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.

Submission Identification Number (SID)

Taxpayer's name

Taxpay	ver's name	Social security num	ber
MAN	IOJ KUMAR ENGALA	196-29-565	7
Spouse	s's name	Spouse's social sec	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2022 (Enter	er year you are au	ithorizing.)
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	67,095.
2	Total tax	2	7,525.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,406.
4	Amount you want refunded to you	4	3,881.
5		5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, 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 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 originator (ERO) to send 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 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 debit) entry to the financial institution account indicated 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 to debit the entry to this 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, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. 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 further 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 Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

<u>~</u>	rauthonze	GLOBAL	IAAES	ERO firm name	to enter or generate my Fin	Er
V	l authorize	CLOBAL	TAYES	TTC	to enter or generate my PIN	9

9 Ent	5 er fiv n't en	6 ve di	5 gits,	but	as my
	1		-	_	

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

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

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.

Spouse's signature	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	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.	2	2	2		6 nter a		2	7 1	

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 F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 07/23/23 PRO	Form 8879 (Rev. 01-2021)

Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) . . 6b • Married filing jointly or Qualifying surviving spouse, \$25,900 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Other income from Schedule 1, line 10 . . . 8 -9,405. • Married filing jointly or Qualifying surviving spouse, \$25,900 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income . . 9 67,095. • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income . . . 11 67,095. • Hyou checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A . . . 13 • Hyou checked any box under 14 12,950. . 14 12,950.	1040		rtment of the Treasury—Internal Revenue Servi 5. Individual Income Tax		rn 202	22	OMB No. 1545-	0074	IRS Use Only	–Do not w	rite or staple in this space.
Your first name and middle initial Last name Your social security number MANOJ KUMAR ENCALA 196-29-5657 If joint rutin, spouse's first name and middle initial Last name Spouse's social security number Home address flumther and streetl, if you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 9.4.4 VILLA, PINLTO VIEW Check here if you, or your Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State 78.641 box bolew will not change Foreign country name Foreign province/state/country Foreign province/state/country Foreign country conservations (You 'goouse') Digital At any time during 2022, did you: (a) receive (as a revard, avard, or payment for property or services); or (b) sell, exchange, gift, or otherwise digosed as eased or a dipidal asset (or a financial interest in a dipidal asset)? (See instructions); (You 'goouse') Dependentis, Gee instructions; (f) Secues learnizes on a separate return or you were a dual-status alien Age/Blindness You: (Not cold the dual base) Home of the state forms (f) First name Last name (g) Relationing (h) Chick the box if qualifies for (see instructions); Hom for the other dependent tas ta	Check only	lf yo	u checked the MFS box, enter the na	ame of yo	0 1 9				· · · ·	spoi	use (QSS)
MANOJ KUMAR ENGALA 1967-29-5657 Hjort return, spose's first name and middle initial Last name Spouse's social's security number Home address (number and stree), Hjou have a PO, box, see instructions. Apt. no. Presidential Election Campaign Checkon, or post office. H you have a foreign address, also complete spaces below. State 2P code The checking a Presidential Election Campaign Checkon, or post office. H you have a foreign address, also complete spaces below. State 2P code The checking a The checking a Foreign country name Foreign province/state/country Foreign postal code You You Spouse Standard Someone can called miss: You spouse as a dependent You You You You Dependents Gene instructions; (I) Freit name Last name Spouse (I) Qast beer spaces y 2, 1565 I bilind Dependents, see instructions; (I) Freit name Last name Spouse Qast bind Qast bind were spaces instructions; H was been before spaces instructions; (I) Freit name Last name Qast bind Qast bind Qast bind Maper Shift In Total amount from Form(S) W-2, box 1 (see inst	Your first name		, i							Your so	cial security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 29.4 V UILLA REALTO VIEW Check here if you, or your Check here if you, or your Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. State ZB code LEXANDER. Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county You Spouse Bigital At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services) or (b) sell, You Spouse Nor before You Spouse Beduction Spouse itemizes on a separate return or you were a dual-status aline Age/Bindness You You No No Age/Bindness (D) First name Last name (a) Social security (a) Pakistomarp (b) Household ender of the order of the											-
