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

Submission Identification Number (SID)						
Taxpayer's name	Social	security numb	ber			
LAXMIPRASANNA TUMMALA	358	3-55-159	4			
Spouse's name Spouse's social security nu						
David Toy Datum Information Toy Very Ending December 24	O O O O O (Finter vices in		+l= = vi=i== = \			
Part I Tax Return Information — Tax Year Ending December 31,	2022 (Enter year	ou are au	tnorizing.)			
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	77,028.			
2 Total tax			9,714.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099			13,649.			
4 Amount you want refunded to you			3,935.			
5 Amount you owe			3,333.			
Part II Taxpayer Declaration and Signature Authorization (Be sure	you get and keep a	copy of y	our return)			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (or my knowledge and belief, it is true, correct, and complete. I further declare that the amount return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receip for any delay in processing the return or refund, and (c) the date of any refund. If applicable Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instite payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institutio taxes to receive confidential information necessary to answer inquiries and resolve issue personal identification number (PIN) below is my signature for the income tax return (original Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to error ERO firm name signature on the income tax return (original or amended) I am now author	unts in Part I above are the provider, transmitter, or the or reason for rejection on the control of the contro	ne amounts felectronic reference for the transmissury and its on the tax preport the entry futhorization. The receivers of the electronic forms of the	from the income tax turn originator (ERO) ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a ved no later than 2 lectronic payment of cknowledge that the			
I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.						
Your signature ► PrasannaTummala	Date ▶2/3	/2023				
Spouse's PIN: check one box only						
	nter or generate my PIN		as my			
ERO firm name		Enter five	digits, but			
signature on the income tax return (original or amended) I am now author I will enter my PIN as my signature on the income tax return (original or a if you are entering your own PIN and your return is filed using the Practibelow.	amended) I am now aut	horizing. Ch				
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—c						
Part III Certification and Authentication — Practitioner PIN Method	d Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected		9 6 6 on't enter all ze	1 9 8 9 eros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confir requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e	m that I am submitting th	nis return in a	accordance with the			
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See I	nstructions					
Don't Submit This Form to the IRS Unless R						

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.	If yo	Single Married filing jointly unchecked the MFS box, enter the nonis a child but not your dependent	ame of y	ed filing separately (,	_		`	,	spou	fying surv se (QSS) name if th	Ü
Your first name	and mi	ddle initial	Last nar	me					Y	our soc	ial securit	y number
LAXMI PRASANNA TUMMALA 3						3	358-55-1594					
If joint return, s	pouse's	first name and middle initial	Last nar	me					Sı	Spouse's social security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.			Aı	ot. no.	P	resider	itial Election	on Campaign
5129 WII	LLIAN	MSTOWN BLVD								Check here if you, or your		
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	mplete spaces below. State ZII				de		spouse if filing jointly, want \$3 to go to this fund. Checking a		
LAKELANI)			FL 3			3364			box below will not change		
Foreign country	y name		F	oreign province/state	/count	у	Foreigr	postal co	de yo			
 Digital	At ar	ny time during 2022, did you: (a) rec	eive (as	a reward award or	navn	ent for prope	rtv or s	ervices):	or (b)	sell	You	Spouse
Assets		ange, gift, or otherwise dispose of a	,				•	,.	` '		Yes	X No
Standard		eone can claim: You as a de		<u>_</u>		a dependent	,	(
Deduction		Spouse itemizes on a separate retur	•	•		а фонцент						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Sp	ouse:	☐ Was bor	rn befo	e Janua	y 2, 1	958	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relationsh	nip (4)	Check the	e box i	f qualifi	es for (see	instructions):
If more		(1) First name Last name		number		to you	.	Child ta	x cred	it (Credit for oth	ner dependents
than four												
dependents, see instruction	s											
and check	·											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions) .						1a	8	35 , 078.
	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	a (see ins	structions)						1c		
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
W-2G and 1099-R if tax	е	e Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption bene	efits 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 instruct	ions) .							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>1i</u>	i					
	Z	Add lines 1a through 1h								1z	3	35 , 078.
Attach Sch. B	2 a	' <u>-</u>	2a		b Ta	axable interest	t.			2b		
if required.	3a	Qualified dividends	3a			rdinary divider				3b		
	4a		4a			axable amoun				4b		
Standard Deduction for—	5a	-	5a			axable amoun				5b		
Single or	6a	,	6a			axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e		•	•	,				_		
\$12,950	7	Capital gain or (loss). Attach Sche			,					7		
 Married filing jointly or 	8	Other income from Schedule 1, line 10								8		<u>-8,050.</u>
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9	+ '	77,028.
\$25,900 Adjustments to income from Schedule 1, line 20						10	+ -					
 Head of household, 	11		ine 10 from line 9. This is your adjusted gross income							11		77,028.
\$19,400	12	Standard deduction or itemized		•	,					12	1	L2,950.
If you checked any box under	13	Qualified business income deduct								13	1	0.50
Standard Deduction,	14 15	Add lines 12 and 13								14		L2,950.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -u This is	your t	axable incom	ie .			15	1 6	54,078.

