# Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

### IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID)		•				
Taxpayer's name	Social security	Social security number				
SRIHARSH KATIKIREDDY	203-31-	203-31-6787				
Spouse's name	Spouse's soci	ouse's social security number				
Part I Tax Return Information — Tax Year Ending December 31, 2022	(Enter year you a	e autl	horizing.	)		
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.						
<b>1</b> Adjusted gross income		1		,664.		
2 Total tax		2		,597.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,958.		
4 Amount you want refunded to you		5	2	,361.		
5 Amount you owe	and keen a conv	-	our retu	rn)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ar						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accordance payment 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 the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated 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 to personal identification number (PIN) below is my signature for the income tax return (original or amendated to the payment of the payment (PIN) below is my signature for the income tax return (original or amendated to the payment of the payment (PIN) below is my signature for the income tax return (original or amendated to the payment of the payment (PIN) below is my signature for the income tax return (original or amendated to the payment of the payment o	n for rejection of the tra- te the U.S. Treasury are bunt indicated in the ta- institution to debit the entire the authoriza- ion requests must be d in the processing of to the payment. I furth	ansmiss and its de x preparently to tion. To receive the ele	sion, (b) the esignated aration sofo this according revoke (ed no late ectronic paramounts)	re reason Financial ftware for bunt. This cancel) a er than 2 syment of that the		
Taxpayer's PIN: check one box only    X   I authorize   GLOBAL TAXES   LLC   to enter or ge	nerate my PIN	6 7	8 7	ac my		
ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	<sup>*</sup> Ent		ligits, but all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PII below.						
Your signature ► Da	ate ▶					
Snouse's Dibly shock and have anly						
Spouse's PIN: check one box only	navata my DINI			00 1001		
Lauthorize to enter or ge	nerate my PIN	er five d	ligits, but	as my		
signature on the income tax return (original or amended) I am now authorizing.			all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.						
Spouse's signature ▶ Da	ate ▶					
Practitioner PIN Method Returns Only—continue	below					
Part III Certification and Authentication — Practitioner PIN Method Only						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6  Don't ente	5 6	1 9 8	9		
	2011 1 01110	201				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the Practitioner PIN method in the Practitioner PIN method in the Practition PIN method in the Practition PIN method in the PIN method	m submitting this retu	rn in ad	ccordance			
ERO's signature ▶ Da	ate ▶					
ERO Must Retain This Form — See Instruction	ons					
Don't Submit This Form to the IRS Unless Requeste	d To Do So					

E 1040 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	Single  Married filing jointly ou checked the MFS box, enter the	name of y	ed filing separately your spouse. If you						spou	fying survi <sup>,</sup> se (QSS) name if the	Ü
	pers	son is a child but not your depende	ent:									
Your first name	and m	iddle initial	Last nar	me					Y	our soc	ial security	number
SRIHARSI	H		KATI	KIREDDY							1-6787	
If joint return, s	pouse's	s first name and middle initial	Last nar	me					S	pouse's	social secu	rity numbe
Home address	(numbe	er and street). If you have a P.O. box, s	ee instructio	ons.			- 1	Apt. no.	P	residen	tial Election	n Campaigr
7204 NO	TRED	AME DRIVE									ere if you, c	,
City, town, or p	ost offi	ce. If you have a foreign address, also	complete sp	paces below.	Sta	te	ZIP c	ode			f filing jointl this fund. C	
IRVING					TX	ζ	750	)63	- 1	_	w will not c	•
Foreign countr	y name		F	oreign province/state	e/count	ty	Forei	oreign postal code you		our tax	or refund.	
											You	Spouse
Digital Assets		ny time during 2022, did you: (a) re nange, gift, or otherwise dispose o									Yes	⊠ No
Standard		neone can claim: You as a		<u>_</u>						,		
Deduction	_	Spouse itemizes on a separate ret	•	•		•						
Age/Blindness	s You	: Were born before January 2,	1958	Are blind Sp	ouse	: Was bor	n bef	ore Januar	y 2, 1	958	☐ Is blir	nd
Dependent	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ip (	4) Check the	box	if qualifi	es for (see ir	nstructions):
If more		) First name Last name		number		to you	.	Child tax	cred	it (	Credit for othe	er dependent
than four												]
dependents, see instruction												
and check	s —											
here												
Income	1a	Total amount from Form(s) W-2,	box 1 (see	e instructions) .						1a	10	5,114.
	b	Household employee wages not	reported	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not	g	Wages from Form 8919, line 6 .								1g		
get a Form W-2, see	h	Other earned income (see instructions)						1h		0.		
instructions.	i	Nontaxable combat pay election	ı (see instr	uctions)		<u>1i</u>						
	z	Add lines 1a through 1h								1z	10	5,114.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			axable interest				2b		
if required.	3a	Qualified dividends	3a			rdinary divide			٠	3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			axable amoun				5b		
Single or	6a	Social security benefits	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			
<ul> <li>Married filing jointly or</li> </ul>	8	Other income from Schedule 1, line 10						8		0,450.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,							•	9	9	4,664.
\$25,900	10	Adjustments to income from Scl							٠	10	1	4
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This	•							11		<u>4,664.</u>
\$19,400	12	Standard deduction or itemized deductions (from Schedule A)						12	1 1	2,950.		
If you checked any box under	13								•	13	1	
Standard Deduction,	14	Add lines 12 and 13						14		2,950.		
see instructions.	15	Subtract line 14 from line 11. If 2	ero or iess	s, enter -U This is	your 1	axable incom	ie .		•	15	8	1,714.

