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

Subm	ission Identification Number (SID)				
Taxpaye	er's name	Social secu	ity numl	per	
SRI	HITHA JANAGAMA	791-33	8-593	6	
Spouse	's name	Spouse's so	cial seci	urity number	
Dort	Tay Patura Information Tay Year Ending December 21	2002 (Enter veer vee	oro ou	thorizina	<u> </u>
Part	Tax Return Information — Tax Year Ending December 31, whole dollars only on lines 1 through 5.	2023 (Enter year you	are au	trionzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1 1	J 54	,076.
2	Total tax		2		,607.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,110.
4	Amount you want refunded to you		4		,503.
5	Amount you owe		5		<u>, 505.</u>
Part		ou get and keep a co	by of y	our retu	rn)
my know return to send for any Agent to payme authori payme business taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (origiowledge and belief, it is true, correct, and complete. I further declare that the amount (original or amended) I am now authorizing. I consent to allow my intermediate service in d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of delay in processing the return or refund, and (c) the date of any refund. If applicable, I to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the fit ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of set days prior to the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues and identification number (PIN) below is my signature for the income tax return (original or original original withdrawal Consent.	ts in Part I above are the an provider, transmitter, or elect or reason for rejection of the authorize the U.S. Treasury ion account indicated in the inancial institution to debit the tent to terminate the authorizancellation requests must be involved in the processing or related to the payment. I further than the processing or the payment.	nounts for transmister and its of tax preper action. The received the electron action	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the
	onic Funds Withdrawai Consent. Byer's PIN: check one box only				
×		er or generate my PIN	5 5	9 3 6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizi	. E		digits, but er all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.	ended) I am now authoriz			
Yours	signature ► Sound	Date ►	03/22/2024		
Spous	se's PIN: check one box only	_			
	_	er or generate my PIN			as my
	ERO firm name	, _	Enter five digits, but		
	signature on the income tax return (original or amended) I am now authorizi	ng.	on't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.				
Spous	se's signature ▶	Date ►			
	Practitioner PIN Method Returns Only—co	ntinue below			
Part	III Certification and Authentication — Practitioner PIN Method (Only			
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected F	PIN. 2 2 2 4 9 Don't er	6 0	8 2 7	1
		Don't er	ici ali Ze	03	
authori	y that the above numeric entry is my PIN, which is my signature for the electronic indi- ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-fil</i>	that I am submitting this re-	urn in a	accordance	
FRO's	s signature ►	Date ►			
	ERO Must Retain This Form — See Ins				
	Don't Submit This Form to the IRS Unless Rec				

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple in this space.		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20						See separate instructions.		
Your first name and middle initial Last name							Your social security number						
SRIHITHA JANA										791	33 5936		
If joint return, spouse's first name and middle initial Last name											's social security numbe		
										722	75 3159		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ions.				1	Apt. no.	Preside	ential Election Campaigr		
9420 PIN	NEWO	OD POINT PLACE									here if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		if filing jointly, want \$3 this fund. Checking a		
SEFFNER						FI		335	84		low will not change		
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		x or refund.		
											You Spouse		
Filing Status	3 C	Single					☐ Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.	X	Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)			
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the		
	qu	alifying person is a child but not you	ır depe	ndent: _1	MANOJ KU	JMA]	R DEGA						
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d award or i	navr	ment for prope	tv or	services): or	(h) sell			
Assets		ange, or otherwise dispose of a digi						-			☐ Yes		
Standard		eone can claim: You as a de					a dependent	, (,			
Deduction		 Spouse itemizes on a separate retur											
A ma /Dlindman		Were born before January 2, 1	050	Are b	lind Con			n hafa	wa lanuan.	1050	☐ Is blind		
	_		909	T	•	ouse			ore January 2	•	ifies for (see instructions):		
Dependent		instructions): irst name Last name		(2)	Social security number	'	(3) Relationshi to you	p (Child tax c		Credit for other dependents		
If more than four	(1) 1	Last Harrie				10 yea							
dependents,													
see instruction	s												
and check here	1 —												
	1a	Total amount from Form(s) W-2, b	ov 1 (e	oo inetru	ctione)					. 1a	63,411.		
Income	b									. 18			
Attach Form(s)	C									. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									<u>, </u>		
W-2G and	e	Taxable dependent care benefits f				13110				. 16			
1099-R if tax was withheld.	f	Employer-provided adoption bene		•	•				. 11				
If you did not	g g	Wages from Form 8919, line 6 .	1110 110	iii oiiii c	, mic 20	•				. 10			
get a Form	h	Other earned income (see instructi	ions)							. 11			
W-2, see instructions.	i	Nontaxable combat pay election (s		tructions)	· · · · ·		1i	Ì					
	z	Add lines 1a through 1h								. 12	63,411.		
Attach Sch. B	2a		2a			b T	axable interest			. 2k			
if required.	3a	· · · · · · · · · · · · · · · · · · ·	3a			b C	rdinary divider	nds .		. 3Ł)		
	4a	IRA distributions	4a			b T	axable amount	· .		. 4k)		
Standard	5a	Pensions and annuities	5a				axable amount			. 5k)		
• Single or	6a	Social security benefits	6a			b T	axable amount	:		. 6k	5		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche							[_ 7			
 Married filing jointly or 	8	Additional income from Schedule								. 8	-9,335.		
Qualifying surviving spouse, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your										. 9			
\$27,700	10	Adjustments to income from Sche								. 10)		
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted	gross incon	ne				. 11	54,076.		
\$20,800 • If you checked	12	Standard deduction or itemized	-							. 12			
any box under	13								. 13				
Standard Deduction,	14	Add lines 12 and 13								. 14	13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our I	taxable incom	e .		. 15	40,226.		

