8879 Form

(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

| Social security number 78.0-60-1014 Spouse's sare Spouse's sare Spouse's sare Spouse's sare Spouse's sare Spouse's sacial security number 78.0-60-1014 Spouse's saci | Submission Identification Number | r (SID) | | | -! | |
|---|---|---|---|---|---|--|
| Spouse's scribt 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 files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 | | (0.5) | | Social coourit | v numbor | |
| Part II | • • | т | | | - | |
| 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 4 3 1, 6, 864, 4 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Expayer 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 for the income tax return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originate return (original or amended) I am now authorizing, I consent to allow my intermediate service provider, transmitter, or electronic return originate (FRO) to send my ventur to the IRS and to release from the IRS and to release the transmitter, or electronic return originator (FRO) to send my ventur to the IRS and to the IRS and to release the transmitter (FRO) to send the provider of the payment of my federal taxes own of on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of my federal taxes own of on this return and/a Agent at 1 self-assistance to review contribution to debit the manuments. (I) the authorization is to remain in full force and effect until I notify the U.S. Tressury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Tressury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Tressury Financial Agent to terminate the authorization. To | | 1 | | | | per |
| 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 16, 864, 4 Annount you want refunded to you 5 Annount you want refunded to you 5 Annount you want refunded to you 5 Annount you want refunded to you 7 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 the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the leave that I have examined a copy of the income tax return (original or amended) I am now authorizing, and the income tax return (original or amended) I am now authorizing (in any dealy in processing the edicarction or editor, and of the date of any intermediate service provider, transmitter, or electronic return original effect of any dealy in processing the edicarction of the tax preparation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the time original or amended process the processing of the edicarction is authorized in its original or amended process of the edicarction is authorized to remain the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminat | Part I Tax Return Inform | nation — Tax Year Ending Dec | ember 31. 2023 | (Enter year you a | re authorizin | <u>a)</u> |
| Notes Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 13, 612. 2 Total tax 2 2 13, 612. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 16, 864. 4 Amount you want refunded to you 5 Amount you owe 9 Amount you want refunded to you 1 Adjusted group 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 bellef, it is true, correct, and compilete. 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, and to the best of my knowledge and bellef, it is true, correct, and compilete. 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, and to the best of my knowledge and bellef, it is true, correct, and compilete. 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, correct to allow my intermediate severies provider, transmitter, or electron return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an advinowledgement of receipt or reason for rejection of the transmissor, (b) the reason Agent to internal and ACP electronic form the IRS (a) an advinowledgement of receipt or reson for rejection of the transmissor, of the reason ACP electronic form of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution account indicated in the surface and application of the payment in the authorization to the lamb the authorization in the payment of the payment in the authorization in the payment of the payment of the payment in the processing of the payment in the processing of the processing | | | 2023 | (Litter year you a | e authorizin | 9.) |
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| 2 13,612. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | | | 1 9 | 7,061. |
| Amount you want refunded to you | | | | | 2 1 | 3,612. |
| A mount you want refunded to you | | | | | | |
| S Amount you owe | 4 Amount you want refunded | d to you | | | | |
| Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of tyour 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 tox 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 tox return (original or present or relative to the IRS and to receive from the IRS (a) an acknowledgement of receive to return or return, and (c) the date of any refund. If applicable, I authorize the U.S. Treation of the transmission, (b) the reason or any delay in processing the return or return, and (c) the date of any refund. If applicable, I authorize the U.S. Treation and a contact the U.S. Treation 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. Treating Financial Agent to terminate the authorization. To revoke (cancel) a suppriment, I must contact the U.S. Treating Financial Agent and the financial institutions involved in the processing of the electronic payment of the contract of the U.S. Treating Financial Agent to terminate the authorization. To revoke (cancel) as a my activate to return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. **Taxpayer's PIN: check one box only** | 5 Amount you owe | | | | 5 | |
| 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 provides; transmitter, or electronic return original or any dealy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tready and its designator and its designatory 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 settimated tax, and the financial institution of the entry to this account. This authorization is to remain in full force and effect until il 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 and Taxes. Set Texpendic concellation 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 the account. This authorization are confidential information necessary to answer inquiries and resolve issues related to the payment. Their 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 Funda Withdrawal Consent. **Taxpayer's PIN: check one box only** | Part II Taxpayer Declarate | tion and Signature Authorizati | on (Be sure you ge | t and keep a cop | y of your ret | turn) |
| Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LC 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 PIN: check one box only ERO firm name Date | return (original or amended) I am now to send my return to the IRS and to refor any delay in processing the return Agent to initiate an ACH electronic fur payment of my federal taxes owed on authorization is to remain in full force payment, I must contact the U.S. The business days prior to the payment (staxes to receive confidential information personal identification number (PIN) be | r authorizing. I consent to allow my intereceive from the IRS (a) an acknowledge or refund, and (c) the date of any refunds withdrawal (direct debit) entry to the this return and/or a payment of estimate and effect until I notify the U.S. Treareasury Financial Agent at 1-888-353-settlement) date. I also authorize the tion necessary to answer inquiries and sellow is my signature for the income tax | rmediate service provider ement of receipt or reasond. If applicable, I authorie e financial institution accited tax, and the financial sury Financial Agent to the 4537. Payment cancella ancial institutions involved difference provides ancial institutions related | r, transmitter, or electron for rejection of the trace the U.S. Treasury are ount indicated in the tainstitution to debit the terminate the authorization requests must be do in the processing of to the payment. I furt | anic return original return original return original return to the second received no let the electronic her acknowled. | nator (ERO) the reason of Financial software for count. This e (cancel) a ater than 2 payment of ge that the |
| I authorize GLOBAL TAXES LLC END 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. 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 only I authorize I aut | | | | | | ٦ |
| Enter five digits, but don't enter all zeros | · | • | to optor or ac | porato my PIN | 1 0 1 4 | ac my |
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| I authorize | Your signature ▶ | | Da | ate ▶ | | |
| I authorize | Spauge's DINL shock and have | alı | | | | |
| 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—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. 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 Form — See Instructions | • | ily | to outon on or | an a water may DINI | | |
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| Don't enter all zeros 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 Form — See Instructions | Part III Certification and A | Authentication — Practitioner | PIN Method Only | | | |
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| ERO Must Retain This Form — See Instructions | authorized to file for tax year indicate | ed above for the taxpayer(s) indicated | above. I confirm that I a | am submitting this retu | rn in accordan | ce with the |
| ERO Must Retain This Form — See Instructions | ERO's signature ▶ | | Di | ate ▶ | | |
| | | | | | | |

