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 sec	Social security number						
NIKHIL SHRAVAN KRI SANKA	027-0	027-02-6165						
Spouse's name	Spouse's	ocial sec	urity numbe	r				
Part I Tax Return Information — Tax Year Ending December 31, 202	3 (Enter year you	are au	thorizing	.)				
Enter whole dollars only on lines 1 through 5.	, , , , , , , , , , , , , , , , , , , ,			<u>, </u>				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1 Adjusted gross income		1		,340.				
2 Total tax				792.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,479.				
4 Amount you want refunded to you		4	2	,687.				
5 Amount you owe	et and keep a co	ppy of v	our retu	ırn)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or								
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoragent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution ac payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financia authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involvaxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	orize the Ú.S. Treasun ecount indicated in the al institution to debit to terminate the authou lation requests must eved in the processing to the payment. I	and its of tax prephe entry rization. The receil of the elurther accordance in the elury acco	designated paration so to this according revoke (ved no late ectronic packnowledge	Financial ftware for ount. This (cancel) a er than 2 ayment of a that the				
Taxpayer's PIN: check one box only	Γ							
<u> </u>	generate my PIN	2 6 2	1 6 5	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	generate my i m		digits, but er all zeros	as my				
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner I below.								
Your signature ▶	Date ►							
Spouse's PIN: check one box only	-							
· _	generate my PIN			as my				
ERO firm name			digits, but					
signature on the income tax return (original or amended) I am now authorizing.			er all zeros					
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner I below.								
<u></u>	Date ►							
Practitioner PIN Method Returns Only—continu	e 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	7 1				
	Don't	enter all ze	eros					
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 that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the Practition of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the Practition of	am submitting this r	eturn in a	accordance					
ERO's signature ►	Date ►							
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requestions.								

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 space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number	_
NIKHIL S	SHRA	VAN KRI	SANK	A							027	02	6165	
		s first name and middle initial	Last nar								Spouse'		security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.	- 1	Presidential Election Campaig			
8100 MEI						10.			109				ou, or your jointly, want \$3	3
, , ,	oost offi	ice. If you have a foreign address, also co	mplete sp	paces bel	OW.	Sta		ZIP c			•	_	nd. Checking a	
PLANO Foreign countr	v namo			oroign pr	rovince/state/	TX		750	n postal c		box bel		not change	
r oreigir counti	y mamo			oreign pr	Ovirioc/State/	COUIT	·y	1 Orong	jii postai o		your tax	Y	_	se
Filing Status	s X	Single					Head of h	useh	old (HOH	——⊢ H)				_
Check only		☐ Married filing jointly (even if only o	ne had ir	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No	
Standard		neone can claim: 🗌 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instructions	s):
If more		(1) First name Last name			number to you			.,-	Child t	ax cre	edit	Credit fo	or other depender	ıts
than four														
dependents, see instruction	s													_
and check	· —									<u> </u>				_
here L				l	\				L				105 535	_
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		105,535.	<u>. </u>
Attach Form(s)	b c	Household employee wages not re	•								1b			_
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			_
W-2G and	e	Taxable dependent care benefits f		•							1e			_
1099-R if tax was withheld.	f	Employer-provided adoption bene									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	ions) .								1h		0.	_
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		105,535.	•
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			_
if required.	3a_	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			_
Standard	4a	-	4a				axable amoun				4b			_
Deduction for—	5a		5a				axable amoun				5b			_
Single or Married filing	6a	,	6a		-11		axable amoun	t		٠ ـ	6b			_
separately, \$13,850	C	If you elect to use the lump-sum e				•	,							
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7		_12 105	_
jointly or Qualifying	8	Add lines 17 2h 3h 4h 5h 6h 7	•								9		-12,195. 93,340.	
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche		-							10		23,3 4 0.	_
Head of	11	Subtract line 10 from line 9. This is									11		93,340.	
household, \$20,800	12	Standard deduction or itemized	-	-	_						12		13,850	
If you checked any box under	13	Qualified business income deduct		•							13			-
Standard Deduction,	14										14		13,850.	_
see instructions.	15	Subtract line 14 from line 11. If zer							-	•	15		79 490	_

