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 secu	rity number				
NITESH REDDY CHOPPA	862-20-4712					
Spouse's name	Spouse's so	ocial security number				
MOUNIKA SETLEM	982-9	6-8790				
Part I Tax Return Information — Tax Year Ending December 31,	2023 (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 Adjusted gross income		1 71,724.				
2 Total tax		2 4,843.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 10,225.				
4 Amount you want refunded to you		4 5,382.				
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	ou get and keep a co	py of your return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service properties of the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I adjust to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cabusiness days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	rovider, transmitter, or elect reason for rejection of the authorize the U.S. Treasury on account indicated in the nancial institution to debit the to terminate the authoriancellation requests must be involved in the processing related to the payment. I further reason in the payment.	tronic return originator (ERO) transmission, (b) the reason and its designated Financial tax preparation software for he entry to this account. This zation. To revoke (cancel) a per received no later than 2 of the electronic payment of urther acknowledge that the				
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter	r or generate my PIN	0 4 7 1 2 as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizin	d d	inter five digits, but lon't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.						
Your signature ►	Date ►					
Spouse's PIN: check one box only						
I authorize GLOBAL TAXES LLC to enter ERO firm name signature on the income tax return (original or amended) I am now authorizin I will enter my PIN as my signature on the income tax return (original or amended).	Eng. dended) I am now authoriz					
if you are entering your own PIN and your return is filed using the Practition below.		RO must complete Part III				
Spouse's signature ▶	Date >					
Practitioner PIN Method Returns Only—con						
Part III Certification and Authentication — Practitioner PIN Method O	niy					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected Pl		6 0 8 2 7 1 nter all zeros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	hat I am submitting this re	turn in accordance with the				
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Inst						

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

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	aple in this spac	ce.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions	 3.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numbe	er
NITESH 1	REDD	Y	CHOP	PA							862	20	4712	
		s first name and middle initial	Last na										security nur	mber
MOUNIKA			SETL	·ΕΜ							982	96	8790	
	(numb	er and street). If you have a P.O. box, see							Apt. no.				ction Camp	aign
11101 W	AIR	PORT BLVD						1	5207	- 1			ou, or your	Ū
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c				-	jointly, want	
STAFFOR	D					TX	ζ	774	177		•		nd. Checking not change	g a
Foreign countr			F	Foreign pr	rovince/state/				gn postal c		your tax		•	
													ou 🗌 Spo	ouse
Filing Status	s [Single					☐ Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had i	ncome)					•	,				
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ving spo	use (0	QSS)			
	If	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ıalifying person is a child but not you												
B: ::::	Λ± α	mustime during 2002 did your (a) rea	obio (oo											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										∏ Y€	es 🗵 No	,
		neone can claim: You as a de					a dependent), (O	oc mond	Otion	J.,		.5	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deddollon			11 O1 you	- WCIC a	duai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are bl	ind Sp	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		(2) 8	Social security	,	(3) Relationsh	ip (4	-				see instruction	
If more	(1) F	First name Last name			number		to you	Child tax		ax cre	edit	Credit fo	r other depend	dents
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		81,65	<u>6.</u>
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c				
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, 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 instruct	,								1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						01 65	_
		Add lines 1a through 1h	. ; ·		· · ;						1z	_	81,65	٥.
Attach Sch. B	2a	· —	2a				axable interes				<u> </u>	_		
if required.	3a_		3a				ordinary divide					_		
Standard	4a	-	4a				axable amoun					_		
Deduction for—	5a	-	5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e				`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7	-		
jointly or Qualifying	8	Additional income from Schedule									8		-9 , 93	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9	-	71,72	4.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		71,72	
If you checked	12	Standard deduction or itemized									12		27,70	0.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14		27,70	
coo monuciono.	15	Subtract line 1/1 from line 11. If zer	o or loca	e antar -	II This is v	Our t	ravahla incom	•			15	1	11 02	71