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

20**23** OMB No. 1545-0074

| For the year Jar | n. 1–Dec | . 31, 2023, or other tax year beginning | | , 2023, end | ing | | , 20 | See sep | parate instructions. |
|-------------------------------|-----------|---|-----------|---------------------------|--------------|----------------------------------|----------------------|-------------|---|
| Your first name | and mi | ddle initial | Last n | ame | | | | Your so | cial security number |
| ADVITH E | REDD | 7 | KOP | PURAPU | | | | 780 | 60 1014 |
| | | s first name and middle initial | Last n | | | | | _ | s social security number |
| | | | | | | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, see | instruc | tions. | | | Apt. no. | Presider | ntial Election Campaign |
| 9604 DEN | METER | R LANE | | | | | А | | ere if you, or your |
| City, town, or p | oost offi | ce. If you have a foreign address, also co | omplete | spaces below. | Stat | te | ZIP code | | if filing jointly, want \$3 this fund. Checking a |
| CHARLOT | ГΕ | | | | NC | , | 28262 | | ow will not change |
| Foreign country | y name | | | Foreign province/state/o | count | y | Foreign postal code | your tax | or refund. |
| | | | | | | | | | You Spouse |
| Filing Status | s 🗵 | Single | | | | | ousehold (HOH) | | |
| Check only | | Married filing jointly (even if only o | ne had | income) | | | | | |
| one box. | | Married filing separately (MFS) | | | | | surviving spouse | | |
| | | ou checked the MFS box, enter the | | | ı che | cked the HOH | l or QSS box, ent | er the chi | d's name if the |
| | qu | alifying person is a child but not you | ur aepe | endent: | | | | | |
| Digital | At ar | ny time during 2023, did you: (a) rec | eive (as | s a reward, award, or p | payn | nent for prope | rty or services); o | r (b) sell, | |
| Assets | exch | ange, or otherwise dispose of a dig | jital ass | et (or a financial intere | est in | a digital asse | t)? (See instruction | ons.) | ☐ Yes ☒ No |
| Standard | Som | eone can claim: You as a de | epende | nt | e as a | a dependent | | | |
| Deduction | | Spouse itemizes on a separate retur | n or yo | ou were a dual-status a | alien | | | | |
| Age/Blindnes | s You: | ☐ Were born before January 2, 1 | 959 | Are blind Spo | use: | Was bor | n before January | 2, 1959 | ☐ Is blind |
| Dependent | - | - | | (2) Social security | , | (3) Relationsh | (A) Chook the | | fies for (see instructions): |
| If more | | rst name Last name | | number | | to you | Child tax | credit | Credit for other dependents |
| than four | | | | | | | | | |
| dependents, | | | | | | | | | |
| see instruction and check | s — | | | | | | | | |
| here | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (s | ee instructions) | | | | . 1a | 111,430. |
| Attach Form(s) | b | Household employee wages not re | eported | d on Form(s) W-2 | | | | . 1b | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | |
| 1099-R if tax | е | Taxable dependent care benefits | | • | | | | . <u>1e</u> | |
| was withheld. | f | Employer-provided adoption bene | efits fro | m Form 8839, line 29 | | | | . 1f | |
| If you did not get a Form | g | <u> </u> | | | | | | 1g | 0 |
| W-2, see | h | Other earned income (see instructions) | | | | | | | 0. |
| instructions. | i | Nontaxable combat pay election (| see ins | tructions) | | <u>1i</u> | | | 111 420 |
| | <u>z</u> | Add lines 1a through 1h | · · | | | | | . 1z | 111,430. |
| Attach Sch. B if required. | 2a | ' <u>-</u> | 2a | 1.0 | | axable interest | | . 2b | 40. |
| | 3a 4a | | 3a 4a | | | rdinary divider axable amount | | . 3b | 40. |
| Standard | 1 | | 4а 5а | | | axable amount | | . 46 | + |
