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

IIILEIIIAI	nevertue del vice				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social se	curity numl	per	
SAI	KIRAN REDDY RACHAVETI	880-	15-930	9	
Spouse'	s name	Spouse's	social sec	urity number	
PRI	YANKA CHALLA	806-	64-900	5	
Part	Tax Return Information — Tax Year Ending December 31, 2022 (Enter	year yo	u 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.		1	ı	
1	Adjusted gross income				, 959.
2	Total tax				,078.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,518.
4	Amount you want refunded to you			10	,440.
5 Part	Amount you owe			our rotu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)				
for any Agent t paymer authori paymer busines taxes t person	In my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected 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 indirection for my federal 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 the I.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I are income tax.	S. Treasur cated in the n to debit the authoriests musiprocessing ayment. I	ry and its one tax preparts the entry orization. To be receing of the electric further acceing and its electric further acceing and its electric further acceing the electric further acceing and its electric further acceing the electric further access to the electric further access t	designated paration soft to this according revoke (ved no late ectronic packnowledge	Financial tware for bunt. This cancel) a er than 2 syment of that the
	nic Funds Withdrawal Consent.				
	yer's PIN: check one box only		5 9 3	3 0 9	
×	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN	Enter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.				
Your s	signature ▶ Date ▶				
Spous	se's PIN: check one box only				
X		nv PIN	4 9 0	0 0 5	as my
	ERO firm name		-	digits, but	ao my
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN methology.		rizing. Cl		_
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part					
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 Don't	9 6 3 enter 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 ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this	return in a	accordance	
ERO's	signature ► Date ►				
	FRO 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)
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OMB No. 1545-0074

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

Filing Status Check only	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separate	ly (MFS)	Head of	household (HO	H) [fying surv se (QSS)	/iving
one box.	If yo	u checked the MFS box, enter the r	name of y	our spouse. If yo	ou check	ed the HOH or	r QSS box, ent	er the		` ,	ne qualifying
	-	on is a child but not your dependen	-								
Your first name	and mi	ddle initial	Last na	me				Y	our soc	ial securit	ty number
SAI KIRAN REDDY RACHAVETI 88								880-15-9309			
If joint return, s	pouse's	first name and middle initial	Last na	me				s	pouse's	social sec	curity number
PRIYANK	A		CHAL	LA				8	306-6	4-900	5
Home address	(numbe	er and street). If you have a P.O. box, see	e instructio	ons.			Apt. no.	P	residen	tial Election	on Campaign
13001 SI	E 28t	ch PL					16	- 1		ere if you,	,
City, town, or p	ost offic	ce. If you have a foreign address, also c	omplete s	paces below.	Sta	te	ZIP code				tly, want \$3 Checking a
BELLEVUI	Ξ				WA	Δ	98005			w will not	
Foreign countr	y name		F	oreign province/st	ate/count	у	Foreign postal of			or refund.	•
										You	Spouse
Digital	At ar	ny time during 2022, did you: (a) red	ceive (as	a reward, award	, or payr	nent for prope	erty or services); or (b) sell,		
Assets		ange, gift, or otherwise dispose of								Yes	⊠ No
Standard	Som	eone can claim:	ependent	Your sp	ouse as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or you	were a dual-sta	tus alien						
Age/Blindnes	s You:	☐ Were born before January 2,	1958	Are blind	Spouse	: Was bo	rn before Janu	ary 2,	1958	☐ Is bl	ind
Dependent	s (see	instructions):		(2) Social sec	urity	(3) Relationsh	nip (4) Check t	he box	if qualifi	es for (see	instructions):
If more		rst name Last name		number	-	to you	Child	ax cred	dit (Credit for oth	her dependents
than four										[
dependents, see instruction											
and check	3 —									[
here										[
Income	1a	Total amount from Form(s) W-2, k	oox 1 (see	e instructions)					1a	11	15,659.
	b	Household employee wages not a	reported	on Form(s) W-2					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ins	structions) .					1c		
attach Forms	d	Medicaid waiver payments not re	ported or	n Form(s) W-2 (s	ee instru	ctions)			1d		
W-2G and	е	Taxable dependent care benefits	from For	m 2441, line 26					1e		
1099-R if tax was withheld.	f	Employer-provided adoption ben-	efits from	n 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 instruc	tions) .						1h		0.
W-2, see instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>1</u> i	i				
	Z	Add lines 1a through 1h							1z	11	15,659.
Attach Sch. B	2 a	Tax-exempt interest	2a		b T	axable interes	t		2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divide	nds		3b		
	4a	IRA distributions	4a		b T	axable amoun	t		4b		
tandard	5a	Pensions and annuities	5a		b T	axable amoun	t		5b		
Deduction for— Single or	6a	Social security benefits	6a		b T	axable amoun	t		6b		
Married filing	С	If you elect to use the lump-sum	election r	method, check h	ere (see	instructions)				Į.	
separately, \$12,950	7	Capital gain or (loss). Attach Sche	edule D if	required. If not	required	check here			7		
Married filing	8	Other income from Schedule 1, lin	ne 10 .						8	-1	10,700.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is your tota	l income				9	10	04,959.
surviving spouse, \$25,900	10	Adjustments to income from Sche	edule 1, l	ine 26					10		
Head of	11	Subtract line 10 from line 9. This i	is your ac	djusted gross in	come				11	10	04,959.
household, \$19,400	12	Standard deduction or itemized	l deducti	i ons (from Sched	dule A)				12		25,900.
If you checked	13	Qualified business income deduc	tion from	Form 8995 or F	orm 899	5-A			13		
any box under Standard	14	Add lines 12 and 13							14	2	25,900.
Deduction, see instructions.	15	Subtract line 14 from line 11. If ze	ero or less	s, enter -0 This	is your t	axable incom	ne		15	-	79,059.
	1										