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here if you, or your sponse if filing jointly, want 38 26 yr, vow, or post office. If you have a foreign address, also complete spaces below. State ZIP code Sponse it filing jointly, want 38 Foreign country name Foreign province/state/county Foreign postal code You Sponse Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. You Sponse Standard Someone can callim: (-) you as a dependent You as a dependent You Sponse Dependents (see instructions): (P) rest mame (a) Colla socurity (P) elastonality (P) One-kh the boint of the dispendent Income Last name number (a) Sponse: (b) One-kh the boint of the dispendent Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 76,500. Here in the instructions 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 76,500. Here in the instructions 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 76,500. Here instructions 1a </td <td></td> <td></td> <td>first name and middle initial</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			first name and middle initial								
944 VILLA RIALTO VIEW Check here if you or you Check here if you Check here i	n joint return, sp	Jouse a		Lastham						opouse	s social security number
944 VILLA RIALTO VIEW Check here if you or you To a to be the will here if you or you To a to be to be the will here if you	Home address (numbe	r and street) If you have a P.O. box see	instruction	าร			4	Apt. no	Drosido	ntial Election Campaign
CH:	·							1	.pti iioi		
LEANDER TX 78 641 to go to this fund. Checking a box below with not change your tax or refund. Digital Asset is country name Foreign province/state/country Foreign province/state/country Foreign province/state/country Foreign province/state/country Image: State of the state	-			molete so:	aces below.	Sta	ate	ZIP o	ode	spouse	if filing jointly, want \$3
Foreign country name Foreign province/state/county Foreign positical You Spouse Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes X No Standard Someone can claim: You as a dependent Your spouse as a dependent Yes X No Deduction Spouse femizes on a separate return or you were a dual-status alien Spouse femizes on a separate return or you were a dual-status Spouse femizes on a separate return or you were a dual-status Spouse femizes on a separate return or you were a dual-status Imore (b) First name Lat name (c) First name (c)				inpiere opt							0
Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes X No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Your spouse a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents, see instructions): (1) First name Last name (2) Social security number (3) Relationship (4) Check the box if qualifies for (see instructions): If more dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more dependents, see instructions (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions) If more dependents, see instructions (1) First name Last name (2) Social security (3) Relationship If come dependents, see instructions (1) First name Last name (2) Social security (3) Relationship If more dependents, see instructions (1) Entity Tast name (2) Social security (3) Relationship <td></td> <td>name</td> <td></td> <td>Fo</td> <td>preign province/state</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>0</td>		name		Fo	preign province/state					1	0
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: \overline vou as a dependent \overline vou sea a dependent \overline vou sea a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse i lemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1958 Are blind Spouse i lemizes on a separate return or you were a dual-status alien Dependents (1) First name Last name Imome (2) Social security (3) Felationship If more (1) First name Last name number (3) Pelationship (4) Check the box if qualifies for feee instructions; If more 10 Imome 10 Imome Imome If more 11 Total amount from Form(s) W-2, box 1 (see instructions) 11 Imome If was withheld Total amount from Form(s) W-2, box 1 (see instructions) 11 Imome 12 If was withheld Total amount from Form(s) W-2, box 1 (see instructions) 11 Imome 12 If you did not geit a Form Ye 2 here, Alis <td>· · · · g.· · · · · · · ,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-,</td> <td></td> <td></td> <td>1</td> <td></td>	· · · · g.· · · · · · · ,						-,			1	
Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (1) First name Last name (1) First name Credit for other dependent: (1) First name Last name number (2) Social security (3) Relationship (4) Check the box if qualifies tor (see instructions): if more Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 76, 500. here . 1a Total amount from Form(s) W-2, box 1 (see instructions) 1c 1b were are all waiver payments not reported on Form(s) W-2 (see instructions) 1d Total amount from Form 8019, line 6 1e 1994 Horn gwages from Form 8019, line 6 . 1g 1f 1g were are all at through th . . 1a Total score and transport and through th 2b 1994 Hore								-			Yes X No
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1958 A re blind Spouse: Was born before January 2, 1958 Is blind Dependents (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for Gee instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for Gee instructions): dependents, see instructions								,	. (
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Identified (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): deel instructions Identifies for (see instructions): Identifie		_		•							
Dependents (a) Relationship than four dependents, see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependent of the dependent is you dependents, see instructions and check here 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 7 6, 500. Attach Form(s) b Household employee wages not reported on Form(s) W-2. 1b Ve2 there, Also attach Forms 4 Tip income not reported on line 1a (see instructions) 1c ve2 there was attach forms 6 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-26 and 1099-R1 if tax was withheld Femployer-provided adoption benefits from Form 8839, line 29 1f W-26, see instructions. 2a Add lines 1a through 1h 1z 7 6, 500. we2, see instructions. 2a adulified dividends 3a b 5b Deduction for ge1 a form We2, see instructions. 5a b Tax-exempt interest 7 a Cualified dividends 3a b Tax-exempt interest 7 a Cu							_	n befo	ore January 2	2, 1958	Is blind