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,843.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	4,843.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,843.	
	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	4,843.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 10	,225.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	10,225.	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,225.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	5,382.	
	35a	Amount of line 34 you want			3 is attached, chec	k here		35a	5,382.	
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 5 8 6	0 3 4 1	6 0 5	7 9					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
rou owe	38	Estimated tax penalty (see in	=	-		38		31		
Third Party		you want to allow another								
Designee		•	•			_	omplete	below.	⋉ No	
Ü		signee's		Phone			onal ident	ification		
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com								
Here	Vο	ur signature		Date	Your occupation		l If th	e IRS se	nt you an Identity	
	10	ur signature		Date	Tour occupation		I		IN, enter it here	
Joint return?					SOFTWARE D	EVELOPER	(see	inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an	
your records.				HOME MAKER		I .	Identity Protection PIN, enter it here (see inst.)			
	———Ph	one no. (617) 901-343	 5	Email address	CHOPPANITESH					
		eparer's name	Preparer's signat		O11O1 1711V1 1 11O1.	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TAT.T.AM	01/18/2024	P0208	2703	Self-employed	
Preparer								Phone no. (678) 965-9522		
Use Only			Y CT E BRU	NSWICK N	J 08816			ı's EIN	84-3171965	
		110 110 110		22011 11			1		4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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. Attachment Sequence No. **01**

Your social security number

NITE	SH REDDY CHOPPA & MOUNIKA SETLEM		8	62-20-4	712						
Par	Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes			. 1							
2a	Alimony received			. 2a							
b											
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 S	Schedule E	. 5	-9,932.						
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	8р									
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									
u	Wages earned while incarcerated	8u									
Z	Other income. List type and amount:										
		8z									
9	Total other income. Add lines 8a through 8z										
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here	e and on F	orm							
	1040, 1040-SR, or 1040-NR, line 8			. 10	-9,932.						

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		 11	
12	Certain business expenses of reservists, performing artists, and fee-			
	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	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	046		
	, , , , , , , , , , , , , , , , , , ,	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		
	Housing deduction from Form 2555	24j		
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	27)	-	
ĸ		24k		
z	Other adjustments. List type and amount:	Z-TK		
_	onor adjustments. List type and amount.	24z		
25	Total other adjustments. Add lines 24a through 24z		 25	
<u> 26</u>	Add lines 11 through 23 and 25. These are your adjustments to income			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA			le 1 (Form 1040) 2023
				

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

NITE	SH REDDY CHOPPA & MOUNIKA SETLEM						862-2	0-4712				
Par												
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm			
Α										l		
	Did you make any payments in 2023 that would require you											
В	f "Yes," did you or will you file required Form(s) 1099? .			• •	• •			. <u> </u> 16	2S N	0		
1a	Physical address of each property (street, city, state, ZIF	ode code	2)									
Α	H.NO-308, HINDU TOWERS TIRUPATHI ANDHRA	A PRA	DESH I	N 51	7501							
В												
С												
1b	Type of Property 2 For each rental real estate prope	erty list	ed		Fa	ir Rental	ental Personal Use			QJV		
	(from list below) above, report the number of fair					Days	Da	ays	401			
Α	personal use days. Check the Quif you meet the requirements to f			Α		365		0				
В	qualified joint venture. See instru			В								
С				С								
	of Property:											
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental						
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)					
						Propertie	es:					
Incon	ne:	İ		Α		В			С			
3	Rents received	3		6	89.							
4	Royalties received	4										
Expe	nses:											
5	Advertising	5										
6	Auto and travel (see instructions)	6										
7	Cleaning and maintenance	7		2,4	15.							
8	Commissions	8										
9	Insurance	9										
10	Legal and other professional fees	10										
11	Management fees	11		1,6	52.							
12	Mortgage interest paid to banks, etc. (see instructions)	12										
13	Other interest	13										
14	Repairs	14			14.							
15	Supplies	15		1,1	80.							
16	Taxes	16		2 2	CO							
17	Utilities	17		3,3	60.							
18	Depreciation expense or depletion	18										
19 20	Other (list) Total expenses. Add lines 5 through 19	19 20		10,6	21							
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,0	ZI.							
21	result is a (loss), see instructions to find out if you must											
	file Form 6198	21		-9,9	32.							
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582 (see instructions)	22	(9,93	32.)	()	()		
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	689.					
b	Total of all amounts reported on line 4 for all royalty prop				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	10,	,621.					
24	Income. Add positive amounts shown on line 21. Do not		de any lo	sses	·		24					
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here	25	(9,932	2.)		
26	Total rental real estate and royalty income or (loss).	Combi	ne lines	24 and	25. E	nter the resul	t					
	here. If Parts II, III, and IV, and line 40 on page 2 do no						า					
	Schedule 1 (Form 10/0) line 5. Otherwise, include this as	mount	in the tot	tal on li	na /11	on nage 2	0.6	1	_ a a a	22		