# 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

Depart   Tax Return Information — Tax Year Ending December 31,   2022 (Enter year you are authorizing.)	Submission Identification Number (SID)		•		
Spouse's some   Spouse's social security number	Taxpayer's name	Social securi	y number	•	
Part II Tax Return Information — Tax Year Ending December 31, 2022 (Enter 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	UPENDRA K YAKKALA	742-15	-0793		
Enter whole dollars only on lines 1 through 5.  Note: Form 100-NS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 Adjusted gross income 2 Total tax 2 1, 1,595. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14, 625. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount	Spouse's name	Spouse's soo	ial securit	ty number	
Enter whole dollars only on lines 1 through 5.  Note: Form 100-NS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 Adjusted gross income 2 Total tax 2 1, 1,595. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 14, 625. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount	Part I Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you a	re auth	orizing.)	
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				<u> </u>	
2 11,595.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 14,625.  4 Amount you want refunded to you . 4 3,030.  5 Amount you owe . 4 3,030.  5 Amount you owe . 4 4 3,030.  5 Amount you owe . 4 4 3,030.  6 Amount you owe . 4 4 3,030.  1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  1 Under penalties of periup, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of whore you delay in processing and belief, it is true, correct, and complete. I further declare that the amounts for Part I above are mounts from the income tax return (original or amended) I am now authorizing, and to the best of sealing in the processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial (first debl) 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 financial (first debl) they to the financial institution account indicated in the tax preparation software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial Agent at 1 #88-835-4857. 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 there 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 rudak Withdrawal Consent.  1 authorize GLOBAL TAXES LICE to enter or generate my PIN Senter five digits, but don't enter all zeros with the requirements of the income tax return (original or amended) I am now authorizing. Che	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
A Amount you want refunded to you  A Amount you owe  Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Lorder penalize of perjury, Ideoter that I have examined a copy of the income tax return (original or amended) I am 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, 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. Treasing 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 any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasing and its allowage of any refund. If applicable, I authorize the U.S. Treasing of the payment of my Refund and or a payment of settimated for a character of settimated for a count into a payment of my Refund and the payment of the paymen			1		
Amount you want refunded to you  5 Amount you wee  Park II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perluy, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of review (reignal or amended) I am now authorizing. I consent for the line of the transmission, (b) the reason of the line of the late of th					
S Amount you owe 5    Part III					
Date   Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of porjury, 1 lecales that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and hellef, it is fine, 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, and to the best of 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 return, 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 deceal taxes owned on this return and/or a payment of estimated tax, and the financial institution is 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, must contact the U.S. Treasury Financial Agent to accompany to the electronic payment of the contract of the payment (estitement) 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 (PIP) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funda Withdrawal Consent.  **Taxpayer's PIN: check one box only**  I authorize GLOBAL TAXES LLC to 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 metho				3,	030.
Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and bellef, it is true, correct, and complete. I further declare that the amounts in Part I above are an entire in 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 (EFO) to send my return to the IIS and to receive from the IIS (a) an acknowledgement of receive to 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 delay) entry to the financial institution account indication on 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 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 in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of 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 (PIII) below is my signature for 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 PIN: check one box only    I authorize   ERO firm name   ERO firm name   Date   Practitioner PIN Method Returns Only—continue below   Practitioner PIN Method Returns Only—continue below   Practitioner PIN Method Returns Only—continue below   Practitioner PIN Method	Part II Taypayer Declaration and Signature Authorization (Re sure you ge	t and keen a con		ur retur	n)
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 original or amended) In processing the return or refund, and (c) the date of any return (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 referral taxes owed on this return and/or a payment of setmated tax, and the financial institution account indicated in the tax preparation software for payment of the financial institution account indicated in the tax preparation software for payment of my referral tax, and the financial institution account indicated in the tax preparation software for payment of my referral tax, and the financial institution account indicated in the tax preparation software for payment of the financial institution account indicated in the tax preparation software for payment of the financial resoluted tax, and the financial institution account indicated in the tax preparation software for the submitted tax preparation of the financial Agent to the financial institution account indicated in the tax preparation software for the submitted financial institution account indicated in the tax preparation software for the submitted financial institution account in the financial account. This authorize in the financial institution account in the financial account. This authorize in the financial institution account in the financial institution account in the financial account. This authorize in the financial institution account in the financial account in					
Taxpayer's PIN: check one box only    authorize   GLOBAL TAXES   LLC   ERO firm name   Signature on the income tax return (original or amended)   am now authorizing.     will enter my PIN as my signature on the income tax return (original or amended)   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	for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancella business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amer	ze the Ú.S. Treasury a ount indicated in the ta- institution to debit the terminate the authoriza- tion requests must be ed in the processing of to the payment. I furl	nd its desax prepare entry to ation. To receive the elected the ackr	signated Fration soft this account revoke (conditional data tronic pay towledge	Financial ware for unt. This ancel) a than 2 ment of that the
I authorize GLOBAL TAXES LLC  to enter or generate my PIN  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.  Your signature ▶  Date ▶  Spouse's PIN: check one box only  to enter or generate my PIN  Enter five digits, but don't enter all zeros only  I authorize  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 ▶  Practitioner PIN Method Returns Only—continue below  Part III  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 enter all zeros  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 Form — See Instructions					
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Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  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 Form — See Instructions	Spouse's signature ▶ D	ate ▶			
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a	am submitting this retu	ırn in acc	cordance	
ERO Must Retain This Form — See Instructions	ERO's signature ▶ D	ate ▶			
	ERO Must Retain This Form — See Instruct				

