## 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

IIILEITIAI F	levertue dei vice							
Submis	ssion Identification Number (SID)							
Taxpaye	r's name	Social secu	ity numl	 oer				
SATE	ESH REDDY KAKUMANU	796-78-6125						
Spouse's		Spouse's so	cial sec	urity nu	mber			
Part	, , ,	year you	are au	thoriz	ing.)			
	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 1	I	7.8	857.		
2	Total tax		2			$\frac{637.}{613.}$		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			030.		
	Amount you want refunded to you		4			417.		
	Amount you owe		5			<u> </u>		
Part			by of y	our r	eturr	n)		
my kno return (of to send for any Agent to payment authoriz payment business 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 my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict 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 att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the patic Funds Withdrawal Consent.	e are the an tter, or elect ction of the S. Treasury cated in the n to debit the the authorizests must be processing ayment. I fu	nounts to reconstruction to the construction to the construction. The construction to the electron to the construction to the	from the turn original turn original to this for the tectronic through the tectronic through the tectronic through the tectronic through the tectronic tectr	ne inco iginato (b) the ated Fi n softw accou oke (ca o later ic payr edge t	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the		
	yer's PIN: check one box only			$\neg \neg$	$\neg$			
Тахра	•	BINI DINI	6 3	1 2	5	00 m)/		
	ERO firm name	Ě	nter five on't ente		but	as my		
	signature on the income tax return (original or amended) I am now authorizing.							
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.							
Your si	gnature ▶ Date ▶							
Snous	e's PIN: check one box only							
Ороцз	I authorize to enter or generate	my PINI				as my		
ш	ERO firm name		nter five	digits.		as my		
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•				
	I will enter my PIN as my signature on the income tax return (original or amended) I am nif 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							
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	$2 \mid 7 \mid$	1		
		Don't er	ter all ze					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged 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 e-file Providers of Ir	itting this re	urn in a	accorda	anće v			
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o 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	20 <b>2</b>	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	oarate i	instructions.
Your first name	and m	iddle initial	Last nan	ne							Your social security number		
SATEESH	RED	DY	KAKUI	MANU							796	78	6125
		s first name and middle initial	Last nan										security number
		er and street). If you have a P.O. box, see	instructio	ns.				<i>P</i>	Apt. no.	- 1			ection Campaig
8635 N I		SHAM C'I' ice. If you have a foreign address, also co	mploto on	acca bala		Sta	to	ZIP c	odo				ou, or your jointly, want \$3
,, , ,	ost om	ice. Il you flave a foreign address, also co	mpiete sp	aces beio	w.						•	•	nd. Checking a
HENRICO Foreign country	v namo			oroian pro	vince/state/o	VA count		232	n postal c				not change
r oreign country	y mame		'	oreign pro	Willice/State/t	Journ	y	i oreig	jii postai o	oue	your tax	Yc	
Filing Status	s ×	Single					Head of he	useh	old (HOF	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 of	f your sp	ouse. If yoι	ı che	cked 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 depend	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or	payn	nent for prope	rty or	services)	); or (l	b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asset	(or a fina	ancial intere	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)		es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	□ \	our spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	lual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spc</b>	use	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> So	ocial security	,	(3) Relationsh	ip (4	) Check tl	he box	x if quali	fies for (	(see instructions)
If more		First name Last name		number to you			Child tax		ax cre	dit	Credit fo	or other dependent	
than four									[				
dependents, see instruction	c ——								[				
and check	· 												
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		89,864.
Attach Form(s)	b	Household employee wages not re			•						1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						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 88	39, 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 instru	uctions)			<u>1i</u>						00 064
	z	Add lines 1a through 1h									1z		89,864.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b		
roquiicu.	3a_		3a				rdinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	<del>-</del>	5a				axable amoun				5b		
Single or Married filing	6a	,	6a	1			axable amoun	τ			6b		
separately, \$13,850	C	If you elect to use the lump-sum e		•		•	,						
Married filing	7	Capital gain or (loss). Attach Sche		•	•					. ∟	7		11 007
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-								8		-11,007.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		78,857.
Head of	10	Adjustments to income from Sche									10		70 057
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		78,857.
If you checked	12	Standard deduction or itemized				-	 E 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 <b>2</b>	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	9,613.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	9,613.	
	19	Child tax credit or credit for other dependen	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	9,613.	
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	9,613.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			<b>25a</b> 12	2,030.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	12,030.	
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 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, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ındable credits		32		
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	12,030.	
Refund	34	If line 33 is more than line 24, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	2,417.	
	35a	Amount of line 34 you want refunded to you		is attached, chec	ck here	. 🗆	35a	2,417.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 0			Checking	Savings			
See instructions.	d	Account number 4 8 8 0 6 7 6	8 9 4	4 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. This is the <b>amo</b> For details on how to pay, go to <i>www.irs.go</i>	•				37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to disc structions			_	omplete b	elow.	⊠ No	
J		signee's	Phone			onal identifi	cation		
		me	no.			ber (PIN)		<del></del>	
Sign Here		der penalties of perjury, I declare that I have examine lief, they are true, correct, and complete. Declaration						, ,	
11010	Yo	ur signature	Date Your occupation			If the IRS sent you an Identity			
				NCTNEED	(see in	tection PIN, enter it here			
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	SOFTWARE E				nt vour spouse an	
Keep a copy for your records.		odoo o ognataro. Ir a joint rotarri, <b>boar</b> made ogn	Buto	opodoo o ooodpan	O.1.	Identi	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (361)228-7371	Email address	SATEESH.KAKU	MANU@GMAIL.C	MC			
Paid	Pre	eparer's name Preparer's signat	ture		Date	PTIN	7	Check if:	
Preparer	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	03/26/2024	P02082	703	Self-employed	
Use Only	Fir	m's name GLOBAL TAXES LLC				Phone	e no. (	678)965-9522	
————	Fir	m's address 245 ROONEY CT E BRU	NSWICK N	J 08816		Firm's	EIN		
0	/-	10106 1 1 11 11 11 11 11 11						- 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 Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name	ocial security number				
SATE	ESH REDDY KAKUMANU		796-7	78-61	.25
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. Att			5	-11,007.
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	OT			
	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
9	Total other income. Add lines of thiough of			<u> </u>	