If more than four dependents, see instructions and check here Image: the set of the se	Dependents	(see	instructions):		(2) Social securi	tv.		1			fies for (see instructions):
than four dependents, see instructions and check here instructions and check here instructions and check here instructions instrease instructions instructions instructions instructio	•	•	*		· · /	.,			Child tax c	redit	Credit for other dependents
see instructions Image: See instructions Image: See instructions Image: See instructions Income 1a Total amount from Form(s) W-2, box 1 (see instructions) Image: See instructions Image: See instructions Image: See instructions Attach Form(s) C Tip income not reported on line 1a (see instructions) Image: See instructions Im											
and check here											
here Image: Construction of the second s											
Ite Correction b Household employee wages not reported on Form(s) W-2. 1b Attach Forms c Tip income not reported on line 1a (see instructions) 1c W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 here.Also d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 Grad e Taxable dependent care benefits from Form 2441, line 26 1e (f) gou did not g Wages from Form 8919, line 6 1g (g) at a form h Other earned income (see instructions) 1h 0. W-2, see in Nontaxable combat pay election (see instructions) 1i 1z 76, 500. Attach Sch. B 2a La b Taxable interest 2b a Qualified dividends 3a b Default 4b 5b Deduction for - Fax-exempt interest 2a b Taxable amount 4b 5b Standard Deduction for - - - - - - - - - - - - -	here										
Attach Forms b Household employee wages not reported on Form(s) W-2. 1b W-2 here. Also C Tip income not reported on line 1a (see instructions) 1d W-2 here. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 G and Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 Aren. Medicaid waiver payments not reported on Form (s) W-2 (see instructions) 1d W-2 Aren. Medicaid waiver payments not reported on Form (s) W-2 (see instructions) 1e was withheld. F Employer-provided adoption benefits from Form 2441, line 26 1e get a Form M Other earned income (see instructions) 1h 0. was withheld. Montaxable combat pay election (see instructions) 1i 1 1 W-2, see is Nontaxable combat pay election (see instructions) 1i 1 0. Attach Sch. B 2a Tax-exempt interest 2a b Datable interest 2b Standard Dor - - - - - - - Belduction for - - - - - -<	Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .					. 1a	76,500.
W-2 here. Also attach Forms Implification for reported on mile to gee instructions) Implification for reported on mile to gee instructions) Implification for reported on form(s) Implification for for fore form(s) Implification for for	meome	b	Household employee wages not re	eported o	n Form(s) W-2 .					. 1b	
attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 11 W-2G and U99-R if tax was withheld. e Taxable dependent care benefits from Form 2441, line 26 1e U99-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form g Wages from Form 8919, line 6 1g W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. z Add lines 1a through 1h 1z 76,500. Attach Sch. B 2a Tax-exempt interest 2b 2b Mattach Sch. B a Qualified dividends 3a b Drataable amount 4b Attach Sch. B a IRA distributions 4a b Taxable amount 4b Standard Social security benefits Ga b Taxable amount 6b Social security benefits Ga b Taxable amount 7 7 Standard B Other income from Schedule D if required. If not required, check here 7 7 Standard B Other income from Schedu	• • • • • • • • • • • • • • • • • • • •	с	Tip income not reported on line 1a	ı (see inst	ructions)					. 1c	
1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a Form g Wages from Form 8919, line 6 11 W-2, see instructions. i Nontaxable combat pay election (see instructions) 11 W-2, see instructions. i Nontaxable combat pay election (see instructions) 11 Attach Sch. B 2a 2a b Tax-exempt interest 2b Attach Sch. B 2a 3a b Ordinary dividends 3b 4a b Taxable amount 4b 4b Standard 5a b Taxable amount 6b Obduction for 6a 5a b Taxable amount 6b Standard 5a 6a b Taxable amount 6b Married fling separately, Stapport c If you elect to use the lump-sum election method, check here (see instructions) 7 Standard 0 0 16a 9 67, 095. Married fling pointly or Qualifying Surviting spouse. 0 16a 9 67, 095. 10 Stapport 3b		d	Medicaid waiver payments not rep	orted on	Form(s) W-2 (see	instru	uctions)			. 1d	
was withheld. f Employer-provided adoption benefits from Form 8839, line 29 11 If you did not get a form g Wages from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. W-2, see instructions. z Add lines 1a through 1h 1z 76,500. Z Add lines 1a through 1h 1z 76,500. Attach Sch. B 2a 2a b Datable interest 2b Attach Sch. B 2a Qualified dividends 3a 2b 2b 2b 4a IRA distributions 4a b Taxable amount 4b 5b Deduction for- 6a Social security benefits 6a b Taxable amount 7c Single or Married filing spearately, \$12,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7c 7c Married filing birthy or Qualifying 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 67, 095. 10 Standard Standard deduction or itemized deductions (from Schedule A) 11 67, 095.		е	Taxable dependent care benefits f	rom Form	n 2441, line 26					. 1e	
In you do No. Image a Form W-2, see instructions. W-2, see instructions. Image a Form h Other earned income (see instructions) W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B 2a a Qualified dividends 3a Qualified dividends 4a B Tax-exempt interest 3a a a Qualified dividends 3a a b b Tax-exempt interest 3a a Qualified dividends 4a B Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a Pensions and annuities 5a B C If you elect to use the lump-sum election method, check here (see instructions) c If you elect to use the lump-sum election method, check here c If you elect to use the lump-sum election method, check here c If you elect to use the lump-sum election method, check here c If you elect to use the lump-sum election method, check here c If you elect to use the lump-sum election method, check here If Othe		f	Employer-provided adoption bene	fits from I	Form 8839, line 2	э.				. 1f	
