## 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	number				
SHASHI DONTHINENI	791-57-	9452			
Spouse's name	Spouse's socia	ocial security number			
VENKATA KAMALA PRIYA KOTAKALA	991-91-	2954			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e 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		1   127,21	0.		
2 Total tax	[	2 12,51	1.		
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	3 22,99	4.		
4 Amount you want refunded to you	[	4 10,48	3.		
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сору	of your return)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmost of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejector any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipaisments days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	itter, or electron ection of the trains. Treasury an icated in the taxon to debit the earthorization must be processing of payment. I furth	nic return originator (Eunsmission, (b) the read its designated Finar x preparation software entry to this account ition. To revoke (cancereceived no later that the electronic paymenter acknowledge that	ERO) ason ncial e for This el) a an 2 nt of the		
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or generate	my DINI 7	9 4 5 2	mv		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	* Ente	er five digits, but 't enter all zeros	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 signature ▶ Date ▶					
Chausala DINI ahaak aha hay ahb					
Spouse's PIN: check one box only	DINI 1	2 0 5 4			
X I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name			my		
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter 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.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below					
Part III Certification and Authentication — Practitioner PIN Method Only					
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6  Don't enter				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this retur	n in accordance with			
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions			—		

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	e Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	, 2023, end	ling			, 20		See se	oarate i	instructio	ons.
Your first name	and m	iddle initial	Last nan	ne							Your so	cial sec	urity num	nber
SHASHI			DONT	HINEN	I						791	57	9452	
	pouse's	s first name and middle initial	Last nan										security r	number
VENKATA	KAM	ALA PRIYA	KOTAI	KALA							991	91	2954	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Car	mpaign
2233 SA	GE H	ILL LANE						3	3212		Check h	nere if y	ou, or you	ur
		ce. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode			•	jointly, wa	
COPPELL						TX	ζ	750	19		•		nd. Check not chang	-
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	ın postal d	- 1	your tax		nd	Spouse
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	H)				
Check only		Married filing jointly (even if only or	ne had ir	ncome)					•					
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı 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	dent:										
District	Λ+ οι	ny time during 2023, did you: (a) rece	oivo (as a	n roward										
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	es 🛛 N	No
Standard		neone can claim:  You as a de					a dependent	79. (0			<u> </u>			
Deduction	_	Spouse itemizes on a separate return	•				•							
						<u>unon</u>								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	Are bli	nd <b>Spc</b>	ouse	: U Was bor						s blind	
Dependent					ocial security	,	(3) Relationsh	nip (4	-				see instru	
If more	(1) F	(1) First name Last name		number to you			Child tax c		eait	Credit to	r other dep	endents		
than four dependents,													ᆜ	
see instruction	s												ᆜ	
and check	, —												ㅡ	
here L												_		
Income	1a	Total amount from Form(s) W-2, be	,		,						1a		137,1	.60.
Attach Form(s)	b	Household employee wages not re			,						1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c			
W-2G and	d	Medicaid waiver payments not rep									1d			
1099-R if tax	e	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			0.
W-2, see	h i	Other earned income (see instructing Nontaxable combat pay election (s	,					i.			1h			<u> </u>
instructions.		Add lines 1a through 1h	see msm	uctions)							1-		137,1	60
Attach Cab D	<u>z</u> 2a	· · · · · · · · · · · · · · · · · · ·	2a		· · i	Ь Т	 axable interest	 +			1z 2b	_		
Attach Sch. B if required.	2a 3a		2a 3a				rdinary divide				3b	_		
	<u>sa_</u> 4a		за 4а				axable amoun				4b	_		
Standard	5a		<del>т</del> а 5а				axable amoun				5b	_		
Deduction for— Single or	6a		6a				axable amoun				6b	_		
Married filing	C	,		nethod (	 check here					· r	7			
c If you elect to use the lump-sum election method, check here (see instructions)						. –	7							
Married filing jointly or	8	Additional income from Schedule								. –	8		<b>-9,9</b>	 )50.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		127,2	
surviving spouse, \$27,700 \$10 Adjustments to income from Schedule 1, line 26 Head of household, 11 Subtract line 10 from line 9. This is your adjusted gross income  11 Subtract line 10 from line 9. This is your adjusted gross income								10		,	• •			
						11		127,2	210					
\$20,800	12	Standard deduction or itemized	•	-	-						12			700.
If you checked any box under	13	Qualified business income deducti									13		<u>- ' , '</u>	
Standard Deduction,	14										14		27,7	700.
see instructions.	15	Subtract line 14 from line 11. If zer							•	•	15		99 5	

