## 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

	-						
Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numl	per			
VENK	KATA SAI PRAMOD R GUNTAKA	792-26-5610					
Spouse's	s name	Spouse's soo			r		
Dowt	Tou Debugge Information Tou Very Ending December 24 0000 /Ente			4 la a vi — i a av	\		
Part	, ,	r year you a	re au	tnorizing.	.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  Adjusted gross income		1	70	,576.		
	Total tax		2		$\frac{,570.}{,547.}$		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3				
	Amount you want refunded to you		4		,643. ,096.		
	Amount you owe		5	4	,096.		
Part		keep a cop		⊥ ∕our retu	rn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended						
to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy 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 induit 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, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the paid identification number (PIN) below is my signature for the income tax return (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support of the payment (original or amended) I as a support or the payment of the pa	ection of the to .S. Treasury a icated in the to on to debit the ethe authoriz- uests must be processing of payment. I fur	ransmind its of ax prepare entry ation. The receipt of the eland	ssion, (b) the designated paration soft to this according revoke (ved no late ectronic packnowledge	ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the		
	nic Funds Withdrawal Consent.  yer's PIN: check one box only						
	-	m, DIN 6	5 6	5   1   0	00 1001		
X	I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	r En		digits, but	as my		
	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 r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.						
Your si	gnature ▶ Date ▶ _						
Snous	e's PIN: check one box only						
Opous	I authorize to enter or generate	my DINI			ac my		
	ERO firm name	-	ter five	digits, but	as my		
	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 amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	Certification and Authentication — Practitioner PIN Method Only						
EDO'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		
ENO 5	EFIN/FIN. Lines your six-digit EFIN followed by your live-digit sen-selected FIN.	Don't ent	_		1 -		
		Don't Gill	J. W. 20	50			
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			
FRO'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 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
VENKATA	SAI	PRAMOD R	GUNT	AKA							792	26	5610
If joint return, s	pouse's	s first name and middle initial	Last nar								Spouse'	s social	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	intial Ele	i ection Campaigr
_1901 KN	IGHT	SBRIDGE RD						2	2308				ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•	_	jointly, want \$3 nd. Checking a
FARMERS	BRA	NCH				TX	Σ	752	34		•		not change
Foreign country	y name		F	oreign pr	ovince/state/	count	ty	Foreig	n postal c	ode	your tax	or refu	_
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOF	<del></del> -			
Check only		Married filing jointly (even if only o	ne had iı	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	ıalifying 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	l. award. or	navn	nent for prope	rtv or	services)	): or (	b) sell.		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard		neone can claim: You as a de					a dependent						
Deduction		 Spouse itemizes on a separate retur	•		•		•						
A are /Dlindness								m bafa	مرد امس		1050		a blind
		: Were born before January 2, 1	959 _	_ Are bli □	<u> </u>	ouse		14	ore Janua	•			s blind (see instructions):
Dependent		s (see instructions):  (1) First name  Last name		(2) Social security (3) Relationship number to you		nip (4	Child t		1		or other dependents		
If more than four	(1)1	Last Hairie		1.0.1.0.0		to you				Juli	Orodit 10		
dependents,										=			
see instruction	s —									=			$\overline{}$
and check here	] —									_			
Income	- 1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions) .						1a		99,043.
	b	Household employee wages not re	•		,						1b		· ·
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•								1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							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		99,043.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a				axable interes				2b		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	ordinary divide	nds .			3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	<del>-</del>	5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t			6b	-	
separately,	C	If you elect to use the lump-sum e		-		•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. ∟	7	+	20 467
jointly or Qualifying	8	Additional income from Schedule	•								8		-20,467.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	-	78,576.
Head of	10	Adjustments to income from Sche									10		70 576
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		78,576.
If you checked	12	Standard deduction or itemized				-	 5 A				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.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	9,547.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	9,547.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,547.
	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	9,547.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 13	3,643		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,643.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	13,643.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	4,096.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	4,096.
Direct deposit?	b	Routing number 1 0 1			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 5 1 8	0 0 9 4	0 2 1 6	5 2				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		0.	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	<b>⋉</b> No
	De	esignee's		Phone			dentification		
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,				,
Here		•	ipiete. Deciaration (			sed on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?				   SOFTWARE ENGINEER				e inst.)	114, 01101 11 11010
See instructions.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation	If th	If the IRS sent your spouse an		
Keep a copy for your records.							ntity Prot e inst.)	ection PIN, enter it here	
	Ph	one no. (731)796-686	6	Email address	PRAMODREDDY	G97@GMAIL.C	MC		
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P0208	32703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. (	(678)965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Fire	n's EIN	84-3171965
									-

## 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

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

VENKATA SAI PRAMOD R GUNTAKA

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
792-26	-5610

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-20,467.
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		
- 1	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 <b>additional income</b> . Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	-20,467.

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				
	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	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	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	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 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.

Attachment Sequence No. 13

OMB No. 1545-0074

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

VENKATA SAI PRAMOD R GUNTAKA

Your social security number 792-26-5610

V 1111	THE SHE FIGURES IN CONTINUE						, , ,	20 3010		
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C. See	instru	ctions. If you ar	re an in	dividual, re	port farm	
	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, ZIF									_
	3-214 LIG, HUDA COLONY MAYURI NAGAR, MI		<u> </u>	וגמגמי	D mm	T 7 NT 7 NT 7 T	NT E O	0040		
A B	3-214 LIG, HUDA COLONY MAYORI NAGAR, MI	IAPU	JR HIDE	RABA	D,IE	LANGANA I	и 500	0049		
C										_
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair in the following state.			Fair Rental Davs				onal Use Days	QJV	
Α	personal use days. Check the Qu	JV box	conly [	Α		365		0	$\perp$	_
В	if you meet the requirements to fi			В					$\top \overline{\sqcap}$	_
С	qualified joint venture. See instru	ictions	3.	С						_
Туре	of Property:					1				
1	Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descri				
						Propertie	es:			
Incom				Α		В			С	
3	Rents received	3		6	40.					
4	Royalties received	4								
Exper										
5	Advertising	5								_
6	Auto and travel (see instructions)	6			50.					
7	Cleaning and maintenance	7		1,9	50.					_
8	Commissions	8								_
9	Insurance	9								_
10	Legal and other professional fees	10								_
11	Management fees	11		1,6	35.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			24.					
15	Supplies	15		5,5	68.					_
16	Taxes	16								_
17	Utilities	17		5,7	80.					
18	Depreciation expense or depletion	18								
19	Other (list)  Total expenses, Add lines 5 through 19	19								_
20	Total expenses. Add lines 5 through 15	20		21,1	07.					_
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	-	-20,4	67.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		20,46		(		)(		)
23a	Total of all amounts reported on line 3 for all rental proper				23a		640.			
b	Total of all amounts reported on line 4 for all royalty properties.	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					
е	Total of all amounts reported on line 20 for all properties				23e	21	,107.			
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. E	nter to	tal losses here	25	5 (	20,467.	)
26	Total rental real estate and royalty income or (loss). Ohere. If Parts II, III, and IV, and line 40 on page 2 do not	t appl	y to you,	also e	nter t	his amount o	- 1			
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	mount	in the tot	al on li	ne /11	on nage 2	000		-20 467	