| Deduction for— | 5a 6a | | 6a | | | axable amount | | . 6b | |
| Single or Married filing | C | If you elect to use the lump-sum e | | | | | | . 00 | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | · · | • | • | | 7 | 1 |
| Married filing | 8 | Additional income from Schedule | | | | | | . 8 | -14,587. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | . 9 | 97,061. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | | | | | . 10 | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | . 11 | 97,061. |
| \$20,800 | 12 | Standard deduction or itemized | - | | | | | . 12 | |
| If you checked any box under | 13 | Qualified business income deduct | | | | 5-A | | . 13 | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | . 14 | + |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | ro or le | ss, enter -0 This is ye | our t | axable incom | e | | |

| Credits | 16 17 18 | Tax (see instructions). Check if any from Form | ı(s): 1 🗌 8814 | 1 0 70 | | | | Page 2 |
|----------------------------|----------------|--|-----------------------|---------------------|-------------------|--------------|------------|---------|
| Credits | 17 | | (s): 1 8814 | 1 0 1070 | | | | |
| 1 1 2 2 2 2 | | | | + Z 🗀 49/2 - | 3 ∟ | | . 16 | 13,612. |
| 1 2 2 2 2 | 40 | Amount from Schedule 2, line 3 | | | | . | . 17 | • |
| 2 2 2 | 10 | Add lines 16 and 17 | | | | | . 18 | 13,612. |
| 2 | 19 | Child tax credit or credit for other dependent | ts from Schedu | ıle 8812 | | | . 19 | • |
| 2 2 2 | 20 | Amount from Schedule 3, line 8 | | | | | . 20 | |
| 2 | 21 | Add lines 19 and 20 | | | | | . 21 | |
| 2 | 22 | Subtract line 21 from line 18. If zero or less, e | enter -0 | | | | . 22 | 13,612. |
| | 23 | Other taxes, including self-employment tax, | from Schedule | 2, line 21 | | | . 23 | 0. |
| Payments 2 | 24 | Add lines 22 and 23. This is your total tax | | | | | . 24 | 13,612. |
| | 25 | Federal income tax withheld from: | | | | | | • |
| | а | Form(s) W-2 | | | 25a | 16,86 | 4. | |
| | b | Form(s) 1099 | | | 25b | | | |
| | С | Other forms (see instructions) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | . 25d | 16,864. |
| f you have a | 26 | 2023 estimated tax payments and amount ap | pplied 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 | | 1 | 28 | | | |
| 2 | 29 | American opportunity credit from Form 8863 | 3, line 8 | | 29 | | | |
| 3 | 30 | Reserved for future use | | | 30 | | | |
| 3 | 31 | Amount from Schedule 3, line 15 | | | 31 | | | |
| 3 | 32 | Add lines 27, 28, 29, and 31. These are your | total other pa | yments and refu | ndable cre | edits . | . 32 | |
| 3 | 33 | Add lines 25d, 26, and 32. These are your to | tal payments | | | | . 33 | 16,864. |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 | 4 from line 33. | This is the amoun | t you over | paid . | . 34 | 3,252. |
| | 35a | Amount of line 34 you want refunded to you | | | - | | 35a | 3,252. |
| Direct deposit? | b | Routing number 0 4 4 0 0 0 0 0 | | | Checking | Savin | gs | |
| See instructions. | d | Account number 3 1 5 7 2 0 2 | | | | _ | | |
| 3 | 36 | Amount of line 34 you want applied to your | | d tax | 36 | | | |
| Amount 3 | 37 | Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.gov</i> | | see instructions . | | | . 37 | |
| | 38 | Estimated tax penalty (see instructions) . | | | 38 | | | |
| Third Party Designee | Do | you want to allow another person to disc | cuss this retur | | See _ | es. Comple | ete below. | ⊠ No |
| • | _ | signee's | Phone | | | Personal id | | |
| <u></u> | | ne en | no. | | | number (PI | IN) | |
| Sign | nar | | al 41a.la matrione 1 | | | | 4 - 4 1 1 | £ |
| Here | nar Un | der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration of | | | | | | |

