## 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

	1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numl	per		
TANC	OOJ CHOWDARY KOTHURU	132-55	-317	9		
Spouse's	s name	Spouse's soo	ial sec	urity number		
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	( VOOR VOU O	ro ou	thorizina \	<u> </u>	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enterwhole dollars only on lines 1 through 5.	year you a	ie au	uionzing.,	)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	78	,824.	
2	Total tax		2		,602.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,282.	
4	Amount you want refunded to you		4		,680.	
	Amount you owe		5		, 000.	
Part		кеер а сор	y of y	our retui	rn)	
my kno return ( to send for any Agent to paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the patic Europeant with discussion of the income tax return (original or amended) I as in Europeant with discussion of the payment (extitlement) and the income tax return (original or amended) I as income with the withdrawal Original or amended) I as income with the withdrawal Original or amended).	ve are the am itter, or electro- ection of the transcript a cicated in the transcript and to debit the ethe authorizations must be processing or payment. I fur	ounts front re- ransmind its of ax preparation. The receiff the elastic accordance of the elasti	from the inc turn originat ssion, <b>(b)</b> th designated paration soff to this acco To revoke (oved no late ectronic paracknowledge	come tax for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the	
	nic Funds Withdrawal Consent.  yer's PIN: check one box only					
X		mv PIN 5	3 2	1 7 9	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Your s	ignature ▶ Date ▶ _					
Snous	e's PIN: check one box only					
Ороиз	I authorize to enter 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 authorizing.	do	n't ente	er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	Certification and Authentication — Practitioner PIN Method Only					
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2 7	1	
		Don't ent	er all Ze	108		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Incompanies.	nitting this retu	urn in a	accordance		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To I	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 Serv  S. Individual Income Tax		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, end	ling			, 20		See se	parate	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity number
TANOOJ CHOWDARY KOTH											132	55	3179
If joint return, s	pouse's	s first name and middle initial	Last nai	me							Spouse'	s social	l security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign
_1530 GR	OVE I	RIDGE						1	.04				ou, or your
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			•	jointly, want \$3 nd. Checking a
GERMANT	NWC					TN	I	381	38		•		not change
Foreign countr	y name		F	Foreign pr	ovince/state/	count	У	Foreig	n postal c	ode	your tax	or refu	
Filing Status	s X	Single					Head of h	ouseh	old (HOI	<del>-</del>  )			
Check only		Married filing jointly (even if only o	ne had ii	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		
		ou checked the MFS box, enter the			ouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, 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	t)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No
Standard	Som	eone can claim:   You as a de	pendent	t 🗌	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 bli	ind <b>Sp</b> o	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4	) Check t	he bo	x if quali	fies for	(see instructions):
If more		) First name Last name number to you Child tax		ax cre	credit Credit for oth		or other dependents						
than four													
dependents,													
see instruction and check	5												
here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		93 <b>,</b> 679.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						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 t	penefits from Form 8839, line 29						1e				
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	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (	see instr	ructions)			<u>1</u> i						00 670
	<u>z</u>	Add lines 1a through 1h			· · i						1z		93,679.
Attach Sch. B if required.	2a	. –	2a				axable interest				2b		
ii required.	3a_		3a				rdinary divide				3b		
Standard	4a	<del>-</del>	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,						٠ ـ	6b	<u> </u>			
separately, \$13,850	C	If you elect to use the lump-sum e		•		`	,				1 -		
Married filing	7		Capital gain or (loss). Attach Schedule D if required. If not required, check here							7		1 / 0 5 5	
jointly or Qualifying	8		•								8		-14,855.
surviving spouse, \$27,700	9		7, and 8. This is your <b>total income</b>						9		78,824.		
Head of	10	Adjustments to income from Sche								10		70 004	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		78,824.
If you checked	12	Standard deduction or itemized					 E A				12		13,850.
any box under Standard	13	Qualified business income deduct									13		13 050
Deduction, see instructions.	14	Add lines 12 and 13					 avable incom				14		13,850.

