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

Submi	ission Identification Number (SID)		-			
Taxpaye	er's name	Social securi	ty numb	er		
Submission Identification Number (SID) Taxpayer's name RRVITEJA RAVELLA Spouse's name Part I Tax Return Information — Tax Year Ending December 31, 2022 (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 2 Total tax		778-01	-2674	1		
Spouse'	's name	Spouse's soo	ial secu	rity num	ber	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Ente	r year you a	re aut	horizir	ng.)	
	-				<u> </u>	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	,	76,5	535.
2	Total tax		2		9,6	504.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	-	13,1	L47.
4			4		3,5	543.
			5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our re	turn)
to send for any Agent t payment authori payment busines taxes t person	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rest delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the lot initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into form federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina nt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recess days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	jection of the t J.S. Treasury a dicated in the t ion to debit the te the authoriz quests must be processing o payment. I fur	ransmis nd its c ax prep e entry t ation. T e receive f the elector ther ac	sion, (b) lesignate aration o this ac o revok yed no ectronic knowlec	the red Firesoftwood (Care) the course (Care) th	reason nancial are for the This ncel) a than 2 nent of the
					7	
-		my DIN 1	2 6	5 7 4	1	
		ř En	ter five	digits, bu r all zero	ıt	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your s	ignature ▶ Date ▶					
Spous	se's PIN: check one box only				_	
Ē	I authorize to enter or generate	my PIN			la	as my
				digits, bu		,
				r all zero		
	if you are entering your own PIN and your return is filed using the Practitioner PIN met					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below	v				
Part	III Certification and Authentication — Practitioner PIN Method Only					
EDO's	EFIN/DIN Enter your six digit EFIN followed by your five digit celf celested DIN 2.2.3	2 4 9	6 6	1 9	8	9
ENU S	EFIN/FIN. Effet your six-digit Effin followed by your live-digit self-selected fin.	ے ہے ۔ Don't ent	- -		0	9
		Don't em	or all 20	.03		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this reti	ırn in a	ccordar	ice w	
ERO's	s signature ► Date ►					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To	Do 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.	If yo	Single Married filing jointly uchecked the MFS box, enter the noning a child but not your dependent	ame of y	ed filing separately (Nover spouse. If you contains					spou	lifying surv use (QSS) name if th	Ü		
Your first name			Last na	me					Your social security number				
RAVITEJA			RAVE							01-2674	-		
		first name and middle initial	Last na								urity number		
	/ 1												
	,	er and street). If you have a P.O. box, see	Instruction	ons.			Apt. no.				on Campaign		
		RTHUR BLVD			T a		2029	12025		nere if you, if filina ioin	tly, want \$3		
	ost offi	ce. If you have a foreign address, also co	mplete s _i	paces below.	Stat		ZIP code		to go to	this fund.	Checking a		
IRVING					TX		75063			ow will not			
Foreign country	y name			Foreign province/state/	county	/	Foreign posta	Il code	your tax	or refund.	Spouse		
Digital Assets		ny time during 2022, did you: (a) rec ange, gift, or otherwise dispose of a					-			Yes	⊠ No		
Standard Deduction		eone can claim:	•			a dependent							
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	n before Jai	nuary 2	2, 1958	☐ Is bli	ind		
Dependent	s (see	instructions):		(2) Social security	.	(3) Relationsh	ip (4) Chec	k the b	ox if qualif	fies for (see	instructions):		
If more	(1) Fi	(1) First name Last name		number		to you	Chil	d tax c	redit	Credit for oth	her dependents		
than four										[<u> </u>		
see instruction	s ——										<u> </u>		
and check										[<u> </u>		
here]								,				
Income	1a	Total amount from Form(s) W-2, b	,	,					. 1a	3	35 , 950.		
	b	Household employee wages not re							. 1b				
٠,	С	Tip income not reported on line 1a							. 1c				
If more than four dependents, see instructio and check here [Income Attach Form(s	d	Medicaid waiver payments not rep		()	nstrud	ctions)			. 1d				
	е	Taxable dependent care benefits t		•					. 1e				
	f	Employer-provided adoption bene							. 1f				
	g	Wages from Form 8919, line 6.							. 1g				
	h	Other earned income (see instruct	,						. 1h		0.		
here	i	Nontaxable combat pay election (see instr	ructions)		<u>1i</u>			_		25 050		
	<u>z</u>	Add lines 1a through 1h							. 1z		35 , 950.		
Attach Sch. B	2a	· –	2a			xable interes		•	. 2b				
if required.	3a		3a			dinary divide			. 3b				
	4a		4a			xable amoun			. 4b				
Standard Deduction for—	5a	-	5a			xable amoun			. 5b				
Single or	6a	,	6a			xable amoun	τ		. 6b				
Married filing separately,	C	If you elect to use the lump-sum e			•	•		. L	=				
\$12,950	7	, ,	nedule D if required. If not required, check here					- 7 - 0					
 Married filing jointly or 	8	Other income from Schedule 1, lin						•	. 8		-9 , 415.		
Qualifying surviving spouse,	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 10		76,535.		
\$25,900		•	,					•	. 11		76 525		
 Head of household, 	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	-				•	. 12		76,535.		
\$19,400 If you checked	13	Qualified business income deduct							. 13		12,950.		
any box under	14	Add lines 12 and 13						•	. 13	_	12 050		
Standard Deduction,	15	Subtract line 14 from line 11. If zer						•	. 15		<u>12,950.</u> 63,585.		
see instructions.		Castract into 14 Horn line 11. Il Zei	0 01 108	o, onto 0 Imo 15 y	Jui t			•	. 13	1 (,,,,,,,,,,		