| | Phone no. | 937) 432-710 | 3 | Email address | ADVITH | IREDDY7 | 775@GMAIL.CO |)M | |
|-------------------|------------------------------|-------------------|------------------|---------------|---------|---------|--------------|----------|-------------------|
| Deid | Preparer's name | | Preparer's signa | ture | | | Date | PTIN | Check if: |
| Paid | SYAM PRIYA RAM S | AGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA T | ALLAM | 02/09/2024 | P020827 | ∫3 Self-employed |
| Preparer Use Only | Firm's name GLOBAL TAXES LLC | | | | | | | Phone n | o. (678) 965-9522 |
| Use Only | Firm's address | 245 ROONE | Y CT E BRU | JNSWICK N | J 0881 | 6 | | Firm's E | IN 84-3171965 |

Date

Spouse's signature. If a joint return, \boldsymbol{both} must sign.

Joint return?

See instructions.

Keep a copy for your records.

SOFTWARE DEVELOPER

Spouse's occupation

(see inst.)

(see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here

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

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

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ADVITH REDDY KOPPURAPU

780-60-1014

| 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 | -14,587. |
| 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 p8 | | |
| 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 | | | 1 4 505 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,587. |

Page 2 Schedule 1 (Form 1040) 2023

| Par | Adjustments to Income | | | |
|--------|---|---------------------|----------|----------------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee- | -basis government | | |
| | 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 8l from the | | | |
| | rental of personal property engaged in for profit | 24b | | |
| С | | 24c | | |
| d | · · · · · · · · · · · · · · · · · · · | 24d | - | |
| e | Repayment of supplemental unemployment benefits under the Trade | 240 | - | |
| C | ' | 24e | | |
| f | - | 24f | | |
| g g | | 24g | - | |
| _ | Attorney fees and court costs for actions involving certain unlawful | 9 | - | |
| • | 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 | | | |
| | F | 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 here and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA | REV 02/05/24 PRO | Schedule | e 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. Go to www.irs.gov/ScheduleE for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

Your social security number

Name(s) shown on return ADVITH REDDY KOPPURAPU 780-60-1014 Income or Loss From Rental Real Estate and Royalties Part I Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . В If "Yes," did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) OLD ALWAL, SECUNDERABAD HYDERA TELANGANA IN 500010 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV Days (from list below) above, report the number of fair rental and **Days** personal use days. Check the QJV box only A Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** В C Α Income: Rents received 756. 3 4 Royalties received 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 $1, \overline{015}.$ Cleaning and maintenance. 7 7 8 Commissions 8 9 Incurance

| 9 | insurance | 9 | | | | |
|-----|---|--------|---------------|-----|---------|---|
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | 1,1 | 63. | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | |
| 13 | Other interest | 13 | | | | |
| 14 | Repairs | 14 | 2,9 | 54. | | |
| 15 | Supplies | 15 | 2,4 | 15. | | |
| 16 | Taxes | 16 | | | | |
| 17 | Utilities | 17 | 2,5 | 69. | | |
| 18 | Depreciation expense or depletion | 18 | 5,2 | 27. | | |
| 19 | Other (list) | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | 15,3 | 43. | | |
| 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 | 21 | -14,5 | 87. | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | |
| | on Form 8582 (see instructions) | 22 | (14,58 | 7.) | , , |) |
| 23a | Total of all amounts reported on line 3 for all rental proper | ties | | 23a | 756. | |
| b | Total of all amounts reported on line 4 for all royalty prope | erties | | 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 | 5,227. | |
| е | Total of all amounts reported on line 20 for all properties | | | 23e | 15,343. | |
| 24 | Income. Add positive amounts shown on line 21. Do not | inclu | de any losses | | 24 | |

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and 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

25

26

25

14,587.

