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

	-				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social secur	ity numl	per	
SAI	MANISH BACHULA MADHUSUDHANR	278-45	-611	2	
Spouse's		Spouse's so			r
Part	, , ,	ear you a	are au	thorizing.	.)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	1 101	705
	Adjusted gross income		2		<u>,795.</u> ,149.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
	Amount you want refunded to you		4		<u>,652.</u>
	Amount you owe		5		<u>,503.</u>
Part		ep a cor		our retu	rn)
Under pmy knoreturn (cto send for any Agent to paymen authoriz paymen busines taxes to persona Electror	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I wledge 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, transmitt my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate that, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reques a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payoreceive confidential information necessary to answer inquiries and resolve issues related to the payor receive confidential information necessary to answer inquiries and resolve issues related to the payor in Financial Consent. Syer's PIN: check one box only	am now au are the am er, or electrition of the t. Treasury a ated in the t to debit the authorizsts must b rocessing ownent. I fur now authorized by PIN The strength of the strength of the authorized by PIN The strength of the strength	thorizing ounts 1 conic refransmistand its case pentry ation. The receif the elather accizing a conic refrance accizing a conic refrance accizing a conic refrance accidents.	g, and to the rom the incturn original sion, (b) the designated or this according to this according to the control of the cont	ne best of come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of e that the cable, my as my
Tour Si	griature =				
Spous	e's PIN: check one box only				
	I authorize to enter or generate m	y PIN			as my
	ERO firm name			digits, but r all zeros	
	signature on the income tax return (original or amended) I am now authorizing.				ooy only
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	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	2 4 9	6 6	1 9 8	9
		Don't en	ter all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax red to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitt nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indicated above.	ing this ret	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 Do	So			

E1040 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 Use the MFS box, enter the n		ed filing separately (Noor spouse. If you co					spou	ifying sur ise (QSS) name if tl	Ü	
		son is a child but not your dependen	t:									
Your first name	and mi	iddle initial	Last nai	me				Y	Your social security number			
SAI MAN	ISH		BACH	ULA MADHUSUD	HAN	R		2	278-45-6112			
If joint return, s	pouse's	s first name and middle initial	Last nai	me				Sı	pouse's	s social se	curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	P	resider	ntial Electi	ion Campaign	
3001 COI	LONIZ	AL PKWY		4124					Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete s _l	plete spaces below. State ZIP code					spouse if filing jointly, want to go to this fund. Checking			
CEDAR PA	ARK			TX 78						w will not		
Foreign country	y name		F	Foreign province/state/	county	<i>y</i>	Foreign postal co	de yo	our tax	or refund		
										You	Spouse	
Digital Assets		ny time during 2022, did you: (a) rec lange, gift, or otherwise dispose of a								Yes	⊠ No	
Standard		eone can claim: You as a de		<u></u>								
Deduction		Spouse itemizes on a separate return	•	·		a dopondoni						
Age/Blindness	You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Janua	ry 2, 1	958	☐ Is b	lind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	ip (4) Check th	e box i	if qualif	ies for (see	e instructions):	
If more	(1) F	irst name Last name		number		to you	Child ta	x cred	it (Credit for ot	ther 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	1	11,999.	
	b	Household employee wages not r							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions)					1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26										
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29										
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 (see instr	uctions)		<u>li</u>						
	Z	Add lines 1a through 1h							1z	1	11,999.	
Attach Sch. B	2a	· -	2a	007		axable interest			2b			
if required.	3a		3a	227.		rdinary divider			3b		227.	
	4a		4a			axable amoun			4b	_		
Standard Deduction for—	5a	-	5a			axable amoun			5b	_		
Single or	6a	,	6a			axable amoun	t		6b			
Married filing separately,	_ C	If you elect to use the lump-sum election method, check here (see instructions)							_			
\$12,950	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	<u> </u>	10 101	
 Married filing jointly or 	8	Other income from Schedule 1, line 10							9		10,431.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								+ 1	01,795.	
\$25,900	10	Adjustments to income from Sche	-						10	+	01 705	
 Head of household, 	11	Subtract line 10 from line 9. This is	-	-					11		01,795.	
\$19,400	12	Standard deduction or itemized				· · · ·			12	+	12 , 950.	
If you checked any box under	13	Qualified business income deduct							13	+	10 050	
Standard Deduction,	14	Add lines 12 and 13							14		12,950.	
see instructions.	15	Subtract line 14 from line 11. If ze	o or less	s, enter -u This is y	our t a	ахаріе іпсот			15		88,845.	

