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.

Social coourity number

Submission Identification Number (SID)

Taxpayer's name

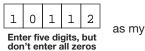
Taxpayer 5 hame	Social Security number
SRIHARSHA UPPARI	744-01-0112
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2022 (En	ter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 87,259.
2 Total tax	· · · · 2 11,397.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 14,455.
4 Amount you want refunded to you	4 3,058.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amend	led) I am now authorizing, and to the best of

Under penalties of perjury, redectare that i have examined a copy of the income tax return (original or amended) ram 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

X I authorize GLOBAL TAXES LLC

to enter or generate my PIN



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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

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	Date 🕨
Practitio	ner PIN Method Returns Only—continue below
Part III Certification and Authentica	ion – Practitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN for	owed by your five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 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 I						
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/28/23 PRO	Form 8879 (Rev. 01-2021)			

E 1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn 2	2022		o. 1545-(0074	IRS Use	Only-	-Do not w	vrite or staple	in this space.
Filing Status Check only one box.	lf yo	Single Arried filing jointly successful dependent filing in the measurement of the measur	ame of y	ed filing sepa vour spouse.		, <u> </u>	ead of h IOH or (, <u>-</u>	spou	lifying sun use (QSS) a name if th	0
Your first name	and m	iddle initial	Last na	me							Your so	cial securit	ty number
SRIHARSH			UPPA									01-011:	-
		s first name and middle initial	Last na										curity number
													•
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Apt	t. no.		Preside	ntial Election	on Campaigr
13231 BR		N PASS							-			here if you,	
		ce. If you have a foreign address, also co	mplete s	paces below.	S	tate		ZIP cod	e				ntly, want \$3
SAN ANTO	NIO				1	ΓX		7825	3			ow will not	Checking a change
Foreign country	name		F	oreign provin	ice/state/cou	inty		Foreign	postal co			k or refund.	•
												🗌 You	Spouse
Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward, av	ward, or pa	yment for	proper	ty or se	ervices)	; or (b) sell,		
Assets		ange, gift, or otherwise dispose of a						-				Ves	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	penden	t 🗌 You	ur spouse a	s a depen	ident						
Deduction		Spouse itemizes on a separate retur	n or you	were a dua	l-status alie	ən							
Age/Blindness	You	: 🗌 Were born before January 2, 1	958 [Are blind	Spous	se: 🗆 W	'as borr	n before	e Janua	arv 2.	1958	🗌 ls bl	ind
Dependents	_	• • • • • • • • • • • • • • • • • • •		1	al security		ationship						instructions):
If more		irst name Last name			nber (you		Child ta	ax cre	edit	Credit for ot	her dependents
than four	()									7	-	[
dependents,										1		[
see instructions and check	s ——									1			
here							Ť					[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruction	is)						1a	<u></u>	96,659.
income	b	Household employee wages not re									1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see ins	structions)							1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s) W	-2 (see inst	ructions)					1d	1	
W-2G and	е	Taxable dependent care benefits f	rom For	m 2441, line	e 26 .						1e	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene	fits from	1 Form 8839	, line 29						1f		
lf you did not	g	Wages from Form 8919, line 6 .									1g	<u> </u>	
get a Form W-2, see	h	Other earned income (see instruct					· ·	· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			1 i						
	Z	Add lines 1a through 1h			· · ·		· ·				1z		96,659.
Attach Sch. B	2a		2a			Taxable i		•			2b		
if required.	<u>3a</u>		3a			Ordinary					3b		
	4a		4a	,		Taxable a					4b		
Standard Deduction for –	5a		5a			Taxable a					5b		
 Single or 	6a		6a			Taxable a		· ·		· .	6b		
Married filing separately,	c 7	If you elect to use the lump-sum e		-	`		,	• •		· _	」 」 ,		
\$12,950 • Married filing	7 8	Capital gain or (loss). Attach Scher Other income from Schedule 1, lin		•	•		nere	• •		. ∟	8		0 100
jointly or	о 9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			 total incor		• •	• •		• •	<u> </u>		<u>-9,400.</u> 87 259
Qualifying surviving spouse,	9 10	Add lifes 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche						• •		• •	10		87,259.
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	-					• •		• •	11		87,259.
household,	12	Standard deduction or itemized						• •	• •	• •	12		<u>87,259.</u> 15,532.
\$19,400 • If you checked	13	Qualified business income deduct									13		
any box under	14										14		15,532.
Standard Deduction,	15	Subtract line 14 from line 11. If zer					income	э.			15		71,727.
see instructions.	-1							-	-				