-14,587.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 Attachment Sequence No. **179**

Identifying number

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

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

| ADV | ITH REDDY KOP | PURAPU | Sch | E OLD AL | WAL, SECUN | DERABAD | 780 | 0-60-1014 |
|--|---|--------------------------------------|--|---------------------|-----------------|-----------------------------|-------|-----------------------|
| Pa | | | rtain Property Une | | | omplete Part I. | | |
| 1 | Maximum amount (| see instructions | s) | | | | 1 | 1,160,000. |
| 2 | Total cost of section | n 179 property | placed in service (se | e instructions | s) | | 2 | |
| 3 | Threshold cost of se | ection 179 prop | perty before reduction | n in limitation | (see instruct | ions) | 3 | 2,890,000. |
| 4 | Reduction in limitat | ion. Subtract lir | ne 3 from line 2. If ze | ro or less, ent | ter -0 | | 4 | |
| 5 | Dollar limitation for separately, see inst | | | | | er -0 If married filing | 5 | |
| 6 | (a) De | escription of proper | | | ness use only) | (c) Elected cost | | |
| | | | | | | | | |
| | | | | | | | | |
| 7 | | | from line 29 | | | | | |
| 8 | | | | | | d7 | 8 | |
| 9 | | | | | | | 9 | |
| 10 | | | | | | | 10 | |
| 11 | | | | | | or line 5. See instructions | 11 | |
| 12 | Section 179 expens | e deduction. A | dd lines 9 and 10, bu | ut don't enter | more than lir | ne <u>11</u> | 12 | |
| 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . 13 | | | | | | | | |
| Note | | | for listed property. In | | | | | |
| Par | t II Special Dep | reciation All | owance and Othe | r Depreciat | ion (Don't i | nclude listed property | See | instructions.) |
| 14 | 14 Special depreciation allowance for qualified property (other than listed property) placed in service | | | | | | | |
| during the tax year. See instructions | | | | | | | | |
| 15 Property subject to section 168(f)(1) election | | | | | | | | |
| 16 Other depreciation (including ACRS) | | | | | | | | |
| Par | III MACRS De | preciation (D | on't include listed | property. Se | e instructio | ns.) | | |
| | | | | Section A | | | | |
| | | • | · · · · · · · · · · · · · · · · · · · | | - | 23 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | | | | | | | |
| | Section B | | ed in Service Durin | g 2023 Tax Y | ear Using th | e General Depreciation | Syst | em |
| (a) (| Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | n (f) Method | (g) D | epreciation deduction |
| _19a | 3-year property | | | | | | | |
| b | 5-year property | | | | | | | |
| C | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| е | 15-year property | | | | | | | |
| 1 | 20-year property | | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | | |
| h | Residential rental | 01/23 | 150,000. | 27.5 yrs. | MM | S/L | | 5,227. |
| | property | | | 27.5 yrs. | MM | S/L | | |
| i | Nonresidential real | | | 39 yrs. | MM | S/L | | |
| | property | | | | MM | S/L | | |
| | Section C- | -Assets Place | d in Service During | 2023 Tax Ye | ar Using the | Alternative Depreciation | n Sy | stem |
| 20 a | Class life | | | | | S/L | | |
| b | 12-year | | | 12 yrs. | | S/L | | |
| С | | | | 30 yrs. | MM | S/L | | |
| | 30-year | | | 00 yi 5. | IVIIVI | OIL | | |
| d | 30-year 40-year | | | 40 yrs. | MM | 5/L | | |
| d Par | 40-year | See instructio | ons.) | | | | | |
| Par | 40-year | | | | | | 21 | |
| Par 21 | 40-year V Summary (Summary (Summary) Listed property. Ent | er amount fron ts from line 12, | n line 28 | 40 yrs. | MM 20 in column | 9/L | 21 | 5,227. |