W-2, see instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Add lines 1 a through 1h 76, 500. Attach Sch. B 2a Tax-exempt interest 2b if required. 3a b Taxable interest 2b 4a IRA distributions 3a b Ordinary dividends 3b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b 512,950 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 9 67,095. 8 -9,405. 9 67,095. 9 67,095. 10 Subtract line 10 from line 9. This is your adjusted gross income 11 67,095. 11 Subtract line 10 from line 9. This is your adjusted gross income 12 12,950. 11 <td>lf you did not</td> <td>g</td> <td>Wages from Form 8919, line 6 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1g</td> <td></td>	lf you did not	g	Wages from Form 8919, line 6 .							. 1g	
Instructions. Image: Nontaxable combat pay election (see instructions) Image: Nontaxable combat pay election (see	•	h	Other earned income (see instruction	ions) .				· ·		. 1h	0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$12,930 r Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing jointly or Qualifying spouse, \$25,900 8 Other income from Schedule 1, line 10 9 67,095. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 67,095. 11 Subtract line 10 from line 9. This is your adjusted gross income 11 67,095. 11 64 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 12 12,950. 13 Qualified business income deductin from Form 8		i	Nontaxable combat pay election (s	see instru	ctions)		1 i				
if required. 3a 3a b Ordinary dividends 3b 4a IRA distributions 4a b Taxable amount 4b 5a 5a 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b • Single or Married filing separately, \$12,950 6a Social security benefits 6a b Taxable amount 6b • Gapital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 7 • Married filing jointly or pointly or pointly or pointly or surviving spouse. 8 Other income from Schedule 1, line 10 7 • Married filing jointly or pointly or pointly or pointly or pointly or pointly or surviving spouse. 9 67, 095. 9 67, 095. • Head of household, \$19,400 10 Standard deduction or itemized deductions (from Schedule A) 11 67, 095. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12, 950. • If you checked any box under Standard 14 14, 12, 950. 14 14, 5 14 14, 5		z	Add lines 1a through 1h							. 1z	76,500.
4a IRA distributions 4a b Taxable amount 4b Standard Deduction for- Obduction for- Single or Married filing separately, \$12,950 5a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 5b 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 9 67,095. 8 Other income from Schedule 1, line 10 9 67,095. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 67,095. 10 9 Adjustments to income from Schedule 1, line 26 10 11 67,095. 10 9 Standard deduction or itemized deductions (from Schedule A) 11 67,095. 12 12,950. 14 Add lines 12 and 13 14 12,950. 13 14 12,950. 15 Subtract line 14 from line 11 11 fzero or less enter -0- This is your taxable		2 a	· · ·	2a						. 2b	
Standard Deduction for- 5a 5a b Taxable amount	if required.	3a		3a						. 3b	
Deduction for- 6a Social security benefits 6a b Taxable amount 6b • Single or Married filing separately, \$12,950 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 Other income from Schedule 1, line 10 - 7 • Married filing jointly or Qualifying surviving spouse, \$25,900 Other income from Schedule 1, line 26 9 67,095. • Adjustments to income from Schedule 1, line 26 10 11 67,095. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Add lines 12 and 13 14 12,950. 14 12,950.		4a		4a		b٦	axable amount	· ·		. 4b	
Single or Married filing separately, \$12,950 6a Social security benefits	Standard	5a								. 5b	
Married filing separately, \$12,950 c If you elect to use the lump-sum election method, check here (see instructions) .		6a						· ·		. 6b	
\$12,950 7 Capital gain or (loss). Attach Schedule D if required, theor required, theorem required, theore	Married filing	С							L		
outly or Qualifying surviving spouse, \$25,9009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income967, 095.10Adjustments to income from Schedule 1, line 2610• Head of household, \$19,40011Subtract line 10 from line 9. This is your adjusted gross income1167, 095.12Standard deduction or itemized deductions (from Schedule A)1212, 950.• If you checked any box under Standard13									L		
Qualifying surviving spouse, \$25,900 9 67,095. 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$19,400 Subtract line 10 from line 9. This is your adjusted gross income 11 67,095. 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 12,950. 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income			,					· ·			
\$25,900 10 Adjustments to income nom ochedule 1, me 20 11 10 • Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 67,095. • Head of household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 • Id 12,950. 14 12,950. 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 54 145	Qualifying				· ·						
household, \$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 14 Add lines 12 and 13 14 12,950. 14 12,950. Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 54 145								· ·			
\$19,400 12 Standard deduction or itemized deductions (from Schedule A) 12 12,950. • If you checked any box under Standard 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 • If you checked any box under Standard 14 Add lines 12 and 13 14 12,950. • Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 54 145				•	-			• •	· · ·		
any box under Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 54 145	\$19,400							• •			
Standard 14 Add lines 12 and 13 14 12,950 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 54.145								• •			
	Standard										
		15	Subtract line 14 from line 11. If zer	o or less,	enter -u I his is	your	laxable incom	e.	· · ·	. 15	54,145.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