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

Form **1040** (2022)

Form 1040 (2022	2)			Page 2
Tax and	16	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3 . .	16	11,397.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	11,397.
	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	11,397.
	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	11,397.
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	14,455.
If you have a	26	2022 estimated tax payments and amount applied from 2021 return	26	
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		
	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	14,455.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,058.
noruna	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,058.
Direct deposit?	b	Routing number 0 3 1 7 6 1 1 0 c Type: X Checking Savings		
See instructions.	d	Account number 3 6 0 6 1 9 8 6 2 7 0		
	36	Amount of line 34 you want applied to your 2023 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe .		
You Owe		For details on how to pay, go to www.irs.gov/Payments 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		tructions		× No
	De nai	signee's Phone Personal identif ne no. Personal identif	ication	
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	*ha haa	t of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here				nt you an Identity
		Prote	ection P	N, enter it here
Joint return?		SOFTWARE APPLICATION DEVE (see	nst.)	
See instructions. Keep a copy for	Sp			it your spouse an
your records.		ldent (see	-	ection PIN, enter it here
-	Dh		,	
		Done no. (571)778-8090 Email address SRIHARSHA.URS@GMAIL.COM parer's name Preparer's signature Date PTIN		Check if:
Paid			2702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/03/2023 P02082		
Use Only				678)965-9522
			s EIN	88-2145487
Go to www.irs.go	ov/Forn	a1040 for instructions and the latest information. BAA REV 01/28/23 PRO		Form 1040 (2022)

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 2

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SRIHARSHA UPPA	RI	744-01	-0112
Part I Additio	onal Income		

Fai				
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	Alimony received		2 a	
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	-9,400.
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		
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	l, or 1040-NR, line 8	10	-9,400.

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

Schedule 1 (Form 1040) 2022

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee officials. Attach Form 2106	e-basis government	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)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c		
d	Reforestation amortization and expenses	24d		
	Repayment of supplemental unemployment benefits under the Trade			
-	Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	24h		
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	04		
	tax law violations	24i	-	
J		24j	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
7	Other adjustments. List type and amount:	241	-	
2		24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income		20	
20	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	ВАА			le 1 (Form 1040) 2022

REV 01/28/23 PRO	

SCHE	DULE	A
(Form	1040)	

