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	y number					
VISWANATH SAMPATH KU BATTINA	SAMPATH KU BATTINA 653-53-4450					
Spouse's name	Spouse's soci	ial security number				
PRAGATHI KANCHARLA	133-27-	-9420				
Part I Tax Return Information — Tax Year Ending December 31, 2022 (En	ter year you a	re 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 Adjusted gross income		1 190	,842.			
2 Total tax		2 27	,521.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 30	,681.			
4 Amount you want refunded to you		4 3	,160.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a copy	y of your retur	n)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instit authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation in business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	smitter, or electro rejection of the tra e U.S. Treasury are indicated in the ta ution to debit the nate the authoriza equests must be the processing of e payment. I furti	anic return originate ansmission, (b) the dist designated law preparation soft entry to this accountrion. To revoke (control received no late the electronic payher acknowledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the			
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or general	te my PIN	4 4 5 0	as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, but n't enter all zeros	asiny			
I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Your signature ► Date ►	•					
Spouse's PIN: check one box only						
	te mv PIN 7	9 4 2 0	00 mv			
		er five digits, but	as my			
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.						
Spouse's signature ▶ Date ▶						
Practitioner PIN Method Returns Only—continue belo	ow					
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. 5		8 0 8 2 7 er all zeros	1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am su requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	bmitting this retu	rn in accordance				
ERO's signature ▶ Date ▶						
ERO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So

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.

	s 🗌 S	Single X Married filing jointly [Marrie	ed filing separatel	ly (MFS)	Head of	house	hold (HOI	H)		fying surv	iving	
Check only one box.	If vo	u checked the MFS box, enter the r	name of v	our spouse If yo	u chack	ed the HOH or	r 088	hov ente	r the	•	se (QSS) name if th	e aualifyina	
one box.	-	on is a child but not your depender	-	our spouse. If yo	d Cricci		QOO	DOX, CITE	, tile	Crilia 3	name ii tii	c qualifying	
Your first name	and mi	ddle initial	Last na	me					1	our soc	ial security	y number	
		AMPATH KU	BATT							653-53-4450			
		s first name and middle initial	Last na							Spouse's social security number			
PRAGATHI				HARLA						133-27-9420			
		er and street). If you have a P.O. box, se						Apt. no.				n Campaign	
	•	STONE DR						10.11.11.11			ere if you,		
		ce. If you have a foreign address, also c	omplete si	paces below.	Sta	ite	ZIP c	ode	s	pouse i	f filing joint	tly, want \$3	
DUBLIN		, ,		,	OH		430			to go to this fund. Checking a box below will not change			
Foreign country	v name		F					~		your tax or refund.			
. o. o.g., ooa	,			0. 0.g., p. 0 v 00, 0 s.	a.o, ooa	-,	. 0.0.5	, poota. oc	, ,		You	Spouse	
Digital	Δt an	ny time during 2022, did you: (a) red	naiva (as	a reward award	or navr	ment for prope	rty or	earvicae)	· or (h	المء (د			
Assets		ange, gift, or otherwise dispose of									Yes	X No	
Standard		eone can claim: You as a de				a dependent	40001	. (000	01.00				
Deduction .	_	Spouse itemizes on a separate retu	•			•							
		·											
Age/Blindness	You:	Were born before January 2,	1958 _	_ Are blind	Spouse	: U Was bor		ore Janua			Is bli		
Dependents				(2) Social seconumber	urity	(3) Relationsh	nip (4) Check th	ne box	if qualifi	es for (see i	instructions):	
If more	(1) Fi	rst name Last name	name Last name			to you		Child to	ax cred	dit (Credit for oth	ner dependents	
than four dependents,								L	ᆜ				
see instruction:	s ——							L	ᆜ				
and check	, —								ᆜ				
here	ļ												
Income	1a	Total amount from Form(s) W-2, k	,	,						1a	22	20,121.	
A441- F(-)	b	Household employee wages not i	•							1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	`	,						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		·						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 instruc	,							1h	-	0.	
instructions.	i	Nontaxable combat pay election	(see instr	ructions)		<u>li</u>							
	Z	Add lines 1a through 1h								1z	22	20,121.	
Attach Sch. B	2a	Tax-exempt interest	2a			axable interes				2b	+		
if required.	3a	Qualified dividends	3a			ordinary divide				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		· ·	`	,			. 📙		1		
\$12,950	7	Capital gain or (loss). Attach Scho		•	•	-			. ⊔	7	+		
Married filing jointly or	8	Other income from Schedule 1, line 10						8		29,279.			
Qualifying	Qualifying 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	19	0,842.					
\$25,900	ead of Subtract line 10 from line 9. This is your adjusted gross income					10							
Head of household,						11		0,842.					
\$19,400	12	Standard deduction or itemized		,	,					12	$+$ $\frac{2}{}$	25,900.	
If you checked any box under	13	Qualified business income deduc								13	+		
Standard Deduction,	14	Add lines 12 and 13							14		25,900.		
see instructions.	15	Subtract line 14 from line 11. If ze	ero or iess	s, enter -U This	is your	laxable incom	ie .			15	<u> 16</u>	54,942.	