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	7,525.
Credits	17	Amount from Schedule 2, lin	ie3					. 17	
	18	Add lines 16 and 17						. 18	7,525.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	ie8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,525.
	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	7,525.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	11,40)6.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	11,406.
If you have a	26	2022 estimated tax payment	ts and amount a	pplied from 20	21 return			. 26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	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	undable cred	lits .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	11,406.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overp	aid.	. 34	3,881.
	35a	Amount of line 34 you want			is attached, che	ck here .		35a	3,881.
Direct deposit?	b	Routing number 0 8 1				Checking	Savir	ngs	
See instructions.	d	Account number 3 5 5	0 0 7 4	2 1 5 6	5 0				
	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				38			
Third Party Designee		you want to allow another	person to disc	cuss this retu	rn with the IRS?	See	s Compl	ete below.	X No
Designee		signee's		Phone			•	dentification	
	nai			no.			number (P		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE H	-		(see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
	Ph	one no. (515) 708-730	8	Email address	MANOJENGAI	LA@GMAIL	.COM		
Dela		parer's name	Preparer's signat	ure		Date	PTI	N	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	04/13/20	24 P02	2082703	Self-employed
Preparer		n's name GLOBAL TAX					<u> </u>		(678)965-9522
Use Only	Fin		Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Co to ununu iro a	ov/Eor	a 1040 for instructions and the late	st information		DAA	DE) / 07/00/00 F			Form 1040 (2022)

