## 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 security	y number
VINAY SAI VADAPALLI	150-87-	-0654
Spouse's name	Spouse's soci	al security number
Part I Tax Return Information — Tax Year Ending December 31, 2023	 (Enter year you ar	re authorizing.)
Enter whole dollars only on lines 1 through 5.		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		<b>1</b> 50,394.
2 Total tax		<b>2</b> 4,163.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 7,979.
4 Amount you want refunded to you		4 3,816.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a copy	of your return)
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	transmitter, or electro for rejection of the trae the U.S. Treasury ar unt indicated in the tanstitution to debit the arminate the authorization requests must be I in the processing of the payment. I furtle	nic return originator (ERO) ansmission, (b) the reason its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
▼ I authorize GLOBAL TAXES LLC to enter or gen	perate my PIN	0 6 5 4 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Your signature ▶ Dat	te ▶	
Spouse's PIN: check one box only		
• —	sarata my DINI	
I authorize to enter or gen	_	er five digits, but
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.		
Spouse's signature ▶ Dat	te ▶	
Practitioner PIN Method Returns Only—continue I	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  Don't ente	5 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Provide	n submitting this retu	rn in accordance with the
ERO's signature ▶ Dat	te ▶	
ERO Must Retain This Form — See Instruction		

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

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



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	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, end	ling			, 20	Ì	See se	oarate i	instructions.
Your first name	and m	iddle initial	Last nar	ne							Your so	cial sec	curity number
VINAY SA	ΔT		VADA	PALLI							150	87	0654
		s first name and middle initial	Last nar										security number
Homo addrosa	/numb	or and atreat). If you have a D.O. have acco	inatruatia	200					nt no		Dide		
4835 USA		er and street). If you have a P.O. box, see	HISHUCIIC	JIIS.					.2202				ection Campaign ou, or your
		ביאם ice. If you have a foreign address, also co	mplete sr	paces bel	ow.	Sta	te	ZIP c					jointly, want \$3
SAN ANTO		,,,	,			TX		782		- 1	•		nd. Checking a
Foreign country			F	oreign pr	ovince/state/				n postal c		your tax		not change ınd.
	,						•		•		,		_
Filing Status	s 🗵	Single	•				Head of h	ouseh	old (HOF	H)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ring spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOF	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		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Y€	es 🗵 No
Standard	Som	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 <b>Spc</b>	ouse	: Was bor	n befo	re Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	rity (3) Relationship			) Check tl	he bo	x if quali	fies for (	(see instructions):
If more	(1) F	irst name Last name			number		to you	you Child tax of		ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	c								[				
and check	· 												
here	]												
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		57,937.
Attach Form(s)	b	Household employee wages not re	•		` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>l 1i</u>						F. 0.0.
	Z	Add lines 1a through 1h	. i .								1z		57,937.
Attach Sch. B	2a	· –	2a				axable interes				2b		
if required.	<u>3a</u>		3a				ordinary divide				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a		-11		axable amoun	t		٠ -	6b		
separately,	c	If you elect to use the lump-sum e		-		•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7		
jointly or Qualifying	8	Additional income from Schedule									8		-7,543.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		50,394.
\$27,700 Head of	10	Adjustments to income from Sche									10		F0 204
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		50,394.
If you checked	12	Standard deduction or itemized				-					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850. 36 544

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	4,163.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	4,163.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,163.	
	23	Other taxes, including self-en	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	4,163.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,979			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	7,979.	
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8 .     .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits								
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	7,979.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	3,816.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	3,816.	
Direct deposit?	b	Routing number 0 2 1			,, <u> </u>	Checking	Savings	s		
See instructions.	d	Account number 3 8 1	0 4 9 1	1 2 3 2	2 2   1					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, go	_	-				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party		you want to allow another	•			_				
Designee						<del></del>	•		⊠ No	
		signee's me		Phone no.			sonal idel nber (PIN)	ntification		
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	dules and statemer	nts, and to	the best	of my knowledge and	
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
Here	Yo	ur signature		Date	Your occupation				nt you an Identity	
							1	otection P ee inst.)	PIN, enter it here	
Joint return? See instructions.		augo's signature. If a joint return h	ath must sign	Data	SOFTWARE E		`	· ,		
Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupati	OH	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here		
, ca. 1000.ac.							,	ee inst.)		
		one no. (860)839-6770		Email address	VINAYSAIVADA				Chock if:	
Paid		eparer's name	Preparer's signat		OTTOMA MATERIA	Date	PTIN	00700	Check if:	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/02/2024		82703	Self-employed	
Use Only							(678)965-9522			
	Fin	m's address 245 ROONES	r C.I. F. BKO	INSWICK No	J 08816		Fir	m's EIN	84-3171965	

## SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

VINAY SAI VADAPALLI

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.

	Sequence No. <b>01</b>
Your soc	ial security number
150-87	-0654

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	ch Schedule E .	5	-7,543.
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			
	,	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 <b>additional income</b> . Enter	here and on Form		D 540
	1040, 1040-SR, or 1040-NR, line 8		10	-7,543.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	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 <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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

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

VIN	AY SAI VADAPALLI						150-8	7-0654			
Par	Note: If you are in the business of renting personal proper	rty, use S		C. See	instru	ctions. If you a	are an indiv	idual, rep	ort farm		
_	rental income or loss from Form 4835 on page 2, line 40.		- () 4	2222					57.11		
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .										
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u></u>	s No		
1a	Physical address of each property (street, city, state, ZII	P code)									
Α	Seetharamapuram Vijayawada ANDHRA PRAI	DESH I	IN 520	002							
В											
С											
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair	rental a	ınd	Fair Rental Days			Person Day		, G1A		
Α	personal use days. Check the Q					365		0			
В	if you meet the requirements to a qualified joint venture. See instru			В							
С	qualified joint venture. Occ mane	dotions.		С							
Туре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desci	ribe)				
						Properti					
Incor	ne:			Α		В			С		
3	Rents received	3			00.						
4	Royalties received	4									
Expe	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		8	00.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,0	00.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		2,4	60.						
15	Supplies	15		1,1	79.						
16	Taxes	16									
17	Utilities	17		2,6	04.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		8,0	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 <b>Form 6198</b>	21		-7,5	43.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		7,54	13.)	(	)(		)		
23a	Total of all amounts reported on line 3 for all rental prope	·			23a		500.				
b	Total of all amounts reported on line 4 for all royalty prop				23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	8	,043.				
24	Income. Add positive amounts shown on line 21. Do not		e any los	ses			. 24				
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses her	e <b>25</b> (		7,543.)		
26	Total rental real estate and royalty income or (loss).	Combin	ne lines 2	24 and	25. E	nter the resu	ult				
	here. If Parts II, III, and IV, and line 40 on page 2 do no	ot apply	to you,	also e	nter th	nis amount o					
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	ımount iı	n the tot	al on li	ne 41	on page 2	. 26		-7,543.		