Form 1040 (202)	3)								Page 2		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	12,792.		
Credits	17	Amount from Schedule 2, line	3					17			
	18	Add lines 16 and 17						18	12,792.		
	19	Child tax credit or credit for of	ther dependent	ts 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,	enter -0				22	12,792.		
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is ye	our total tax					24	12,792.		
Payments	25	Federal income tax withheld f	rom:								
•	а	Form(s) W-2				25a 1	5,479				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	15,479.		
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC) .			No .	27					
attach Sch. EIC.	28	Additional child tax credit from			_	28					
	29	American opportunity credit fr				29					
	30	Reserved for future use		*		30					
	31	Amount from Schedule 3, line									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. The	•	-	•			33	15,479.		
Refund	34	If line 33 is more than line 24,						34	2,687.		
riorana	35a	Amount of line 34 you want re				•		35a	2,687.		
Direct deposit?	b	Routing number 0 8 1				Checking	Savings				
See instructions.		Account number 3 5 5									
	36	Amount of line 34 you want ar				36					
Amount	37	Subtract line 33 from line 24.	•								
You Owe	0.	For details on how to pay, go						37			
	38	Estimated tax penalty (see ins	structions) .			38					
Third Party	Do	you want to allow another p				See					
Designee	ins	structions				. Tes. C	omplete	below.	⋈ No		
		signee's		Phone			sonal iden ber (PIN)	tification			
<u> </u>		me der penalties of perjury, I declare tha	at I have evenings	no.	accompanying achor		, ,	the best	of my knowledge and		
Sign		lief, they are true, correct, and compl							,		
Here	Υn	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity		
	10	ar organization		Buto	Tour occupation				IN, enter it here		
Joint return?					SOFTWARE E	NGINEER	(see	e inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupati	on	lde	f the IRS sent your spouse an dentity Protection PIN, enter it here			
your records.							(see	e inst.)			
		one no. (816)756-9015		Email address	NIKHILKRISHN						
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer	SYAN	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/27/2024 P02083							Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC Phor								one no. (678)965-9522		
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965		
o	-	40406 ' 1 1' 11 11 1							- 1010		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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 Your social security number NIKHIL SHRAVAN KRI SANKA 027-02-6165 Additional Incomo

Pal	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	-12,195.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
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 . Ente		.	10 105
	1040, 1040-SR, or 1040-NR, line 8		10	-12,195.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			_	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number NIKHIL SHRAVAN KRI SANKA 027-02-6165

								0_ 0_0	
Part	Note: If you are in the business of renting personal property	ertv. use		e C . See	e instru	ctions. If you a	are an inc	lividual, rep	oort farm
	rental income or loss from Form 4835 on page 2, line 40								
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, Z								
Α	SIRCILLA SIRCILLA TELANGANA IN 505301								
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate propabove, report the number of fair					ir Rental Days		nal Use ays	QJV
Α	personal use days. Check the C			Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See instr	uction	S.	С					
Гуре	of Property:				1				
1	Single Family Residence 3 Vacation/Short-Term Residence 4 Commercial	ntal	5 Land 6 Roy			Self-Rental Other (desc	ribe)		
						Properti	ies:		
ncon				Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Exper	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	46.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	90.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,0	36.				
15	Supplies	15		2,1	36.				
16	Taxes	16							
17	Utilities	17		2,6	43.				
18	Depreciation expense or depletion	18		3,6	44.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,7	95.				
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		-12,1	95.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(12,19	95.)	()(
23a	Total of all amounts reported on line 3 for all rental prop	erties			23a		600.		
b	Total of all amounts reported on line 4 for all royalty pro-	perties			23b				
С	Total of all amounts reported on line 12 for all properties	3			23c				
d	Total of all amounts reported on line 18 for all properties	3			23d	3	3,644.		
е	Total of all amounts reported on line 20 for all properties	3			23e	12	795.		
24	Income. Add positive amounts shown on line 21. Do no	t inclu	ide any Id	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real esta	te loss	es from li	ne 22. E	nter to	tal losses her	e 25	(12,195.
26	Total rental real estate and royalty income or (loss).	Comb	oine lines	24 and	25. E	inter the resu	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do n						on		
	Schedule 1 (Form 10/0) line 5. Otherwise, include this s	amouin.	t in thata	tal on li	ina 11	on nago 2	00		_12 105

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 Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

Name(s) shown on return Identifying number NIKHIL SHRAVAN KRI SANKA 027-02-6165 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 12,195. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . **d** Combine lines 1a, 1b, and 1c 1d -12,195. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -12,195. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 12,195. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 105,535. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 22,233. 12,195. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 12,195. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 12,195. 12,195. SIRCILLA

12,195.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V	Complete This Part Befor	e P	art I, Lines 2a	a, 2b,	and 2c. S	ee instrud	ctions.			•		
	Name of activity	Curren		ıt year		Prior y	ears Overa			all gain or loss		
			(a) Net income (line 2a)		(b) Net loss (line 2b)		lowed le 2c)	(d) Gain		(e) Loss		
	on Part I, lines 2a, 2b, and 2c											
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	, Line 9. S	ee instrud	ctions.					
	Name of activity	ar to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).		
SIRCILLA	L		E Ln 22		12,195.	1.0000	0000	12,195		0.		
Total					12,195.	1.0	0	12,19	5.	0.		
Part VII	Allocation of Unallowed L	.oss	ses. See instri	uction	ıs.							
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	_oss	(b) Rati		(с	(c) Unallowed loss		
Total								1.00				
Part VIII	Allowed Losses. See instr	ucti	ons.									
	Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	(a) Loss		nallowed loss	((c) Allowed loss		
			1									
Total												