Form 1040 (2022	2)							Page <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b>	4 <b>2</b> 4972	3 🗌		16	13,597.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	13,597.	
	19	Child tax credit or credit for other depender	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	13,597.	
	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	13,597.	
<b>Payments</b>	25	Federal income tax withheld from:							
-	а	Form(s) W-2			<b>25</b> a 1	5,958.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	15,958.	
If you have a	26	2022 estimated tax payments and amount a	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	2		28				
	29	American opportunity credit from Form 886	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 you	r total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	15,958.	
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	. This is the amour	nt you <b>overpaid</b>		34	2,361.	
riciana	35a	Amount of line 34 you want refunded to yo	<b>u</b> . If Form 8888	3 is attached, chec	ck here	🗆	35a	2,361.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 6		c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 9 0 5 2 0 1 2	8 6						
	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 <b>am</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 dis				Complete	below.	X No	
· ·		signee's	Phone			sonal identi	fication		
	na	me	no.		nun	nber (PIN)			
Sign Here		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration							
TICIC	Yo	ur signature	Date	Your occupation				nt you an Identity	
					NIC TNIEED		ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	SOFTWARE E				nt vour spouse an	
Keep a copy for your records.	Ор	ouse's signature. If a joint return, <b>bour</b> must sign.	Date	opouse s occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (469)909-9991	Email address	SRIHARSH.KATIK	IREDDY@GMAIL.	COM			
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:	
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/19/2023	P0208	2703	Self-employed	
Preparer Use Only	Fir						ne no. (	678)965-9522	
Use Only	Fin	m's address 245 ROONEY CT E BRU	UNSWICK N	J 08816			'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

SRIHARSH KATIKIREDDY

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>U1</b>
Your soc	ial security number
203-31	-6787

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	ach Schedule E .	5	-10,450.
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			
	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 (	2	
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:	0-		
0	Total ather income. Add lines On through On	8z		
9 10	Total other income. Add lines 8a through 8z		9	-10 450

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 governr			
	officials. Attach Form 2106	L	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	L	17	
18	Penalty on early withdrawal of savings	L	18	
19a	Alimony paid		I9a	
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	L	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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:24z			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	,		23	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	1 01111 1040 01 1040-011, IIIIE 10, 01 1 01111 1040-1110, IIIIE 10a		<b>2</b> 0	

#### **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.

Your social security number

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** 

OMB No. 1545-0074

SRIE	HARSH KATIKIREDDY						203-3	1-6787	
Par		d Ro	yalties						
	<b>Note:</b> If you are in the business of renting personal proper	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
	rental income or loss from <b>Form 4835</b> on page 2, line 40.		<b>-</b> () (	2000					57
	Did you make any payments in 2022 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	s No
1a	Physical address of each property (street, city, state, ZIF	ode	<del>)</del>						
Α	PLOT NO 1-4-5/1C2/1 SRINAGAR COLONY MA	HABU	JBABAD,	TELAI	NGAN	A IN 5061	.01		
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty list	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below) above, report the number of fair					Days	Da	ıys	QJV
Α	personal use days. Check the Qu			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quainled joint venture. See instru	CHOIR	·.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descr	ibe)		
						Propertie			
Incon	20.			Α		В			С
3	Rents received	3			80.				
4	Royalties received	4			00.				
Expe		<u> </u>							
5 5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,4	70.				
8	Commissions	8		,_					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	20.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		, -					
13	Other interest	13							
14	Repairs	14		2,4	90.				
15	Supplies	15		2,7					
16	Taxes	16							
17	Utilities	17		3,0	50.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,0	30.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If				Ţ				
	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21	-	-10,4	50.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22		10,45	0.)	(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a		580.		
b	Total of all amounts reported on line 4 for all royalty properties				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	,030.		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat							(	10,450.
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						n		_10 450