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

BAA REV 07/23/23 PRO

Form **1040** (2022)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number MANOJ KUMAR ENGALA 196-29-5657

Par	t 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. Att	ach Schedule E .	5	-9,405.
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		
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	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:			
•		8z		
9	Total other income. Add lines 8a through 8z		9	0.405
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SF	i, or 1040-NR, line 8	10	-9,405.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	e-basi	s gov	ernment		
	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)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f			_	
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)	24h			_	
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	24i			_	
j	Housing deduction from Form 2555	24j			_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	24k			_	
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here	e and on		
	Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a				26	
	BAA	REV	07/23/23 P	RO	Schedu	le 1 (Form 1040) 2022

(Form	1040)	(From	rental real estate, royalties, partner	rships, S	S corporat	tions, es	states,	trusts, REMI	Cs, etc.)	ゆに	99
	nent of the Treasury Revenue Service		Attach to Form 104 Go to www.irs.gov/ScheduleE t					nformation.		Attachm Sequenc	ent ce No. 13
Name(s)) shown on return								Your social	-	umber
-	J KUMAR EN								196-29	-5657	
Part			ss From Rental Real Estate a			•					
	Note: If yo rental inco	ou are in ome or lo	the business of renting personal prop oss from Form 4835 on page 2, line 40	erty, use).	e Schedul	e C. See	e instru	ctions. If you	are an indivi	dual, repo	ort farm
Α			nents in 2022 that would require yo		Form(s)	1099? 5	See in	structions .			s 🛛 No
			you file required Form(s) 1099?								
1a			each property (street, city, state, 2								
Α	,		AD NO 4 DOCTORS COLONY		,	R, HYD	ERAB	AD, TELAN	GANA IN	50003	5
B		-,				.,					
С											
1b	Type of Prope	rty 2	For each rental real estate prop	perty lis	ted		Fa	ir Rental	Persona	al Use	
	(from list below		above, report the number of fa	ir rental	and			Days	Day	/S	QJV
Α	3		personal use days. Check the			Α		365		0	
В			if you meet the requirements to qualified joint venture. See inst			В					
С				laotion		С					
	of Property:										
	Single Family R			ental	5 Land			Self-Rental			
2	Multi-Family Re	sidence	e 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
								Propert	ies:		
Incom	ne:					Α		В			С
3						6	512.				
4	Royalties recei	ved.		. 4							
Exper	ises:										
5											
6			nstructions)								
7			nance			2,1	54.				
8											
9											
10 11			ssional fees			1 0					
12			d to banks, etc. (see instructions)	. 11		1,0	32.				
12	00	•									
14						2.4	87.				
15							34.				
16						, -					
17						1,9	910.				
18	Depreciation e	xpense	or depletion	. 18							
19	Other (list)			19							
20	Total expenses	s. Add I	lines 5 through 19	. 20		10,0	17.				
21	Subtract line 2	0 from	line 3 (rents) and/or 4 (royalties). I	f							
	file Form 6198		instructions to find out if you mus	· 21		-9,4	05.				
22			estate loss after limitation, if any structions)		(9,40)5.)	()(
23a			eported on line 3 for all rental prop				23a		612.		
b			eported on line 4 for all royalty pro	-			23b				
С			eported on line 12 for all propertie				23c				
d			eported on line 18 for all propertie				23d				
e			eported on line 20 for all propertie				23e	10	0,017.		
24			e amounts shown on line 21. Do r		-		· ·		. 24		0 405
25	Losses. Add ro	ovaity lo	osses from line 21 and rental real est	tate loss	ses from li	ne 22. E	inter t	otal losses he	ere 25 (9,405.