Form 1040 (202)	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	12,511.
Credits	17	Amount from Schedule 2, line 3	3					17	
	18	Add lines 16 and 17						18	12,511.
	19	Child tax credit or credit for oth	her 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	f zero or less, e	enter -0				22	12,511.
	23	Other taxes, including self-emp	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					24	12,511.
Payments	25	Federal income tax withheld from	om:						
-	а	Form(s) W-2				<b>25a</b> 22	994.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	22,994.
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) .				27			
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28			
	29	American opportunity credit from	om Form 8863	, 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. T	hese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				33	22,994.
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amour	t you <b>overpaid</b>		34	10,483.
	35a	Amount of line 34 you want ref	funded to you	ı. If Form 8888	is attached, chec	k here		35a	10,483.
Direct deposit?	b	Routing number 0 6 3 1				Checking	Savings		
See instructions.	d	Account number 8 9 8 0	) 6 3 3	6 2 5 7	7   3				
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. T							
You Owe		For details on how to pay, go t	_	-		1 1		37	
	38	Estimated tax penalty (see inst				38			
Third Party		you want to allow another p						l I .	₩.
Designee		structions		Phone			•		⊠ No
		signee's me		no.			onal ident ber (PIN)	incation	
Sign		der penalties of perjury, I declare that							
Here	be	lief, they are true, correct, and comple	ete. Declaration o	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	h prepar	er has any knowledge.
	Yo	ur signature		Date	Your occupation				nt you an Identity
l-:t0					ETL/ODI DE	VET ○DED		ection P inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, bot	t <b>h</b> must sign.	Date	Spouse's occupati		VEDOLEK .		nt your spouse an
Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	opouse s occupan	511			ection PIN, enter it here
your records.					HOME MAKER		(see	inst.)	
	Ph	one no. (704) 759-4243		Email address	SHASHIETL8	@GMAIL.COM	1		
Paid	Pre	eparer's name P	reparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P0208	2703	Self-employed
Use Only	Firm's name GLOBAL TAXES LLC Pho					Phone no. (678) 965-9522			
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965
0	/-	40406 '				<del>-</del>			= 1040 ()

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

SHASHI DONTHINENI & VENKATA KAMALA PRIYA KOTAKALA

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

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

	Attachment Sequence No. <b>01</b>
Your soc	al security numbe
791-57	-9452

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	ach Schedule E .	5	-9,950.
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			
	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:			
_	<del></del>	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 1040, 1040-SR, or 1040-NR, line 8		10	-9,950.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<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			
<b>0</b> -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere 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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13 Name(s) shown on return Your social security number SHASHI DONTHINENI & VENKATA KAMALA PRIYA KOTAKALA 791-57-9452 Part I **Income or Loss From Rental Real Estate and Royalties Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) P.NO:19&20, SRI SAI SADAN H HASTINAPURAM CENTRAL TELANGANA IN 500079 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 650. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,150. 8 Commissions . . . . . 8 9 9 Insurance . . . 10 Legal and other professional fees 10 11 Management fees . . . . . . . . . . 11 1,850. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,600. 14 Repairs . . . . 2,100. 15 Supplies . . . . . . . 15 16 16 Taxes 17 Utilities . . . . . . . 17 2,900. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 10,600. 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 -9,950. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 9,950.)( 650. 23a Total of all amounts reported on line 3 for all rental properties 23a

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	10,6	00.	
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses			24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. En	nter tota	al losses here	25	( 9,950.)
26	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also en				
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on lin	26	-9,950.		

**b** Total of all amounts reported on line 4 for all royalty properties

23b