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	9,078.
Credits	17	Amount from Schedule 2, lin	ie 3						17	
	18	Add lines 16 and 17							18	9,078.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ie 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,078.
	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	9,078.
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a	19	,518.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c							25d	19,518.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	021 return				26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undabl	e credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	19,518.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	10,440.
	35a	Amount of line 34 you want			3 is attached, che	ck here			35a	10,440.
Direct deposit? See instructions.	b	Routing number 0 7 4 0 0 0 0 1 0 c Type: ▼ Checking Savings								
See instructions.	d	Account number 1 3 2								
	36	Amount of line 34 you want a	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 in	nstructions) .			38				
Third Party Designee		you want to allow another	•				□ Yes. C	omplete	helow	X No
Designee		esignee's Phone Personal identif								
		me								
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com								
пеге	Yo	ur signature		Date	Your occupation			nt you an Identity IN, enter it here		
Joint return?					DEVOPS EN	GINEE	ER	(see	e inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat	Ide	ntity Prot	nt your spouse an ection PIN, enter it here			
your records.			HOME MAKER					e inst.)		
		one no. (732) 242-238		Email address	SAIK457@GN	_	COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/1	2/2023	P0208		Self-employed
Use Only	Fire	m's name GLOBAL TA						Pho	one no.	(678) 965-9522
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firr	n's EIN	84-3171965	

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.

Internal Revenue Ser	•	Sequence No. 01				
Name(s) shown	Your social security numb					
SAI KIRAN	REDD	Y RACHAVETI & PRIYANKA CHALLA	880-15	-9309		
Part I Ad	dditio	onal Income				
4 7 11				4		

Par	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	ach Schedule E .	5	-10,700.
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 (<u>)</u>	
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	-10,700.

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.