Form 1040 (2022	2)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌		16	27,521.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	27,521.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	27,521.
	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	27,521.
Payments	25	Federal income tax withheld	from:			1 1			
	а	Form(s) W-2				25a 30	0,681.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	30,681.
If you have a	26	2022 estimated tax paymen						26	
qualifying child, attach Sch. EIC. [27	Earned income credit (EIC)				27		-	
attaci i den. Eld.	28	Additional child tax credit from				28		_	
	29	American opportunity credit		-		29			
	30	Reserved for future use .				30		4	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	,		•			32	00.505
	33	Add lines 25d, 26, and 32. T						33	30,681.
Refund	34	If line 33 is more than line 24				•		34	3,160.
5	35a	Amount of line 34 you want						35a	3,160.
Direct deposit? See instructions.	b	Routing number 2 1 1			c Type:	Checking	Savings		
	d	Account number 4 0 7							
	36	Amount of line 34 you want				36			
Amount You Owe	37	Subtract line 33 from line 24		•				0.7	
Tou Owe	38	For details on how to pay, g Estimated tax penalty (see in	_			38		37	
Third Party		you want to allow another							
Designee		structions					omplete b	elow.	X No
		signee's		Phone			onal identif	ication	
	naı			no.			iber (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here		ur signature	protor Bookaration	Date Your occupation					nt you an Identity
	10	ar signature		Pate Four occupation					IN, enter it here
Joint return?					SOFTWARE ENGINEER			inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.					SOFTWARE	DEVEL ODED	(see i	-	ection PIN, enter it here
		000 00 / (614) 0 (0 0 0 0 0	0	Email address					
		one no. (614)969-909 eparer's name	Preparer's signat		VBATITNA@	OUTLOOK . COI	PTIN		Check if:
Paid		•	RVSSMANIK		. ΤΛ	01/26/2023	P02090	1227	Self-employed
Preparer				UNARAPPAL	NW	01/20/2023			
Use Only		m's name GLOBAL TA m's address 245 ROONE	XES LLC Y CT E BRU	MOMTOR M	J 08816			s EIN	30 1017106
Co to warm for				TANNATCIV IN			[[[[]	3 LIIV	30-1017196 Form 1040 (2022
GO TO WWW.IIS.go	virom	n1040 for instructions and the late	at illioillidlioil.		BAA	REV 01/24/23 PRO			rom 1040 (2022