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if any from	om Form((s): 1 🗌 881	4 2 🗌 4972	з 🗌		. 16	4,607.	
Credits	17	Amount from Schedule 2, line 3 .						. 17		
	18	Add lines 16 and 17						. 18	4,607.	
	19	Child tax credit or credit for other de	ependent	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. If zero	or less, e	enter -0				. 22	4,607.	
	23	Other taxes, including self-employm	ent tax, f	rom Schedule	2, line 21			. 23	0.	
	24	Add lines 22 and 23. This is your tot	tal tax					. 24	4,607.	
Payments	25	Federal income tax withheld from:								
•	а	Form(s) W-2				25a	6,11	.0.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						. 25d	6,110.	
If you have a	26	2023 estimated tax payments and a	mount ap	oplied from 20	22 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Sched	lule 8812			28				
	29	American opportunity credit from Fo	orm 8863	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15 .				31				
	32	Add lines 27, 28, 29, and 31. These	. 32							
	33	Add lines 25d, 26, and 32. These are	e your to	tal payments				. 33	6,110.	
Refund	34	If line 33 is more than line 24, subtra							1,503.	
	35a	Amount of line 34 you want refunde	d to you	. If Form 8888	is attached, che	ck here		☐ 35a	1,503.	
Direct deposit?	b	Routing number 0 2 2 3 0	0 1	7 3	c Type: 🛛	Checking [Savir	ngs		
See instructions.	d	Account number 3 1 5 2 8	5 9	7 0						
	36	Amount of line 34 you want applied	to your 2	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is	the amo	unt you owe.						
You Owe		For details on how to pay, go to www	w.irs.gov	/Payments or	see instructions .			. 37		
	38	Estimated tax penalty (see instruction	ons) .			38				
Third Party		you want to allow another person								
Designee		structions						ete below.	⊠ No	
		esignee's me		Phone no.			ersonal i umber (P	dentification		
Sign		der penalties of perjury, I declare that I have	e examined		accompanying sche		,		of my knowledge and	
-		lief, they are true, correct, and complete. De								
Here	Your signature Date Your occupation If						If the IRS se	nt you an Identity		
	· ·			SOFTWARE					IN, enter it here	
Joint return?							(see inst.)	<u> </u>		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (845) 214-3675		Email address	•					
D-:-I	Pre	, , ,	er's signati	ıre		Date	PTII	V	Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM	PRIYA	A RAM SAG	GAR GUPTA	03/22/202	4 P02	2082703	Self-employed	
Preparer									(678) 965-9522	
Use Only		m's address 245 ROONEY CT		NSWICK N	J 08816			Firm's EIN	,	
	<u></u>	4040 ()							- 1010 ()	

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

SRIHITHA JANAGAMA

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 791–33–5936

Par	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 , 335.
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		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 (4	
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:	0_		
_	Total athor income Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8			- 9,335.
	1040, 1040-30, 01 1040-110, 11110 0		10	-y, 333.

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-basis governr	nent		
	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		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	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			
	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.

Your social security number 791-33-5936

OMB No. 1545-0074

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

SRIHITHA JANAGAMA

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

Attachment Sequence No. 13

Pa	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	C. See	instru	ctions. If you a	are an indi	vidual, repo	ort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. \(\text{Ye} \)	s X No	_
В		vill you file required Form(s) 1099?								
1a										_
Α	H.NO5-6-123, VIDYANAGAR CLY KAMAREDDY T	F.T.AI	JGANA T	N 50	3111					-
	nines o 125/v1211milotik oli italikeb21 1			11 00.	<u> </u>					-
C										-
1k	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair r					Fair Rental Days		Personal Use Days		_
A	g personal use days. Check the QJ			Α		365		0		-
В	if you meet the requirements to fi			В						_
С	qualified joint venture. See instru	ctions	S. }	С						-
Туре	e of Property:		ı					ı		_
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descri	ribe)			
						Properti	es:			
Inco	me:			Α		В			С	
3	Rents received	3		5	71.					
4	Royalties received	4								
	enses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,3	63.					_
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,7	70.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12								_
13	Other interest	13								_
14	Repairs	14			52.					_
15	Supplies	15		2,4	51.					_
16	Taxes	16								_
17	Utilities	17		1,6	70.					_
18	Depreciation expense or depletion	18								_
19	Other (list)	19		0 0	0.0					-
20	Total expenses. Add lines 5 through 19	20		9,9	06.					_
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		- 9,3	35.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,33	35.)	()	()
23 a	Total of all amounts reported on line 3 for all rental proper	rties			23a		571.			Ī
k					23b					
c					23c					
c	Total of all amounts reported on line 18 for all properties				23d					
e					23e	9	,906.			
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Eı	nter to	tal losses her	e 25	(9,335.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines 2	24 and	25. E	nter the resu	ult			Ī
	here. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this an						on . 26		-9,335.	