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	9,602.		
Credits	17	Amount from Schedule 2, lin	ne 3				[	17			
	18	Add lines 16 and 17					[	18	9,602.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19			
	20	Amount from Schedule 3, lin	ne 8				[	20			
	21	Add lines 19 and 20					[	21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0			[	22	9,602.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		[	23	0.		
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	9,602.		
<b>Payments</b>	25	Federal income tax withheld	I from:								
	а	Form(s) W-2				<b>25a</b> 12	,282.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c					[	25d	12,282.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return		[	26			
qualifying child, attach Sch. EIC. T	27	Earned income credit (EIC)			No .	27					
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	·		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32									
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	12,282.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,680.		
	35a	Amount of line 34 you want			3 is attached, chec	ck here	. 🗆 [	35a	2,680.		
Direct deposit?	b	Routing number 0 7 1			<b>c</b> Type:	Checking	Savings				
See instructions.	d	Account number 7 5 9	7 7 8 6	2 9							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see in	nstructions) .			38					
<b>Third Party</b>		you want to allow another	•								
Designee							omplete be		⊠ No		
	De: nar	signee's ne		Phone no.			onal identific oer (PIN)	ation			
Sign		der penalties of perjury, I declare to	hat I have examined	d this return and	accompanying sche		, ,	e best	of my knowledge and		
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
пеге	You								nt you an Identity		
									IN, enter it here		
Joint return?		DEVOPS ENGINEER						ee inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation					nt your spouse an ection PIN, enter it here		
your records.							(see in	•	· · · · · · · · · · · · · · · · · · ·		
	Pho	one no. (309) 868-105	1	Email address	TKOTHURU@G	MAIL.COM					
D-:-I	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/09/2024	P02082	703	Self-employed		
Preparer		m's name GLOBAL TA	1						(678) 965-9522		
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965		
Go to www.irs.go	ov/Form	n1040 for instructions and the late			BAA	REV 02/05/24 PRO			Form <b>1040</b> (2023)		

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

TANOOJ CHOWDARY KOTHURU 132-55-3179 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . . . . . . . . . . . . . . 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . -14,855. 5 5 6 6 7 7 8 Other income: а 8a Gambling 8b 8c Foreign earned income exclusion from Form 2555 . . . . . . . 8d 8e 8f Alaska Permanent Fund dividends . . . . . . . . . . . . . . . . 8q 8i Activity not engaged in for profit income . . . . . . . . . . . . . . . . 8i 8k 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 8n 80 Section 461(I) excess business loss adjustment . . . . . . . . . . . 8p Taxable distributions from an ABLE account (see instructions) . . . 8a Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated . . . . . . . . . . . . . . . . 8u Other income. List type and amount: 9 9

-14,855.

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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		24f			
g		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				
	<b>-</b>	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	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

TANC	OJ CHOWDARY KOTHURU					132-5	55-3179	
Part								
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use <b>Sch</b> e	edule C. See	e instru	ctions. If you a	are an ind	ividual, rep	ort farm
_		4 - Cl - F	-/-> 10000 (	!	4			- <b>V</b> IN-
	Did you make any payments in 2023 that would require you							
В	f "Yes," did you or will you file required Form(s) 1099? .						. <u> </u> Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code)						
Α	H.NO: 6-3-596/74 NAVEEN NAGAR COLONY F	HYDERABA	D, TELAN	AGAN	A IN 500	004		
В								
С								
1b	Type of Property 2 For each rental real estate property	For each rental real estate property listed Fair Rental						QJV
	(from list below) above, report the number of fair				Days	D	QUV	
Α	personal use days. Check the Q		/ A		365		0	
В	if you meet the requirements to find qualified joint venture. See instru		В					
C	quantou joint vontare. eee inere	201101101	С					
Type	of Property:							
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal 5 L	_and	-	Self-Rental			
2	Multi-Family Residence 4 Commercial	6 F	Royalties	8	Other (desc	ribe)		
					Propert			
Incon	ne:		Α		В			С
3	Rents received	3		85.				
4	Royalties received	4						
Exper								
5	Advertising	5						
6	Auto and travel (see instructions)	6						
7	Cleaning and maintenance	7	2,1	42.				
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1,7	775.				
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14	3,1	42.				
15	Supplies	15	2,2	245.				
16	Taxes	16						
17	Utilities	17		20.				
18	Depreciation expense or depletion	18	3,1	16.				
19	Other (list)	19						
20	Total expenses. Add lines 5 through 19	20	15,5	40.				
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		1 4 0					
••	file Form 6198	21	-14,8	555.				
22	Deductible rental real estate loss after limitation, if any,		1 4 0 .	,	,	,		
00	on Form 8582 (see instructions)	22 (	14,85		(	CO.	) (	)
23a	Total of all amounts reported on line 3 for all rental proper			23a		685.		
b	Total of all amounts reported on line 4 for all royalty prop			23b				
C	Total of all amounts reported on line 12 for all properties			23c		116		
d	Total of all amounts reported on line 18 for all properties			23d		3,116.		
e	Total of all amounts reported on line 20 for all properties			23e	15	5,540.		
24 25	Income. Add positive amounts shown on line 21. <b>Do not</b>		-		 tal lagges be-	. 24	/	1/ OFF \
25	Losses. Add royalty losses from line 21 and rental real estat						(	14,855.)
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no							
	Schedule 1 (Form 10/10) line 5. Otherwise include this at					00		_1/ 055