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	15,149.
Credits	17	Amount from Schedule 2, lir	те 3				[17	
	18	Add lines 16 and 17						18	15 , 149.
	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	. If zero or less,	enter -0			[22	15,149.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	15,149.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 17	,652.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17 , 652.
.,	26	2022 estimated tax paymen						26	· ·
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3. line 8		29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T	•		-		+	33	17,652.
D. ()	34	If line 33 is more than line 24						34	2,503.
Refund	35a	Amount of line 34 you want	•				+	35a	2,503.
Direct deposit?	b	Routing number 1 1 1			c Type:		Savings		· ·
See instructions.		Account number 5 8 6					Jarmigo		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	-	-		1 1		37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another							
Designee		structions					•		⊠ No
		signee's me		Phone no.			onal identific oer (PIN)	ation [
Cian		der penalties of perjury, I declare	that I have examine	ed this return and	d accompanying sch		, ,	he hest	of my knowledge and
Sign		ief, they are true, correct, and com			, , ,		,		, ,
Here	Yo	Your signature Date Your occupation If the							t you an Identity
									N, enter it here
Joint return?					SOFTWARE		(see in		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	ooth must sign.	Date	Spouse's occupat	tion			t your spouse an ction PIN, enter it here
your records.							(see in		
	———Ph	one no. (737) 529-141	4	Email address	SATMANTSHF	83@GMAIL.CC	M		
		eparer's name	Preparer's signat		DITTIMINI DIT	Date	PTIN	\neg	Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TAT.T.AM		P02082		Self-employed
Preparer		m's name GLOBAL TA		1111 0110111		. 30, 01, 2023	Phone		678) 965-9522
Use Only			Y CT E BRU	INSWICK N.	J 08816		Firm's		84-3171965
Go to warning =		n1040 for instructions and the late		1.5111011 111		DEV 00/04/00 DE 0	1 3	4	Form 1040 (2022)
GO TO WWW.IIS.g	UV/ITUITI	Tro-to for instructions and the late	or information.		BAA	REV 02/24/23 PRO			FUIII 1040 (2022)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SAI MANISH BACHULA MADHUSUDHANR

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

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

	Sequence No. U1
Your soc	ial security number
278-45	-6112

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	-10,431.
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	<u>-</u>	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g		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	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	, , , , , , , , , , , , , , , , , , ,	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t	-	
		8u		
Z	Other income. List type and amount:	0-		
9		8z	9	
9 10	Total other income. Add lines 8a through 8z			-10-431

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 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	, , , , ,	24a		
b	Deductible expenses related to income reported on line 8l from the			
		24b		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	· · · · · · · · · · · · · · · · · · ·	24c		
d	' '	24d		
е	Repayment of supplemental unemployment benefits under the Trade			
	F	24e	_	
f		24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful			
	`	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			
		24i	-	
j		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
		24k	-	
Z	Other adjustments. List type and amount:	0.4		
0-		24z	0.5	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter here and on		
	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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

SAI	MANISH BACHU	LA M	ADHUSUDHANR						278-4	45-6112	
Part	Income or	Los	From Rental Real Estate an	d Ro	yalties			·			
	Note: If you a	are in tl	ne business of renting personal propers from Form 4835 on page 2, line 40.	ty, use	Schedul	e C . See	instru	ctions. If you a	re an ind	lividual, rep	ort farm
A [
			nts in 2022 that would require you but file required Form(s) 1099?								
							• •			. 🗀 10	55 110
1a			ach property (street, city, state, ZIF		<u> </u>						
Α	H.NO10-243/	11/1	, VASANTPURI MALKAJGIRI,	HYDI	ERABAD	TELAI	IGAN.	A IN 5000	47		
В											
С		,									
1b	Type of Property	2	For each rental real estate prope	ted		Fa	ir Rental		nal Use	QJV	
	(from list below)	4	above, report the number of fair personal use days. Check the Q					Days	D	ays	
A	3	4	if you meet the requirements to f			A		365		0	
В		4	qualified joint venture. See instru			В					
<u> </u>	1.5					С					
	of Property:		0 V ti /Ol t T D	4-1	5 l	-1	7	Oalf Dantal			
	Single Family Residue			tai	5 Land			Self-Rental	!!\		
2	Multi-Family Resid	ience	4 Commercial		6 Roy	aities	8	Other (descr	ibe)		
								Propertie	es:		
ncon	ne:					Α		В			С
3				3		6	74.				
4		d		4							
Exper											
5	-			5							
6			structions)	6							
7			nce	7		2,8	78.				
8				8							
9				9							
10	-		sional fees	10							
11	-			11		2,6	32.				
12			to banks, etc. (see instructions)	12							
13				13		0 1	2.0				
14				14		2,1					
15 16				16		2,4	01.				
17				17		1,0	5.8				
18			or depletion	18		1,0	50.				
19			·	19							
20	Total expenses.	Add Iir	nes 5 through 19	20		11,1	0.5.				
21	•		ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
				21		-10,4	31.				
22	Deductible rental	real e	estate loss after limitation, if any,								
	on Form 8582 (se	ee ins	ructions)	22	(10,43	1.)	()(,
23a	Total of all amour	nts rep	oorted on line 3 for all rental prope	erties			23a		674.		
b	Total of all amour	nts rep	oorted on line 4 for all royalty prop	erties			23b				
С	Total of all amour	nts rep	ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d				
е			ported on line 20 for all properties				23e	11	, 105.		
24	-		amounts shown on line 21. Do no		-				. 24		
25	-	-	ses from line 21 and rental real esta							(10,431.
26			e and royalty income or (loss).								
			and line 40 on page 2 do not								10 401
	ochedule I (FOIII)	1 1U4L), line 5. Otherwise, include this a	HOUIT	i ii i tiie to	nai Ull III	15 4 I	on page 2	. 26		-10,431.