Attachment

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

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

OMB No. 1545-0074
2022
Attachment Sequence No. 13

Your social security number

SAI	KIRAN REDDY RACHAVETI & PRIYANKA CHALI	LA					880-1	5-9309)
Part	Income or Loss From Rental Real Estate a Note: If you are in the business of renting personal prop rental income or loss from Form 4835 on page 2, line 40	erty, use		e C. See	instruc	ctions. If you	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2022 that would require yo	u to file	Form(s)	1099? S	See ins	tructions .		. 🗌 Ye	es 🛛 No
В	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
	Physical address of each property (street, city, state, 2								
A	16-11-19/6/7, F.NO:204, TARA MALAKPET, F		·	FLANC	Δ N I Δ	IN 50003	6		
B	10 11 19/0///F.NO.204/IAKA MADAKIEI/I	.11011\7.	יו מאמג	LLANG	711/7	LIN 30003	0		
C									
1b	Type of Property (from list below) 2 For each rental real estate propagore, report the number of fair				Fa	ir Rental Days	Person		QJV
A	personal use days. Check the 0			Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See inst	ructions	5.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roy			Self-Rental Other (desc			
						Propert	ies:		
Incon					F 0	В			С
3	Rents received			5	50.				
<u>4</u>	Royalties received	. 4							
Exper 5		. 5							
6	Advertising								
7	Auto and travel (see instructions)			0	50.				
8	Commissions			9	50.				
9	Insurance								
10	Legal and other professional fees								
11	Management fees			1,5	5.0				
12	Mortgage interest paid to banks, etc. (see instructions)			1,5	50.				
13	Other interest								
14	Repairs			3,9	50				
15	Supplies			2,6					
16	Taxes			2,0	00.				
17	Utilities	. 17		2,1	50.				
18	Depreciation expense or depletion								
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19			11,2	50.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I								
	result is a (loss), see instructions to find out if you mus file Form 6198	st		-10,7	00.				
22	Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions)	/,	(10,70		,)	(
23a	Total of all amounts reported on line 3 for all rental prop				23a		550.		
b	Total of all amounts reported on line 4 for all royalty pro				23b				
c	Total of all amounts reported on line 12 for all propertie	•			23c				
d	Total of all amounts reported on line 18 for all propertie				23d				
е	Total of all amounts reported on line 20 for all propertie				23e	1:	1,250.		
24	Income. Add positive amounts shown on line 21. Do n		ide any l	osses			. 24		
25	Losses. Add royalty losses from line 21 and rental real est		•		nter to	tal losses he	ere 25	(10,700.
26	Total rental real estate and royalty income or (loss) here. If Parts II, III, IV, and line 40 on page 2 do no	. Combi	ine lines	24 and	25. E	nter the res	ult		
	Schedule 1 (Form 1040), line 5. Otherwise, include this						26		-10.700

Passive Activity Loss Limitations

See separate instructions.

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

OMB No. 1545-1008 Attachment Sequence No. **858**

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return				Ident	ifying r	umber
SAI	-15-	-9309					
Par	t I 2022 Passive Activity Loss						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.				
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	see 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				10,700.)		
С	Prior years' unallowed losses (enter th)		
d	Combine lines 1a, 1b, and 1c					1d	-10,700.
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 amount)		
C	Prior years' unallowed losses (enter the)		
d	Combine lines 2a, 2b, and 2c					2d	
3	Combine lines 1d and 2d. If this line is all losses are allowed, including any losses on the forms and schedules no	is zero or more, st prior year unallow	op here and inclu	de this form with on line 1c or 2c.	your return;	3	-10,700.
	-	ntal Real Estate	Activities With	Active Particip	ation	year,	do not complete
	Note: Enter all numbers in Par	· · · · · · · · · · · · · · · · · · ·		tions for an exam	ple.		
4	Enter the smaller of the loss on line 1					4	10,700.
5	Enter \$150,000. If married filing separ				150,000.		
6	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.				115,659.		
7	Subtract line 6 from line 5			7	34,341.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see		8	17,171.
9	Enter the smaller of line 4 or line 8					9	10,700.
Par	Total Losses Allowed						
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv						40 500
D	out how to report the losses on your t	ax return				11	10,700.
Par	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name of activity		nt year	Prior years	Ove	rall ga	in or loss
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	1	(e) Loss
16-	11-19/6/7,F.NO:204,TARA	0.	10,700.				10,700.
		I			1		

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

0.

10,700.

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		Currer	ll ga	I gain or loss						
Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amoun	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).	
16-11-19/6/7,F.NO:204,TARA		E Ln 22		10,700.	1.0000	0000	10,70	0.	0.	
							12, 30,			
Total				10,700.	1.00)	10,70	0.	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		ımber ted on (a)		Loss		(b) Ratio ((c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru		ons.					1.00			
Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss	(c) Allowed loss	
				-						
Total										