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

IIICIIIai	nevertue del vice				
Subm	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numb	per	
SHA	275-21	-807	9		
Spouse	s name	Spouse's soo	cial secu	urity number	
					,
Part		year you a	are au	thorizing.)
	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. Adjusted gross income		1 1	115	,302.
2	Total tax		2		,400.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,483.
4	Amount you want refunded to you		4		,403. ,083.
5	Amount you owe		5		,003.
Part		eep a cor		our retu	rn)
my know return to send for any Agent in payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicant of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the paralic funds withdrawal Consent.	e are the am tter, or electriction of the the second of the the second of the the the authoriziests must be processing of ayment. I fur	ounts for onic reference ax preparation. The electron at the e	from the inc turn original ssion, (b) the designated paration soft to this accor- fo revoke (ved no late ectronic par- cknowledge	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	nic runds withdrawar Consent. yer's PIN: check one box only				
X		ny PIN 1	8 (7 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Yours	ignature ▶ Date ▶				
Snous	se's PIN: check one box only	_			
Ороц	I authorize to enter or generate r	ny DINI			as my
	ERO firm name	_	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN method 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 4 9 Don't ent	6 6 ter all ze	1 9 8 eros	9
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income tazed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this reti	urn in a	accordance	
ERO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007

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

Filing Status Check only one box.		Single Married filing jointly uchecked the MFS box, enter the n		ed filing separately (N						spou	ifying survise (QSS)	Ü	
ONC DOX.		on is a child but not your dependent		rour spouse. It you c	icono		1 000 0	JA, CITICI	tile of	iliu 3	name ii ti	ic qualitying	
Your first name	and mi	ddle initial	Last na	me					You	ur soc	cial securit	ty number	
SHARATH	CHAN	NDRA	GUND	LAPALLY					27	275-21-8079			
		first name and middle initial	Last na									curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Ap	t. no.	Pre	sider	ntial Election	on Campaign	
2201 3RI) AVI	Ξ					21	.06		Check here if you, or your			
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s _l	paces below.	Stat	е	ZIP cod	le				itly, want \$3 Checking a	
SEATTLE					WA		9812	1			w will not		
Foreign country	y name		F	oreign province/state/	county	y	Foreign	postal cod	e you	ır tax	or refund.		
											You	Spouse	
Digital Assets		ny time during 2022, did you: (a) recange, gift, or otherwise dispose of a					-				Yes	⊠ No	
Standard		eone can claim: You as a de		<u>-</u> _				•					
Deduction		Spouse itemizes on a separate retur	•	•		<u> </u>							
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn befor	e Januar	, 2, 19	58	☐ Is bl	ind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	nip (4)	Check the	box if	qualif	ies for (see	instructions):	
If more	(1) Fi	rst name Last name		number		to you		Child tax	credit		Credit for oth	her dependents	
than four											[
dependents, see instruction	s										[
and check	. —												
here											. [
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	12	25 , 887.	
	b	Household employee wages not re								1b			
Attach Form(s) W-2 here. Also	С	, , , , , , , , , , , , , , , , , , , ,											
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form W-2, see	h	Other earned income (see instruct	,							1h		0.	
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)		<u>1i</u>					1.0	0.5	
	<u>z</u>	Add lines 1a through 1h								1z	12	25 , 887.	
Attach Sch. B if required.	2a	· -	2a			axable interes				2b			
ii required.	3a		3a			rdinary divide				3b			
	4a		4a			axable amoun				4b			
Standard Deduction for—	5a	-	5a 6a			axable amoun axable amoun				5b 6b			
Single or	6a c	Social security benefits Label{eq:social security benefits		mothod chock hara			π		$\dot{\Box}$	OD			
Married filing separately,	7	Capital gain or (loss). Attach Sche		·	•	,				7			
\$12,950 Married filing	8	Other income from Schedule 1, lin							ш	8	_1	10,585.	
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								9		15,302.	
Qualifying spouse,	10	Adjustments to income from Sche		-						10		-0,002.	
\$25,900 • Head of	11	Subtract line 10 from line 9. This is								11	1 1 1	15,302.	
household,	12	Standard deduction or itemized	•							12		12,950.	
\$19,400 If you checked	13	Qualified business income deduct				5-A				13	1	,	
any box under Standard	14	Add lines 12 and 13								14	1	12,950.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15		02,352.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 7 4972	3 🗍		16	18,400.
Credits	17	Amount from Schedule 2, lir	-				[17	· ·
	18	Add lines 16 and 17					[18	18,400.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	·
	20	Amount from Schedule 3, lir	ne 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0			[22	18,400.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	18,400.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 23	,483.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					:	25d	23,483.
If you have a	26	2022 estimated tax paymen	ts and amount a	pplied from 20	21 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	23,483.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	5,083.
riciana	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆 📑	35a	5,083.
Direct deposit?	b	Routing number 0 8 1				Checking S	Savings		
See instructions.	d	Account number 3 5 5	0 1 3 4	6 5 0 4	4 4				
-	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	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party Designee		you want to allow another			rn with the IRS?		mplete bel	ow.	× No
· ·		signee's		Phone			nal identifica	ation ,	
		ne		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare ief, they are true, correct, and com							
11010	Yo	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					COETWARE DES	ELOPMENT ENG	/!		N, enter it here
See instructions.	Sp	ouse's signature. If a joint return,	both must sian.	Date	Spouse's occupati		_	l RS ser	nt your spouse an
Keep a copy for your records.		,						Prote	ection PIN, enter it here
	Ph	one no. (816) 456-960	6	Email address	SHARATHCHANDRA	AG1998@GMAIL.CC	M		
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/05/2023	P020827	03	Self-employed
Preparer Use Only	Fin	m's name GLOBAL TA	XES LLC				Phone	no. (678)965-9522
————	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	ΞIN	88-2145487
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/28/23 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

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

SHARATH CHANDRA GUNDLAPALLY

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

40 for instructions and the latest information.		Sequence No. 01	
	Your soc	ial security number	
	275-21	-8079	

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		5	-10,585.
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		
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-SR	, or 1040-NR, line 8	10	-10 , 585.