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (Nour spouse. If you cl						spou	se (QSS)	
		on is a child but not your dependent							1,,			
Your first name		ddle initial	Last na								ial securit	-
UPENDRA			YAKK								5-0793	
It joint return, s	pouse's	first name and middle initial	Last na	me					Spo	ouse's	s social sec	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt.	no.	Pre	sider	tial Election	on Campaign
1429 NW	24TI	I ST					218	3			ere if you,	
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete s	paces below.	Stat	е	ZIP code				0,	tly, want \$3 Checking a
OKLAHOM	A CI	ΓY			OK		73106	5	1 '	_	w will not	•
Foreign country	y name		F	Foreign province/state/o	county	/	Foreign p	ostal cod	e you	ır tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) reco ange, gift, or otherwise dispose of a									Yes	⊠ No
Standard		eone can claim: You as a de					, ,					
Deduction		Spouse itemizes on a separate retur	•			<u> </u>						
Age/Blindness	s You:	☐ Were born before January 2, 1	958	Are blind Spo	use:	☐ Was bor	rn before	Januar	y 2, 19	58	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social security	.	(3) Relationsh	nip (4) C	heck the	box if	qualif	es for (see	instructions):
If more	<b>(1)</b> Fi	rst name Last name		number		to you	(	Child tax	credit		Credit for oth	ner dependents
than four									]			<u> </u>
dependents, see instruction	s ——								]			
and check	. —											
here									]			<u> </u>
Income	1a	Total amount from Form(s) W-2, b	,	,						1a	9	96,175.
	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	(see ins	structions)						1c		
attach Forms	d	Medicaid waiver payments not rep		., .	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		·						1e		
was withheld.	f	Employer-provided adoption bene								1f		
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 (s	see instr	ructions)		<u>1i</u>						) C 17F
		Add lines 1a through 1h	 		 L T-					1z		96,175.
Attach Sch. B if required.	2a	·	2a			axable interes			•	2b		
	3a		3a			rdinary divide			•	3b		
Standard	4a 5a		4a 5a			axable amoun axable amoun				4b 5b		
Standard Deduction for—	6a		6a			axable amoun			•	6b		
Single or Married filing	C	If you elect to use the lump-sum e		method check here						OD		
separately,	7	Capital gain or (loss). Attach Schei			•	,				7		
\$12,950 Married filing	8	Other income from Schedule 1, lin							ш	8	_1	L0,620.
jointly or	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							•	9		35,555.
Qualifying surviving spouse,	10	Adjustments to income from Sche								10	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
\$25,900 • Head of	11	Subtract line 10 from line 9. This is	,							11	۶	35,555.
household,	12	Standard deduction or itemized	•	-						12		12,950.
\$19,400 If you checked	13	Qualified business income deduct				5-A				13		,,
any box under Standard	14	Add lines 12 and 13								14	1	L2,950.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer								15		72,605.