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1 881	4 2 4972	3 🗌		16	9,714.
Credits	17					[17	·
0.00	18	Add lines 16 and 17				[18	9,714.
	19	Child tax credit or credit for other depe	endents 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	9,714.
	23	Other taxes, including self-employment	t tax, from Schedule	e 2, line 21		[23	0.
	24	Add lines 22 and 23. This is your total				[24	9,714.
Payments	25	Federal income tax withheld from:						<u> </u>
	а	Form(s) W-2			25a 13,	649.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	25d	13,649.
If you have a	26	2022 estimated tax payments and amo	ount applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule	8812		28			
	29	American opportunity credit from Form	8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 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. These are yo	our total payments				33	13,649.
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	This is the amoun	t you overpaid		34	3,935.
Herana	35a	Amount of line 34 you want refunded t		3 is attached, chec	k here	. 🗆 🕃	35a	3,935.
Direct deposit?	b	Routing number 0 1 1 4 0 0			Checking S	avings		
See instructions.	d	Account number 0 0 3 8 8 1	. 0 6 6 6 1	0 0				
	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. This is the For details on how to pay, go to www.ii					37	
	38	Estimated tax penalty (see instructions))		38			
Third Party Designee		you want to allow another person to tructions		rn with the IRS?		mplete bel	ow.	X No
· ·		signee's	Phone			nal identifica	ation _r	
	nai		no.			er (PIN)		
Sign Here		der penalties of perjury, I declare that I have exef, they are true, correct, and complete. Declar						
11010	Yo	ur signature	Date	Your occupation				t you an Identity N, enter it here
Joint return?				SOFTWARE DEVELOPER			st.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must si	gn. Date					t your spouse an ction PIN, enter it here
	Ph	one no. (603) 377-6401	Email address	PRASANNACHAUDA	RY2050@GMAIL.CO	М		
Doid	Pre	parer's name Preparer's	signature		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PR	IYA RAM SAGAR	GUPTA TALLAM	02/04/2023	P020827	03	Self-employed
Preparer	Fin	n's name GLOBAL TAXES LLC				Phone i	no. (678)965-9522
Use Only	Fin	n's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm's E	ΞIN	88-2145487
Go to www.irs.go	ov/Form	1040 for instructions and the latest information	on.	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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number				
LAXMIPRASANNA TUMMALA	358-55-1594				
B . I WILLIAM III					

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. Atta	ch Schedule E .	5	-8,050.
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		8c		
d	<u> </u>	8d ()		
е		8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , , ,	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			
	, , , , , , , , , , , , , , , , , , ,	8m		
n	·	8n		
0		80		
р		8p		
q	` '	8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	0	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	-8,050.

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-basis gov		
	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 8l 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	-	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
- 1	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		
		-	
J		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
-	Other adjustments. List type and amount:	-	
Z	04-		
25	Total other adjustments. Add lines 24a through 24z	25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here	23	
20	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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 358-55-1594 LAXMIPRASANNA TUMMALA Part I Income or Loss From Rental Real Estate and Royalties 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. Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) KODAD TELANGANA IN 508206 BALAJI NAGAR Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 450. 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 800. 7 Cleaning and maintenance. 7 8 Commissions 8 9 9 Insurance . . 10 10 Legal and other professional fees 1,500. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,100. 14 14 Repairs . . . 2,300. 15 Supplies 15 16 16 Taxes 17 17 1,800. 18 18 Depreciation expense or depletion 19 19 20 20 Total expenses. Add lines 5 through 19 8,500. 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 -8,050. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8,050.) 450. Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 8,500. Total of all amounts reported on line 20 for all properties 23e 24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 24

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

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 .

25

8,050.

-8,050.

25

26

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. 858

Identifying number

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

LAXMIPRASANNA 358-55-1594 TUMMALA Part I 2022 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) **1a** Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) **b** Activities with net loss (enter the amount from Part V, column (b)) . . . 2b 0.) -540.)**c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (**d** Combine lines 2a, 2b, and 2c -540. 2d Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used 3 -540. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Part II Special Allowance for Rental Real Estate Activities With Active Participation Note: Enter all numbers in Part II as positive amounts. See instructions for an example. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 4 5 Enter \$150,000. If married filing separately, see instructions Enter modified adjusted gross income, but not less than zero. See instructions 6 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 Enter the **smaller** of line 4 or line 8 9 9 0. **Total Losses Allowed** Part III 10 10 0. Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find 0. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

BAA

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

Form 8582 (2022)

	,									. uge _
Part V	Complete This Part Befor	еР	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			
	Name of activity		Currer	nt year		Prior ye	ears	Overa	all gain or loss	
	Name of activity	(a	Net income (line 2a)	(b) (lii	Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
BALAJI N	AGAR		0.		0.		540.			540.
	on Part I, lines 2a, 2b, and 2c		0.		0.		540.			
Part VI	Use This Part if an Amou	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			
	Name of activity	an to	rm or schedule d line number be reported on ee instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).
Total						1.00	0			
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	S.					
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c	e) Unallowed loss
BALAJI N	IAGAR	E Ln 22		 2	540.		1.0000000		540.	
				<u> </u>						
Total						540.		1.00		540.
Part VIII	Allowed Losses. See instr	ucti	ons.							
	Name of activity		Form or schedule and line number to be reported or (see instructions		er on (a) Loss (b) Unallowed los		(b) Unallowed loss		((c) Allowed loss
BALAJI N	IAGAR		E Ln 22	2		540.		540.		0.
Total						540		540		0