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	9,604.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	9,604.
	19	Child tax credit or credit for other 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 zero or less,	enter -0				22	9,604.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total tax					24	9,604.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 1	3,147.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,147.
If you have a	26	2022 estimated tax payments and amount a	pplied from 20)21 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, 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 your to	otal payments				33	13,147.
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	3,543.
riciana	35a	Amount of line 34 you want refunded to you		3 is attached, chec	k here	🗆	35a	3,543.
Direct deposit?	b	Routing number 3 2 2 2 7 1 6		c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 7 6 0 5 0 5 2	2 7					
	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 amo For details on how to pay, go to <i>www.irs.go</i>	•				37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to disc				Complete	below.	X No
· ·		signee's	Phone			sonal identi	fication I	
	name no. number (PIN							
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
11010	Yo	ur signature	Date Your occupation					nt you an Identity
laint vatuus 0				SOFTWARE E	NCINEED		inst.)	N, enter it here
Joint return? See instructions.	———Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation		If the	e IRS ser	nt your spouse an
Keep a copy for your records.	op.			oposico o occupanion				ection PIN, enter it here
	Ph	one no. (256) 348-5203	Email address	RAVELLARAVIT	EJA8@GMAIL.C	MO		
Doid	Pre	eparer's name Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/15/2023	P0208	2703	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC				Pho	ne no. (678) 965-9522
Use Only	Fin	m's address 245 ROONEY CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965
								1010

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

RAVITEJA RAVELLA

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

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

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

Sequence No. 01

Your social security number
778-01-2674

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		5	-9,415.
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		
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	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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
	The state of the s	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-NK, line 8	10	-9,415.

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-base			
	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)	1		
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	i e		
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	1		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	1		
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			
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:			
05	Tatal athous diseases and Add lines Of a three will Of		05	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . En		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.)

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. Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 778-01-2674 RAVITEJA RAVELLA Income or Loss From Rental Real Estate and Royalties

Par	Note: If you a	re in the business of renting personal properties or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you	are an indiv	ridual, repo	ort farn	n
A I		payments in 2022 that would require you	to file	Form(s) 10	99? 5	See ins	structions		. \(\text{Ye} \)	s X	No
		will you file required Form(s) 1099? .									No
1a		s of each property (street, city, state, ZI									
				<u> </u>	7.0						
A	3-3-31/ST K	UKATPALLY HYDERABAD TELANGA	ANA .	IN 50007	/						
B											
1b	Type of Property	O Fay and worth year actate myon.		t a al			ir Rental	Person	-111		
ID	(from list below)	2 For each rental real estate properabove, report the number of fair	rental	and		Га	Days	Person		Q	JV
Α	3	personal use days. Check the Q	JV bo	x only	Α		365		0	Г	7
В		if you meet the requirements to			В				-	Ī	一
С		qualified joint venture. See instru	uctions	S. –	С					Ī	ī
уре	of Property:								ı.		
1	Single Family Resid	dence 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental				
2	Multi-Family Resid	ence 4 Commercial		6 Royalt	ies	8	Other (desc	ribe)			
							Propert				
ncon	10'				Α		Propert B	103.		С	
3			3			69.					
4		d	_			03.					
	nses:		1								
5			5								
6		ee instructions)	6								
7		ntenance	7		2,4	54.					
8			8								
9	Insurance		9								
10	Legal and other p	rofessional fees	10								
11	Management fees	3	11		1,6	03.					
12		t paid to banks, etc. (see instructions)	12								
13			13								
14			14		2,2						
15			15		2,1	07.					
16			16								
17			17		1,5	49.					
18		ense or depletion	18 19								
19 20	Total expenses A	Add lines 5 through 19	20		9,9	0 /					
20 21		rom line 3 (rents) and/or 4 (royalties). If			9,9	04.					
4 1		see instructions to find out if you must									
	file Form 6198 .		21	-	-9,4	15.					
22	Deductible rental	real estate loss after limitation, if any,									
·		ee instructions)	22	(9,41	5.)	()	(
23a	Total of all amour	nts reported on line 3 for all rental prope				23a		569.			
b	Total of all amour	nts reported on line 4 for all royalty prop	erties			23b					
С		nts reported on line 12 for all properties				23c					
d		nts reported on line 18 for all properties				23d					
е		nts reported on line 20 for all properties				23e	9	9,984.			
24	·	sitive amounts shown on line 21. Do no		•				. 24			
25	•	Ity losses from line 21 and rental real esta							(9,41	L5.
26		estate and royalty income or (loss).									
		III, IV, and line 40 on page 2 do not a 1040), line 5. Otherwise, include this a						1 1		_0 4	11 =
	Scriedule I (FOIII)	i Totoj, iide 5. Otherwise, include tilis a	mount	נ ווו נווט נטנמ	u OH II	116 4 I	uri paye 2	. 26		-9,4	СLt