Form 1040 (2022	2)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Fore	m(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	11,595.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	11,595.
	19	Child tax credit or credit for other depende	nts 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	11,595.
	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	11,595.
<b>Payments</b>	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	L4,625.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	14,625.
If you have a	26	2022 estimated tax payments and amount	applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	12		28			
	29	American opportunity credit from Form 886	33, 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 you	ur total other p	ayments and refu	ındable credit	s	32	
	33	Add lines 25d, 26, and 32. These are your t	total payments				33	14,625.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	. This is the amour	nt you <b>overpai</b>	d	34	3,030.
	35a	Amount of line 34 you want refunded to yo		3 is attached, ched	ck here	$\square$	35a	3,030.
Direct deposit?	b	Routing number 1 2 2 1 0 0 0		<b>c</b> Type:	Checking [	Savings		
See instructions.	d	Account number 1 9 6 7 7 9 9	1 9					
	36	Amount of line 34 you want applied to you	r 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>an</b> 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 distructions				Complete	below.	<b>⊠</b> No
		signee's	Phone			ersonal ident	ification	
	na		no.			ımber (PIN)		
Sign		der penalties of perjury, I declare that I have examinief, they are true, correct, and complete. Declaration		, , ,		,		, ,
Here		ur signature	Date	Your occupation		1		nt you an Identity
	10	ar signature	Date	Tour occupation				IN, enter it here
Joint return?				EMPLOYED		(see	inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupati	on	Ide		nt your spouse an ection PIN, enter it here
	Ph	one no. (407)810-0433	Email address	UYAKKALA@C	MAIL.COM	'		
Doid	Pre	eparer's name Preparer's sign	ature		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/12/202	3 P0208	2703	Self-employed
Preparer		m's name GLOBAL TAXES LLC						678)965-9522
Use Only	Fin	n's address 245 ROONEY CT E BR	UNSWICK N	J 08816			n's EIN	88-2145487
								1010

# 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

UPENDRA K YAKKALA

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. <b>01</b>
Your soc	ial security number
742-15	-0793

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-10,620.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	<b>8a</b> ( )		
b	Gambling	8b		
С		8c		
d	<b>S</b>	8d ( )		
е	Income from Form 8853	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	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		
		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-10,620.
10	Combine lines i unioudii / and 9. Enternere and on Form 1040. 1040-5K.	UL TU4U-INT. IIIIE 8	I IU	-⊥U,७∠U.

Schedule 1 (Form 1040) 2022 Page **2** 

Par	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			
_		24e		
f		24f		
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful	0.41		
_	` '	24h		
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	04:		
		24i	_	
J		24j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	041		
_		24k	-	
Z	Other adjustments. List type and amount:	24z		
25			25	
25 26	Total other adjustments. Add lines 24a through 24z		25	
∠0	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	. Enter here and on	26	
	TOTAL TO TO TO TO TO TAIL TO, OF TOTAL TO THE TOA		20	

#### **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

UPEI	IDRA K YAKKALA						742-1	5-07	93	
Par	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>c</b> . See	instruc	ctions. If you	are an indi	vidual,	report	farm
	Did you make any payments in 2022 that would require you									
	f "Yes," did you or will you file required Form(s) 1099? .							. Ц	Yes	☐ No
1a	Physical address of each property (street, city, state, ZIF		,							
Α_	PEDDA BAZAAR KARAMCHEDU PRAKASAM, ANDHR	RA PI	RADESH	IN 52	23168	3				
В										
С	T (D )   0 5   1   1   1   1   1   1   1   1   1									
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair in the following state of the f	rental	and			ir Rental Days	Persor Da	nai Us ays	е	QJV
Α	gersonal use days. Check the Quif you meet the requirements to fi			Α		365		0		
В	qualified joint venture. See instru			В						
С	of Duran and the			С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc				
						Propert	ies:			
Incor				<u> </u>	00	В			С	
3	Rents received	3		5	80.					
4 Evno	Royalties received	4			-					
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,3	80.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,6						
15	Supplies	15		2,9	00.					
16	Taxes	16								
17	Utilities	17		3,0	50.					
18	Depreciation expense or depletion	18								
19 20	Other (list) Total expenses. Add lines 5 through 19	19 20		11,2	00					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		11,2	00.					
21	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21		-10,6	20.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		10,62		,	)	(		
23a	Total of all amounts reported on line 3 for all rental proper				23a		580.			
b	Total of all amounts reported on line 4 for all royalty prope				23b					
С	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	11	L,200.			
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat							(	10	,620.
26	Total rental real estate and royalty income or (loss). (here. If Parts II, III, IV, and line 40 on page 2 do not a									

