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

IIICIIIai	nevertue del vice				
Subm	ssion Identification Number (SID)				
Taxpaye	er's name	Social secu	rity numl	per	
RAM	ESWARA PRASAD GUTTA	113-7	1-552	9	
Spouse	's name	Spouse's so	cial secu	urity number	,
Part	, , ,	year you	are au	thorizing.)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 .	1 70	C02
1	Adjusted gross income		1		<u>,682.</u> ,569.
2 3	Total tax		3		
3 4			4	l	<u>,778.</u>
5	Amount you want refunded to you		5	3	<u>,209.</u>
Part		eep a co		our retu	rn)
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
to send for any Agent to payme authori payme business taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected provided in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution actions is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patient of the With the U.S. and the With the U.S. and the With the U.S. and the surface of the III and the With the U.S. and the III and the U.S. are the U.S. and the III and the U.S. are the U.S. and the III and the U.S. are the U.S. and the III and the U.S. are the U.S. and the III and the U.S. are the U.S. are the U.S. are the U.S. and the III and I	ection of the S. Treasury cated in the on to debit the the authori lests must I processing ayment. I fu	transmis and its of tax prepare entry zation. To be receing of the elements	ssion, (b) the designated paration softo this according revoke (continued no late ectronic pasknowledge	re reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only	Г			
X		my PIN	L 5 5	5 2 9	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ĺ		digits, but er all zeros	asiny
_		مانده ماهديم بيند	-i		
L	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your s	ignature ▶ Date ▶				
Snous	se's PIN: check one box only				
Г	I authorize to enter or generate	my PINI			as my
	ERO firm name	_	nter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2 7	1
		Don tel	noi ali Zt		
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	accordance	
FRO's	signature ► Date ►				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	o So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury—Internal Revenue Servi		202	3	OMB No. 1545-0	074	IRS Use Only	∕—Do not v	vrite or staple	e in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	<u>'</u>		, 20	See se	parate ins	tructions.
Your first name RAMESWAF If joint return, s	RA PI		Last name GUTTA Last name						113	71 5	ity number 5529 ecurity numbe
_1838 W G	GOLD	er and street). If you have a P.O. box, see RUSH CIR ce. If you have a foreign address, also co		pelow.	Sta	ıte .	ZIP co	apt. no.	Check spouse	here if you if filing joi	ntly, want \$3
WEST JOE Foreign country		, ,	Foreign	province/state/o	UT count		840 Foreig	8 4 In postal code	box be	this fund. low will no on the control of the contr	•
Filing Status Check only one box.	☐ ☐ If y	Single Married filing jointly (even if only only only only only only only only	name of your		u che	☐ Head of hou ☐ Qualifying secked the HOH	urviv	ving spouse		ild's name	if the
Digital Assets Standard	exch	ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig neone can claim: You as a de	ital asset (or a		est ir	n a digital asset)	•	,	. ,	☐ Yes	⊠ No
Deduction Age/Blindness		Spouse itemizes on a separate retur			alien ouse		befo	ore January 2	2, 1959	☐ Is b	olind
Dependents If more		instructions): irst name Last name	(2) Social security number (3) Relation to you			(3) Relationship to you	, (4) Check the b Child tax c	•	. `	e instructions): ther dependents
than four dependents, see instructions and check here	s —										
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see	1a b c d e f g h	Total amount from Form(s) W-2, b Household employee wages not re Tip income not reported on line 1a Medicaid waiver payments not rep Taxable dependent care benefits f Employer-provided adoption bene Wages from Form 8919, line 6. Other earned income (see instruct	eported on For a (see instruction ported on Form from Form 244 fits from Form	rm(s) W-2 ons) n(s) W-2 (see ii 1, line 26 	 nstru		 		. 1a . 1b . 1c) ; ;	88,961.
Attach Sch. B if required.	i z 2a 3a	· –	see instruction 2a 3a			1i axable interest ordinary dividence	 ds .	· · · · · · · · · · · · · · · · · · ·	. 1z)	88,961.
Standard Deduction for — Single or Married filing separately, \$13,850	4a 5a 6a c	Pensions and annuities		d, check here	b T b T (see	,		 [. 4k . 5k . 6k))	
Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household,	8 9 10 11	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche Subtract line 10 from line 9. This is	1, line 10 , and 8. This is dule 1, line 26	your total inc	ome		 		. 8 . 9 . 10	-	10,279. 78,682. 78,682.
\$20,800 If you checked any box under Standard Deduction, see instructions.	12 13 14	Standard deduction or itemized Qualified business income deduct	deductions (fi	rom Schedule 8995 or Form	A) 899				. 12	2 3	13,850. 13,850.

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	9,569.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	9,569.
	19	Child tax credit or credit for ot	her dependent	s 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. I	f zero or less, e	enter -0				22	9,569.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	our total tax					24	9,569.
Payments	25	Federal income tax withheld fr	rom:						
-	а	Form(s) W-2				25a 12	2 , 778.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	12 , 778.
If you have a	26	2023 estimated tax payments	and amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit from	om Form 8863	, line 8		29			
	30	Reserved for future use							
	31	Amount from Schedule 3, line							
	32	Add lines 27, 28, 29, and 31. T	32						
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	12,778.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	3,209.
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	is attached, chec	k here	🗌	35a	3,209.
Direct deposit?	b	Routing number 1 1 1 (
See instructions.	d	Account number 5 8 6 0							
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. T							
You Owe	00	For details on how to pay, go	_	-		1 1		37	
	38	Estimated tax penalty (see ins				38			
Third Party Designee		you want to allow another particular in the structions				_	omnlete	helow	⊠ No
Designee		esianee's		Phone			onal iden		M NO
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare that lief, they are true, correct, and comple			1 , 0		,		, ,
Here	Yo	ur signature		Date	Your occupation	l If th	ne IRS se	nt you an Identity	
		en englisation				Pro	tection P	IN, enter it here	
Joint return?					SOFTWARE E	INGINEER	(see	e inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, bo	Date	Spouse's occupati	Ide	If the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)			
	Ph	one no. (832) 465-5646		Email address	RAMESWARAPRAS	SAD99@GMAIL.C	OM		
Doid	Pre		reparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/20/2024	P0208	32703	Self-employed
Preparer	Fir	m's name GLOBAL TAXE	ES LLC				Pho	one no.	678) 965-9522
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965
<u> </u>		1010 ()							- 1040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

RAMESWARA PRASAD GUTTA

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.