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment Sequence No. 07

Name(s) shown on	Form	1040 or 1040-SR			cial security number
SRIHARSHA	UP			744-0	01-0112
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1		
Dental	2	Enter amount from Form 1040 or 1040-SR, line 11 2			
Expenses		Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0		. 4	
Taxes You	5	State and local taxes.			
Paid	a	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,			
		check this box	5a 87	4.	
	k	State and local real estate taxes (see instructions)	5b 2,85	в.	
	c	State and local personal property taxes	5c		
	c	I Add lines 5a through 5c	5d 3,73	2.	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing			
		separately)	5e 3,73	2.	
	6	Other taxes. List type and amount:			
			6		
	7	Add lines 5e and 6		. 7	3,732.
Interest	8	Home mortgage interest and points. If you didn't use all of your home			
You Paid		mortgage loan(s) to buy, build, or improve your home, see			
Caution: Your mortgage interest deduction may be limited. See instructions.		instructions and check this box \ldots \ldots \ldots \ldots \ldots			
	a	Home mortgage interest and points reported to you on Form 1098.			
		See instructions if limited	8a 11,800	<u>).</u>	
	k	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.,			
		and address	8b	_	
	C	Points not reported to you on Form 1098. See instructions for special rules	8.0		
		rules . <td>8c 8d</td> <td>_</td> <td></td>	8c 8d	_	
		Add lines 8a through 8c			
		Investment interest. Attach Form 4952 if required. See instructions .	8e 11,800	5.	
		Add lines 8e and 9	÷	. 10	11,800.
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more, see		. 10	11,000.
Charity			11		
Caution: If you	12	Other than by cash or check. If you made any gift of \$250 or more,			
made a gift and got a benefit for it,		see instructions. You must attach Form 8283 if over \$500.	12		
see instructions.	13	Carryover from prior year	13		
	14	Add lines 11 through 13		. 14	
Casualty and		Casualty and theft loss(es) from a federally declared disaster (othe			
Theft Losses		disaster losses). Attach Form 4684 and enter the amount from line 1	8 of that form. Se	e	
		instructions		15	
Other	16	Other-from list in instructions. List type and amount:			
Itemized					
Deductions				16	
Total	17	Add the amounts in the far right column for lines 4 through 16. Also, e		1 1	
Itemized		Form 1040 or 1040-SR, line 12		17	15,532.
Deductions	18	If you elect to itemize deductions even though they are less than your		n,	
		check this box	· · · · · [

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

	DULE E	Supplemental Income and Loss									OMB No	OMB No. 1545-0074		
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									2022				
Departm Internal	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.									Attachm	nent ce No. 13			
Name(s) shown on return						Yours					ocial security number			
SRIHARSHA UPPARI										744-0	01-0112			
Part	Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.													
Α	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions											s 🛛 No		
B	"Yes," did you or will you file required Form(s) 1099?										. 🗌 Ye	s 🗌 No		
1a	Physical address of each property (street, city, state, ZIP code)													
A	MANSOORAB	DRABAD HYDERABAD TELANGANA IN 500070												
B														
С														
1b	Type of Prope	ty 2 For each rental real estate property listed Fair Rental F									nal Use	0.11/		
	(from list below			above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions							ays	QJV		
Α	3										0			
В														
С							С							
Type of Property:														
	1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental													
2	2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)													
								Properties:						
Incom	ie:						Α		В			С		
3	Rents received	1. L			3		б	00.	7					
4	Royalties recei	ived .			4	K								
Exper	ises:													
5	•				~									
6				ructions)										
7		ice			1,0	00.								
8			8											
9														
10		ional fees			0.0.0									
11					12		8	00.						
12 13				o banks, etc. (see instructions)	12									
14	Repairs		14		2,850.									
15	Supplies		15	1,850.										
16			16											
17			17	3,500.										
18	Depreciation e		18		•									
19	Other (list)		19											
20	Total expenses			es 5 through 19	20		10,0	00.						
21	Subtract line 2	0 fron	n lin	e 3 (rents) and/or 4 (royalties). If										
		sult is a (loss), see instructions to find out if you must												
	file Form 6198					-9,400.								
22				state loss after limitation, if any, uctions)	22	(9,40	0.)	()(
23a	Total of all am	otal of all amounts reported on line 3 for all rental proper					23a			600.				
b		tal of all amounts reported on line 4 for all royalty proper						23b						
С				orted on line 12 for all properties				23c						
d			orted on line 18 for all properties			23d								
е			orted on line 20 for all properties				23e	10	,000.					
24		-		mounts shown on line 21. Do no		-				. 24				
25				es from line 21 and rental real esta							(9,400.		
26				and royalty income or (loss). and line 40 on page 2 do not										

SCHEDULE E

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

Schedule E (Form 1040) 2022

26

.

-9,400.

OMB No. 1545-0074