-10,620.



REV 01/03/23 PRO



# Oklahoma Individual Income Tax Declaration for Electronic Filing NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511-NR.

2022

See instructions on Page 2 to	determine if you are required t	o send Form 511-EF to	the OTC. Form 511-EF
Your first name and middle initial	Last name	Your social	
UPENDRA	K YAKKALA	security number:	742150793
If a joint return, spouse's first name and mid	dle initial Last name	Spouse's social security number:	
Mailing address (number and street, including	ng apartment number, rural route or PO Box)		Filing status:
1429 NW 24TH ST	218		
City, State, ZIP OKLAHOMA CITY	OK 73106		Total number of exemptions:
	I INFORMATION (WHOLE DO	NI LARS ONLY)	
	•	PLLANS ONLI)	
1 Oklahoma Adjusted Gross Inco	me (511, Line 7) <b>or</b> Sources (511-NR, Line 8)		1 85555 00
<b>⊢</b>			
	e Tax (511, Line 20 or 511-NR, Line 24)	•	
	its and Credits (511, Line 32 or 511-NF		
	R, Line 38)		
5 Balance Due (511, Line 42 or 5	11-NR, Line 43)		5
balance due return with a non-e Internal Revenue Code (IRC) of timely. If the due date falls on a	the IRS provides for a later due date, you weekend or legal holiday when OTC offi	vith the 511-V and submit on our payment may be made by	or before the due date of April 15th. If the the later due date and will be considered
PART TWO - DECLARATION	OF TAXPAYER		
	und be directly deposited as designated in eturn, this is an irrevocable appointment o		
entry to the financial and/or a payment of receive confidential in	nformation necessary to answer inquiries a	paration software for payment of all institutions involved in the pro and resolve issues related to th	of my Oklahoma taxes owed on this return accessing of the electronic payment of taxes to e payment.
If I have filed a balance due return, I un remain liable for the tax liability and all		ssion (OTC) does not receive for	ull and timely payment of my tax liability, I will
nator (ERO), and the amounts describe	ed in Part One above, agree with the amou d belief, my return is true, correct, and con	ints shown on the corresponding	have provided to my Electronic Return Origing lines of my 2022 Oklahoma income tax , including this declaration and accompanying
In addition, by using a computer system mission of all information pertaining to	n and software to prepare and transmit my my use of the system and software and to	return electronically, I consent the transmission of my tax retu	to the disclosure to the Oklahoma Tax Comrn electronically.
Sign Here:			
Your Signature	Date Sp	ouse's Signature (If joint return, I	both must sign) Date
PART THREE - DECLARATION	ON OF ELECTRONIC RETURN C	ORIGINATOR (ERO) ANI	D PAID PREPARER
lectors are not responsible for reviewing the taxpayer's signature on Form 511-EF other requirements described in Pub. 13 penalties of perjury I declare I have exar	the taxpayer's return; however, they must e and I have provided the taxpayer with a co 45, Handbook for Electronic Filers of Individ	ensure Form 511-EF accurately oppy of all forms and information dual Income Tax Returns (Tax Yempanying schedules and staten	he best of my knowledge. (EROs who are col- reflects the data on the return.) I have obtained to be filed with the OTC, and have followed all ear 2022). If I am also a Paid Preparer, under nents, and to the best of my knowledge and re any knowledge.
Only		01/12/2023	
ERO or Paid Preparer's Signa	ature	Date PTIN	
Paid Preparer Use Only		01/12/2023 P02	082703
Paid Preparer Signature		Date PTIN	
Firm Name (or yours if self-employed):	SYAM PRIYA RAM SAGAR GUPT	ΓA TALLAM	
	245 ROONEY CT E BRUNSWICK		
Address and ZIP:	ZIO KOONEI CI E DKUNSWICK	7 110 00010	