10

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-11,007.

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.

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 796-78-6125 SATEESH REDDY KAKUMANU

Part	Income or	Los	s From Rental Real Estate and Royalties							
			he business of renting personal property, use <b>Schedul</b> ss from <b>Form 4835</b> on page 2, line 40.	e C. See	instructions. If you	are an individual, repo	ort farm			
B If	<b>3</b> If "Yes," did you or will you file required Form(s) 1099?									
1a Physical address of each property (street, city, state, ZIP code)										
Α	BHAVANI NAGA	AR,	KODAD SURYAPET TELANGANA IN 50	8206						
В										
С										
1b	Type of Property (from list below)  2 For each rental real estate property listed above, report the number of fair rental and  5 Fair Rental Days  9 Days  QJV									
Α	g personal use days. Check the QJV box only A 365 0									
В		if you meet the requirements to file as a qualified joint venture. See instructions.								
С			quaimed joint venture. See instructions.	С						
Гуре	of Property:	_		•			•			
	Single Family Besi		2 Vacation/Chart Tarm Dantal 5 Land	_	7 Colf Dontal					

24

25

26

1	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	7 S	Self-Rental	
2	Multi-Family Residence 4 Commercial		6 Royalties	8 (	Other (describe)	
					Properties:	
Incom	ne:		Α		В	С
3	Rents received	3	6	00.		
4	Royalties received	4				
Exper						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7	1,2	47.		
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	3,1	75.		
15	Supplies	15	2,3	53.		
16	Taxes	16				
17	Utilities	17	3,8	32.		
18	Depreciation expense or depletion	18				
19	Other (list)	19				
20	Total expenses. Add lines 5 through 19	20	11,6	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	-11,0	07.		
22	Deductible rental real estate loss after limitation, if any,					
	on Form 8582 (see instructions)	22	( 11,00	7.)(	)(	)
23a	Total of all amounts reported on line 3 for all rental proper			23a	600.	
b	Total of all amounts reported on line 4 for all royalty proper			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		

Total of all amounts reported on line 20 for all properties .

**Income.** Add positive amounts shown on line 21. **Do not** include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

11,007.

-11,007.

23e

11,607.

24

25