Your social security number 113-71-5529

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	-10,279.
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 ()	
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		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10 , 279.

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

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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 .	. Enter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

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

RAME	ESWARA PRASAD GUTTA						113-7	1-5529	,	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rtv. use		e C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you								es 🛛 No	,
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	,
1a	Physical address of each property (street, city, state, ZII									
A	PLOT NO:4-66 AURUGOLANU OGIRALA, ANDHRA		<u>, </u>	TN 52	1106					
_ <u></u>	THOT NO.4 OU AUROGODANO OGIRADA, ANDINA	A 11VA		IIV JZ.	1100					_
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair				Fa	ir Rental Days	Person		QJV	
A	g personal use days. Check the Q			Α		365		0		_
В	if you meet the requirements to qualified joint venture. See instru			В						
С	quaimed joint venture. See instru	uctions	i.	С						
Туре	of Property:						•			
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			_
Incon	ne:			Α		В			С	_
3	Rents received	3		4	90.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		9	85.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,0	46.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,5	16.					
15	Supplies	15		3,7	00.					
16	Taxes	16								
17	Utilities	17		1,5	22.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,7	69.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198			-10 , 2	79.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(10,27		()	(
23a	Total of all amounts reported on line 3 for all rental proper	erties			23a		490.			
b	Total of all amounts reported on line 4 for all royalty prop	perties			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	769.			
24	Income. Add positive amounts shown on line 21. Do no	t includ	de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lir	ne 22. Er	nter to	tal losses he	re 25	(10,279.	.)
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						on 26		-10,279	ð.

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023
Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service Name(s) shown on return

JTTA Identifying number 113-71-5529

	ESWARA PRASAD GUTTA				113-	-71-	5529
Pa	rt I 2023 Passive Activity Loss						
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	al Real Estate Activities With Active Parance for Rental Real Estate Activities			ive participation, se	ee Special		
1a	Activities with net income (enter the a	mount from Part IV	/, column (a)) .	1a			
b	Activities with net loss (enter the amount	unt from Part IV, co	olumn (b))	1b ()		
С	Prior years' unallowed losses (enter th	ne amount from Pa	rt IV, column (c))	1c ()		
d	Combine lines 1a, 1b, and 1c					1d	
All O	ther Passive Activities						
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a	0.		
b	Activities with net loss (enter the amount	unt from Part V, co	olumn (b))	2b (0.)		
С	Prior years' unallowed losses (enter th				-7,846.)		
d	Combine lines 2a, 2b, and 2c					2d	-7,846.
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered of	ct any prior year u this form with you on line 1c or 2c. F	ınallowed CRD. S ır return; all losse	See instructions. If es are allowed, inc	this line is luding any		7.046
	normally used				L	3	-7,846.
Part I	ion: If your filing status is married filing I. Instead, go to line 10. Till Special Allowance for Rer Note: Enter all numbers in Par Enter the smaller of the loss on line 1	separately and yountal Real Estate t II as positive amountaits	Activities With your bunts. See instruc	Active Participa	e during the g	year,	do not complete
5	Enter \$150,000. If married filing separ			5		7	
6	Enter modified adjusted gross income	-					
Ū	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.						
7	Subtract line 6 from line 5			7			
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	 		netructions	8	
9	Enter the smaller of line 4 or line 8. If				-	9	0.
	t III Total Losses Allowed	into o includos ariy	OTID, GOO ITIOURG	5.10110			0.
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.
11	Total losses allowed from all passiv				_		
	out how to report the losses on your to					11	0.
Par	t IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	See instructions.			
	Name of activity	Currer		Prior years	Overa	all gai	n or loss
		(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
						-+	
						_	
Total	. Enter on Part I, lines 1a, 1b, and 1c						

Form 8582 (2023)

1 01111 0302 (202	,									raye z	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
	Name of activity		Currer	nt year		Prior years		Overall		ll gain or loss	
	Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	ed (d) Gain		(e) Loss	
PLOT NO:	4-66		0.		0.	7,	846.			7,846.	
Total. Enter	on Part I, lines 2a, 2b, and 2c		0.		0.	7,	846.				
Part VI	Use This Part if an Amou	nt Is	s Shown on F	Part II,	, Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00)				
Part VII	Allocation of Unallowed L	os:	ses. See instr	uction	s.						
	Name of activity		Form or scho and line nur to be reporte (see instruct	umber rted on (a		(a) Loss		b) Ratio	(c	e) Unallowed loss	
PLOT NO:	4-66		E Ln 2	2		7,846.	1.00000000		7,846.		
						,				,	
Total						7,846.		1.00		7,846.	
Part VIII	Allowed Losses. See instr	ucti	ons.								
	Name of activity		Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Unallowed loss		(c) Allowed loss		
PLOT NO:	4-66		E Ln 22	2		7,846.		7,846.		0.	
Total						7.846.		7.846.		0.	