Phone Number: ( <u>678</u>) 965-9522

# FAILURE TO SUBMIT THIS PAGE WILL DELAY PROCESSING OF YOUR RETURN









### Form 511 2022



# Your Social Security Number Place an 'X' in this box if this taxpayer is deceased Name and Address - Please Print or Type Spouse's Social Security Number (joint return only) Place an 'X' in this box if this taxpayer is deceased Name and Address - Please Print or Type

**Oklahoma Resident Income Tax Return** 

Your First Name	Middle Initial	Last Name		If a Joint Return, Spou	se's First Name	Middle Initial	Last Nam	ne
UPENDRA	K	YAKKALA						
Mailing Address (Number and street, including	g apartment n	umber, rural route or PO Box)	City		State	ZIP or Postal	Code	Country
1429 NW 24TH ST, APT	. 218		OKLA	HOMA CITY	OK	73106		

	1 X	Single	
	2	Married filing joint return (even if only	one had income)
Filing Status	3	Married filing separate (If spouse is also filing, list name and	SSN in the boxes
Filing		Name	SSN
	4	Head of household with qualifying pe	rson
	5	Qualifying widow(er) with dependent Please list the year spouse died in box a	

Yourself	Regular 1	* Special	Blind	1	(a)
Spouse	0	+	+	0	(b)
	Num	ber of dep	pendents		(c)
Add the To		n boxes (a), nter the TC		1	

Age 65 or Older? (Please see instructions)

Yourself

**Spouse** 

PART ONE: TO ARRIVE AT OKLAHOMA ADJUSTED GROSS INCOME			Round to Nearest Whole Dollar		
1	Federal adjusted gross income (from Federal 1040 or 1040-SR)	1	85555 00		
2	Oklahoma Subtractions (provide Schedule 511-A)	2	00		
3	Line 1 minus line 2	3	85555 00		
4	Out-of-state income, except wages. Describe (4a) (Provide Federal schedule with detailed description; see instructions)	4b	00		
5	Line 3 minus line 4b	5	85555 00		
6	Oklahoma Additions (provide Schedule 511-B)	6	00		
7	Oklahoma adjusted gross income (line 5 plus line 6)	7	85555 00		
PA	RT TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS	]			
8	Oklahoma Adjustments (provide Schedule 511-C)	8	00		
9	Oklahoma income after adjustments (line 7 minus line 8)	9	85555 <b>00</b>		

STOP AND READ: If line 4b is zero, complete lines 10-11. If line 4b is more than zero, see Schedule 511-E and do not complete lines 10-11.