Supplemental Income and Loss

SCHEDULE E

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter total losses here
 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .
 For Paperwork Reduction Act Notice, see the separate instructions. NPA -9,405.

-9,405.

OMB No. 1545-0074

Schedule E (Form

26

8889 Form Department of the Treasury Internal Revenue Service

Health Savings Accounts (HSAs)

OMB No. 1545-0074

22

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

а	ition.	Attachment Sequence No. 52
		ber of HSA beneficiary. HSAs, see instructions
	100 00	

20

			ial security number of HSA beneficiary.	
		196-29-	have HSAs, see instructions. 9-5657	
Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.				
Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.				
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) dur	ing 2022.		faalu 🗍 Earailu
-	See instructions	· · · L		f-only 🗌 Family
2	HSA contributions you made for 2022 (or those made on your behalf), including those ma unextended due date of your tax return that were for 2022. Do not include employer con- contributions through a cafeteria plan, or rollovers. See instructions	tributions,	2	0.
3	If you were under age 55 at the end of 2022 and, on the first day of every month during a were, or were considered, an eligible individual with the same coverage, enter \$3,650 (\$ family coverage). All others , see the instructions for the amount to enter	57,300 for	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2022 from For lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2 include any amount contributed to your spouse's Archer MSAs	2022, also	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	[5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and h coverage under an HDHP at any time during 2022, see the instructions for the amount to enter		6	
7	If you were age 55 or older at the end of 2022, married, and you or your spouse had family under an HDHP at any time during 2022, enter your additional contribution amount. See instr		7	0.
8	Add lines 6 and 7	· · · F	8	0.
9	Employer contributions made to your HSAs for 2022 9			
10	Qualified HSA funding distributions			
11	Add lines 9 and 10		11	
12	Subtract line 11 from line 8. If zero or less, enter -0		12	0.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part	t II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction	s.		
Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.				
14a	Total distributions you received in 2022 from all HSAs (see instructions)		14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include an contributions (and the earnings on those excess contributions) included on line 14a to withdrawn by the due date of your return. See instructions	that were	14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	-	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, in amount in the total on Schedule 1 (Form 1040), Part I, line 8f	clude this	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additiona Tax (see instructions), check here			
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on lin are subject to the additional 20% tax. Also, include this amount in the total on Schedule 1040), Part II, line 17c	e 2 (Form	17b	
Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.				
18	Last-month rule		18	0.
19	Qualified HSA funding distribution		19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, li		20	0.
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedul 1040), Part II, line 17d		21	

For Paperwork Reduction Act Notice, see your tax return instructions.