email address	SARVAGNA1	8@GMAIL.COM	[			
			parer's signat			Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYZ	. 0		GUPTA TALLAN	1 01/27/2023	P02082	70.3	Self-emplo	byed
Preparer		m's name GLOBAL TAXES					Phon		678)965-9	,
Use Only		n's address 245 ROONEY C		NSWICK N.	J 08816		Firm's		88-2145	
Go to www.ire.or		1040 for instructions and the latest inf			BAA	REV 01/24/23 PRO			Form <b>1040</b>	
					DAA	NEV 01/24/23 FRU				- 12022

SCHEDUL	.E 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 S

SARV	AGNA CHITTIGIDDA		769-4.	5-66	94
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	-10,089.
6	Farm income or (loss). Attach Schedule F.		[	6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	<b>8a</b> (	)		
b	Gambling	8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	<b>8d</b> (	)		
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			
n	Section 951(a) inclusion (see instructions)	8n			
0	Section 951A(a) inclusion (see instructions)	80 80			
p	Section 461(I) excess business loss adjustment	8p 8q			
q r	Scholarship and fellowship grants not reported on Form W-2	8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
3	1040, line 1a or 1d	8s (	)		
+	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	, or 1040-NR,	line 8	10	-10,089.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		s	chedul	e 1 (Form 1040) 2022

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	Jury duty pay (see instructions)			
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		-	
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			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)			
:	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			
i	Housing deduction from Form 2555			
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
IX.	1041)			
7	Other adjustments. List type and amount:			
-	24z			
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			
_,	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
		24/23 PRO		1 (Form 1040) 2022

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074

(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.

2022
Attachment Sequence No. 13

Name(s) shown on return							Your social security number			
SARVAGNA CHITTIGIDDA							769-45-6694			
Part	I 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.	rty, use	yalties Schedule	<b>c</b> . See	instruc	tions. If you a	re an indiv	vidual, rep	oort farm	
	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions									
<b>1</b> a	Physical address of each property (street, city, state, ZIF	P code	e)							
Α	FATHENAGAR HYDERABAD TELANGANA IN 500018									
В										
С									1	
1b		above, report the number of fair rental and personal use days. Check the QJV box only			Fair Rental Days		Personal Use Days		QJV	
Α						365		0		
В	if you meet the requirements to file as a			В				-		
С	qualified joint venture. See instru	qualified joint venture. See instructions.								
	of Property:									
1	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	ital	5 Land 6 Roya			Self-Rental Other (descr	ibe)			
			Properties:							
Incom	Income:				A E			C		
3	Rents received	3		560.						
4	Royalties received	4								
Exper	ISES:									
5	Advertising	5								
6	Auto and travel (see instructions)	6	260.							
7	Cleaning and maintenance			952.						
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,3	56.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,6						
15	Supplies	15		3,4	58.					
16	Taxes	16								
17	Utilities	17		1,9	40.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,6	49.					
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	-	-10,0	89.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	10,08	9.)(		)	(	)	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		560.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	Total of all amounts reported on line 12 for all properties									
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									
24	Income. Add positive amounts shown on line 21. Do not include any losses									
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 ( 10,089.									
26	6 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result									
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n • <b>26</b>		-10,089.	

-10,089.