Your Social Name(s) Shown Security Number: 742-15-0793 on Form 511: UPENDRA K YAKKALA PART TWO: OKLAHOMA TAXABLE INCOME, TAX AND CREDITS continued Oklahoma itemized deductions (from Schedule 511-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)..... 6350 00 Exemptions: Enter the total number of exemptions claimed on page 1..... 1000 00 Total deductions and exemptions (add lines 10 and 11 or amount from Sch. 511-E, line 5)..... 7350 00 13 Oklahoma Taxable Income (line 9 minus line 12) 78205 **00** (a) Oklahoma Income Tax from Tax Table (see pages 28-39 of instructions) 14 or if using Farm Income Averaging, enter tax from Form 573, line 22 and 3527 00 enter a "1" in box on line 14 ...... 14a (b) If paying the Health Savings Account additional 10% tax. add additional tax here and enter a "2" in box on line 14. If recapturing the Oklahoma Affordable Housing Tax Credit, add recaptured credit here and enter a "3" in box on line 14. If making an Oklahoma installment payment pursuant to IRC Section 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "4" in the box on line 14 ..... 14b 00 Oklahoma Income Tax (line 14a plus line 14b) ..... 14 3527 00 STOP AND READ: If line 7 is equal to or larger than line 1, complete line 15. If line 7 is smaller than line 1, complete Schedules 511-F and 511-G. 00 Oklahoma child care/child tax credit (see instructions)..... 16 Credit for taxes paid to another state (provide Form 511TX)..... 16 00 Form 511CR - Other Credits Form. List 511CR line number claimed here: 17 00 17 Income Tax (line 14 minus lines 15-17) Do not enter less than zero 3527 00 DO NOT PAY THIS AMOUNT. PAYMENT IS FIGURED ON LINE 42. PART THREE: TAX, CREDITS AND PAYMENTS 00 19 Use tax due on Internet, mail order, or other out-of-state purchases..... (For use tax table, see page 14 of the Packet) If you certify that no use tax is due, place an 'X' here: 3527 00 20 4119 00 21 Oklahoma withholding (provide all W-2s, 1099s or other withholding statements)... 21 00 22 2022 estimated tax payments ..... (qualified farmer 22 23 2022 payment with extension ..... 00 24 00 25 00 00 26 00 27 28 0 00 Amount paid with original return plus additional paid after it was filed 00 



Name(s) Shown on Form 511: UPENDRA K YAKKALA Security					ial Number: 742–15–0793		
PART THREE: TAX, CREDITS AND PAYMENTS continued							
30 Payments and credits (add lines 21-29 from page 2)						4119	00
31	` `	Overpayment, if any, as shown on original return and/or prior amended return(s) or				4119	00
	as previously adjusted by Oklahoma (amended return only)						00
32	Total payments and credits (line 30 min	32	4119	00			
PART FOUR: REFUND							
33	If line 32 is more than line 20, subtract line	e 20 from line 32. This is your overp	ayment		33	592	00
34		, ,		00			
Sche	I (For further information regarding estimated	,	34	00			
Schedule 511-H provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization from Schedule 511-H in the box below. If you give to more than one organization, put a "99" in the box. Provide Schedule 511-H							
35	Donations from your refund (total from Sc	hedule 511-H)	35	00			
00	Donations from your returns (total from oc	1100dic 311-11)	55	00			
36	Total deductions from refund (add lines 34	and 35)			36		00
37	Amount to be refunded to you (line 33 mir	nus line 36)			37	592	00
_							
_		s refund going to or through an acco	unt that is located	outside of the Un	ited States?	Yes X	No
	correct. If your direct denosit fails	osit my refund in my:  Chocking Account Routing					
to process or you do not choose direct deposit, you will receive a debit card.		checking Account Routing Number: 122100024					
		Savings Account Account Number:	196779919				
PA	ART FIVE: AMOUNT YOU OWE						
38	If line 20 is more than line 32, subtract line 32 from line 20. This is your tax due						00
39	Donation: Public School Classroom Support Fund (original return only)						00
40 Underpayment of estimated tax interest (annualized installment method					40		00
(If you have an underpayment of estimated tax (line 40) & overpayment (line 33), see instructions.)							
41	For delinquent payment add penalty of 5%	6\$ <u>_</u>					
plus interest of 1.25% per month\$							00
Total tax, donation, penalty and interest (add lines 38-41)						0	00
llnda-	nonalty of nations I dealers the information service of in-	this document and all Disco on (V) in the	is hav if the Oklahama T	ay Commission			
Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.  Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer							
Тахра	ayer's Signature Date	Spouse's Signature	Date	Paid Preparer's Sign	ature	Date	
Tayns	Taxpayer's Spouse's Occupation Spouse's Occupation Paid Preparer's A			SYAM PRIYA RAM SAGA	MAR GUPTA TALLAM 01/12/2023		
Occupation EMPLOYED				245 ROONE	dress and Phone Number (678) 965-9522		
Daytime Phone (optional)		Daytime Phone (optional)		E BRUNSWI	CK	NJ 08816	
(optic	niai)	(optional)		Paid Preparer's PTIN	Paid Preparer's PTIN P02082703		

<u>Do not staple</u> documentation to this form. To attach items, please use a paper clip. Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.