## 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 number
KRISHNA TEJA KANNEKANTI	670-47-4591
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 20	23 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	25 (Enter your you are datherizing.)
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1   81,696.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	= 10051
Part II Taxpayer Declaration and Signature Authorization (Be sure you	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of	
return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancibusiness days prior to the payment (settlement) date. I also authorize the financial institutions involves to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or an Illustration I withdrawal Caracter.	ason for rejection of the transmission, (b) the reason norize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 blved in the processing of the electronic payment of ed to the payment. I further acknowledge that the
Electronic Funds Withdrawal Consent.	
Taxpayer's PIN: check one box only	7 4 5 9 1
	generate my PIN Enter five digits, but
<b>ERO firm name</b> signature on the income tax return (original or amended) I am now authorizing.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.	
Your signature ► Kunh Jeg	Date ▶
Spouse's PIN: check one box only	
	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.	don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—contin	
Part III Certification and Authentication — Practitioner PIN Method Only	<i>y</i>
<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 0 8 2 7 1  Don't enter all zeros
	25 1 3 1 411 20100
I certify that the above numeric entry is my PIN, which is my signature for the electronic individua authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method PIN metho	I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — See Instru	
Don't Submit This Form to the IRS Unless Reque	

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



<b>£1040</b>	•	eartment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	nstructions.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity number
KRISHNA	TEJ.	A	KANN	EKANT	'I						670	47	4591
		s first name and middle initial	Last na								Spouse's		security number
											096	69	5479
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Presider	ntial Ele	ection Campaign
3033 OH	IO D	R						_ 2	2007				ou, or your
City, town, or p	ost off	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
FRISCO						ТX	<u> </u>	750	35	- 1	-		not change
Foreign countr	y name		F	Foreign pr	ovince/state/	count	У	Foreig	ın 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 or	ne had i	ncome)									
one box.	×	Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depen	ndent: _S	IRI CHAN	DAN	A JETTI						
Digital		ny time during 2023, did you: (a) rec											
Assets		nange, or otherwise dispose of a dig						et)? (Se	ee instru	ctions	s.)	Y€	es 🗵 No
Standard	_	neone can claim: U You as a de	•				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>Spc</b>	ouse	: Was bo	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	<sub>iip</sub> (4	) Check t	he bo	x if qualif	fies for (	see instructions):
If more		First name Last name		number to you					Child t	ax cre	dit	Credit fo	r other dependents
than four													
dependents,	_												
see instruction and check	s —								[				
here	]								[				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		93,734.
	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ii	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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	ructions)			<u>1</u> i						
	Z	Add lines 1a through 1h									1z		93,734.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a				axable interes				2b		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary 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		٠ ـ	6b		
separately,	C	If you elect to use the lump-sum e		-		•	,						
\$13,850 Married filing	7	. • ,	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7	-	10 000		
jointly or Qualifying	8	Additional income from Schedule	•								8		-12,038.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	-	81,696.
\$27,700 Head of	10	Adjustments to income from Sche									10	-	01 606
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		81,696.
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 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	10,229.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	10,229.
	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	B. If zero or less,	enter -0					22	10,229.
	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	10,229.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	12,	898.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	12,898.
If you have a	26	2023 estimated tax paymen	ts 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 fro	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable d	redits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	12,898.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>ov</b>	erpaid		34	2,669.
	35a	,							35a	2,669.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛	] Checkin	g 🗌 Sa	avings		
See instructions.	d	Account number 3 3 1	2 8 1 6	5 6						
	36	Amount of line 34 you want	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, g	o to www.irs.gov	//Payments or	see instructions				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See _				_
Designee	ins	instructions								<b>⊠</b> No
		Designee's Phone Personal ider name no. number (PIN)							ication	
Ciana		der penalties of perjury, I declare t	hat I have examine		accompanying sche	dules and			ne hest	of my knowledge and
Sign		lief, they are true, correct, and com								, ,
Here	Yo	ur signature		Date	Your occupation			If the	IRS se	nt you an Identity
		<del></del>						Prote	ection P	IN, enter it here
Joint return?					SOFTWARE 1	ENGINE	ER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an ection PIN, enter it here
your records.								(see	inst.)	
	Ph	one no. (413)406-890	7	Email address	SIRIJETTI1	296@GMZ	AIL.COM	1		
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15	/2024 I	202082	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC					Phor	ie no. (	678)965-9522
OSE OILLY	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm'	s EIN	84-3171965

#### **SCHEDULE 1** (Form 1040)

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

OMB No. 1545-0074 Attachment

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

Internal Revenue Service		Sequence No. <b>U1</b>			
Name(s) shown on Fo	Your social security number				
KRISHNA TEJA F	670-47-4591				
Part I Additi	onal Income				
1 Taxable refu	nds, credits, or offsets of state and local income taxes		1		
2a Alimony rece	ived		2a		

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	-12,038.
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		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 additional income. Enter			
	1040. 1040-SR. or 1040-NR. line 8		10	-12,038.

Page **2** Schedule 1 (Form 1040) 2023

Par	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	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	041			
_	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	04:			
	Housing deduction from Form 2555	24i 24j		_	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k		24k			
z	1041)	24K			
_		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIILGI		26	
	BAA		05/24 PRO		le 1 (Form 1040) 2023
	BAA	n=v 02/	UUIZH FITO		10 10, 2020

#### **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

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

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

2023	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

KRIS	SHNA TEJA KANNEKANTI						670-4	7-4591	
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.			<b>c</b> . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
Α [	Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? S	ee ins	structions		. 🗌 Ye	s 🛚 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α									
В									
С									
1b	Type of Property (from list below)  2 For each rental real estate proper above, report the number of fair in the following state of the f				Fa	ir Rental Days	Persor Da	nal Use nys	QJV
Α	personal use days. Check the QJ			Α		216		0	П
В	if you meet the requirements to fi			В					
С	qualified joint venture. See instru	ctions	3.	С					
Гуре	of Property:					•			
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land	I	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)		
	·		· ·						
				•		Propertie	95:		
ncon				Α	18.	В			С
3	Rents received	3		0	18.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 6	77				
7	Cleaning and maintenance	8		1,6	//•				
8 9	Commissions	9							
10	Insurance	10							
11	Legal and other professional fees	11		1 2	4.0				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,3	40.				
13	Other interest	13							
14		14		1,8	76				
15	Repairs	15		2,3					
16	Taxes	16		2,3	1,.				
17	Utilities	17		2,1	29.				
18	Depreciation expense or depletion	18		3,3					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,6	56.				
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	-	-12,0	38.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	12,03	8.)	(	)	(	,
23a	Total of all amounts reported on line 3 for all rental proper				23a		618.		
b	Total of all amounts reported on line 4 for all royalty prope				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	3,	317.		
е	Total of all amounts reported on line 20 for all properties				23e	12,	656.		
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any lo	sses			24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Er	nter to	tal losses here	25	(	12,038.
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						ו		
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	nount	in the to	tal on li	ne 41	on page 2 .	26		-12,038.