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-basin		
	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)	-	
İ	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		
	En En		
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:		
25		25	
25 26	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Ent	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.)

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

Department of the Treasury Internal Revenue Service

Name(s)	shown on return						Your soci	al security	numbe	r	
SHAR	ATH CHANDRA GUNDLAPALLY						275-2	1-8079			
Part	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.		•	C . See	instruc	tions. If you	are an indi	vidual, rep	ort farı	m	
	Did you make any payments in 2022 that would require you					tructions .				No No	
				• •	• •	· · · ·		. 🗀 16	<u>э</u>	INO	
1a	Physical address of each property (street, city, state, ZIF		<u> </u>								
A	HNO:4-78/13/A1, MAMIDIPALY ARMOOR, NIZA	MAB	AD TELA	NGAN	A IN	503224					
B											
C					ı						
1b	(from list below) above, report the number of fair	om list below) above, report the number of fair rental and Da							al Use ys QJV		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	qualified joint venture. See institu	CLIOII	3.	С							
Type o	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)				
						Propert					
Incom	ne:			Α		В			С		
3	Rents received	3			80.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,2	75.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,3	65.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,2	50.						
15	Supplies	15		3,1	75.						
16	Taxes	16									
17	Utilities	17		2,2	00.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		11,2	65.						
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 , 5	85.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,58	5.)()	()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		680.				
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				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	1	L , 265.				
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ude any lo	sses			. 24				
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	ses from lir	ne 22. E	nter to	tal losses he	ere 25	(10,5	85 .)	
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, IV, and line 40 on page 2 do not										

26

-10,585.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8582 for instructions and the latest information.

2022
Attachment Sequence No. 858

OMB No. 1545-1008

SHAF	RATH CHANDRA GUNDLAPALLY				275-	21-	-8079
Par	_						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	l Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.		
b	Activities with net loss (enter the amo	unt from Part IV, c	olumn (b))	1b (10,585.)		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 1a, 1b, and 1c					1d	-10,585.
All Ot	her Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a			
b	Activities with net loss (enter the amo	unt from Part V, co	olumn (b))	2b ()		
С	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line i		•	•			
	all losses are allowed, including any						10 505
	losses on the forms and schedules no	ormally used .				3	-10,585.
	If line 3 is a loss and: • Line 1d is a l	loss, go to Part II. loss (and line 1d is	zero or more) sk	in Part II and go to	line 10		
		•	•				
	on: If your filing status is married filing	separately and yo	ou lived with your	spouse at any tim	ne during the y	ear,	do not complete
Part	. Instead, go to line 10. t II Special Allowance for Rer	stal Bool Estata	Activition With	Active Porticin	otion		
Pai	Note: Enter all numbers in Par			•			
4	Enter the smaller of the loss on line 1	·		lions for all examp	ne.	4	10,585.
5	Enter \$150,000. If married filing separ				50,000.	_	10,303.
6	Enter modified adjusted gross income				25,887.		
	Note: If line 6 is greater than or equal				23,007.		
	on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7	24,113.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	12,057.
9						9	10,585.
Par							
10	Add the income, if any, on lines 1a an				-	10	0.
11	Total losses allowed from all passiv						10 505
Dor	out how to report the losses on your t Complete This Part Before	ax return		· · · · · · ·		11	10,585.
Par	Complete This Part Belore	e Part I, Lines I	a, ib, and ic. S	ee instructions.			
		Currer	nt year	Prior years	Overa	ıll ga	in or loss
	Name of activity	(a) Net income	(b) Net loss	(c) Unallowed			
		(line 1a)	(line 1b)	loss (line 1c)	(d) Gain		(e) Loss
HNO	:4-78/13/A1,MAMIDIPALY	0.	10,585.	,			10,585.

10,585.

0.

BAA

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2022) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•		
Name of activity	Current year Prior years								Overall gain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss		
Total. Enter on Part I, lines 2a, 2b, and 2c											
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.					
Name of activity	Fo an to	rm or schedule ad line number be reported on se instructions)) Loss	(b) Ra		(c) Special allowance		(d) Subtract column (c) from column (a).		
HNO:4-78/13/A1, MAMIDIPALY		E Ln 22		10,585.	1.0000	0000	10,58	5.	0.		
·				•			,				
Total				10,585.	1.00)	10,58	5.	0.		
Part VII Allocation of Unallowed L	.oss	ses. See instr	uction	S.							
Name of activity		Form or sche and line num to be reporte (see instructi		imber ted on (a)		((b) Ratio ((c) Unallowed loss		
Total							1.00				
Part VIII Allowed Losses. See instr											
Name of activity		Form or schedu and line numbe to be reported o (see instructions		mber ed on (a) L		(b) Unallowed loss		(c) Allowed loss		
				-							
				-							
Total											