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

Taxable refunds, credits, or offsets of state and local income taxes	/ISW	ANATH SAMPATH KU BATTINA & PRAGATHI KANCHARLA		653-53-44	150
2a	Par	t I Additional Income			
2a Alimony received 2a b Date of original divorce or separation agreement (see instructions): 3 -29,279. 3 Business income or (loss). Attach Schedule C 3 -29,279. 4 Other gains or (losses). Attach Form 4797 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 Unemployment compensation 7 8 Other income: 8a () a Net operating loss 8a () b Gambling 8b () c Cancellation of debt 8c () d Foreign earned income exclusion from Form 2555 8d () e 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 () l 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 8k () m Olympic and Paralympic medals and USOC prize money	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
3 Business income or (loss). Attach Schedule C	2a	Alimony received		2a	
3 Business income or (loss). Attach Schedule C	b	Date of original divorce or separation agreement (see instructions):			
4 Other gains or (losses). Attach Form 4797 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 Farm income or (loss). Attach Schedule F 7 Unemployment compensation 8 Other income: 8 Net operating loss 9 Requesting loss 1 Requesting loss 2 Requesting loss 3 Requesting loss 6 Regular loss 8 R	3	Business income or (loss). Attach Schedule C		3	-29,279.
6 Farm income or (loss). Attach Schedule F. 7 Unemployment compensation . 7 8 Other income: a Net operating loss . 8a () b Gambling . 8b . 8c . 7 c Cancellation of debt . 8c . 8d () e Income from Form 8853 . 8e . 8d () e Income from Form 8889 . 8f . 8d . 8d . 9 g Alaska Permanent Fund dividends . 8g . 8d . 9 i Prizes and awards . 8i . 8i . 8k . 9 i Prizes and awards . 8i . 8k . 8k . 9 i Prizes and awards . 8i . 8k . 8k . 9 i 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 . 8k . 8k . 9 in Section 951 (a) inclusion (see instructions) . 8n . 8n . 9 section 951 (a) inclusion (see instructions) . 8n . 9 section 951 (a) inclusion (see instructions) . 8p . 9 section 461 (i) excess business loss adjustment . 8p . 9 r Scholarship and fellowship grants not reported on Form W-2 . 8r . 8n . 9 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . 8t . 9 t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan . 8t . 9 t Other income. List type and amount: . 8z	4				
7 Unemployment compensation 7 8 Other income: Net operating loss 8a () Bambling 8b 8c 8c 9c 2cancellation of debt 8c 9c 8c 9c 8c 9c 8c 9c	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E . 5	
8 Other income: a Net operating loss	6	Farm income or (loss). Attach Schedule F		6	
a Net operating loss	7	Unemployment compensation		7	
b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555 el clincome from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends h Jury duty pay l Prizes and awards j Activity not engaged in for profit income k Stock options l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) S Section 951(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated c Other income. List type and amount: St St St	8	Other income:			
c Cancellation of debt d Foreign earned income exclusion from Form 2555 e Income from Form 8853 f Income from Form 8869 g Alaska Permanent Fund dividends h Jury duty pay i Prizes and awards j Activity not engaged in for profit income k Stock options I 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 m Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) Section 951A(a) inclusion (see instructions) Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form W-2 S Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d V Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated Other income. List type and amount: 8c 8d 9 8d 8b 8d 8d 8d 8d 8d 8d 8d 8d	а	Net operating loss	8a ()	
d Foreign earned income exclusion from Form 2555 e Income from Form 8853 f Income from Form 8889 g Alaska Permanent Fund dividends By Jury duty pay Prizes and awards j Activity not engaged in for profit income l 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 m Olympic and Paralympic medals and USOC prize money (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) g Section 461(f) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan u Wages earned while incarcerated 2 Other income. List type and amount:	b				
e Income from Form 8853	С				
f Income from Form 8889	d		· ·)	
g Alaska Permanent Fund dividends	е				
h Jury duty pay	f				
i Prizes and awards j Activity not engaged in for profit income k Stock options lincome from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property Molympic and Paralympic medals and USOC prize money (see instructions) N Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 951(a) inclusion (see instructions) Section 461(l) excess business loss adjustment Taxable distributions from an ABLE account (see instructions) Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan Wages earned while incarcerated Other income. List type and amount: 8ti	_				
j Activity not engaged in for profit income k Stock options					
k Stock options	i				
I 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	j				
for profit but were not in the business of renting such property			8k		
m Olympic and Paralympic medals and USOC prize money (see instructions)	I				
instructions)			81		
n Section 951(a) inclusion (see instructions)	m				
o Section 951A(a) inclusion (see instructions)					
p Section 461(l) excess business loss adjustment		,			
r Scholarship and fellowship grants not reported on Form W-2	_				
r Scholarship and fellowship grants not reported on Form W-2	-				
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	-				
1040, line 1a or 1d			8r		
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	S		00 (
a nongovernmental section 457 plan			os (
 Wages earned while incarcerated	τ		0+		
z Other income. List type and amount:					
8z			- Su		
	~	other income. List type and amount.	87		
	9	Total other income. Add lines 8a through 8z		9	

Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

-29,279.

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 govern			
	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 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)			
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			
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			05	
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 . Enter here at Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	
	Form 1040 or 1040-36, line 10, or form 1040-196, line 10a		20	