## 8879 **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

| internal nevertue Service  |  |  |
|--|--|--|
| Submission Identification Number (SID)   |  |  |
| Taxpayer's name  | Social security  | y number   |
| HARSHITH REDDY KUMBHAM   | 712-95-  | -7542  |
| Spouse's name  |  | al security number   |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 (E   | ntor voor vou o  | ro outhorizing \   |
| Enter whole dollars only on lines 1 through 5.   | nter year you ar   | e authorizing.)  |
| <b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |  |
| 1 Adjusted gross income  |  | <b>1</b> 69,517.   |
| 2 Total tax  |  | <b>2</b> 7,556.  |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |  | 3 10,891.  |
| 4 Amount you want refunded to you  |  | 4 3,335.   |
| 5 Amount you owe   |  | 5  |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get a  | nd keep a copy   |  |
| Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amer   |  |  |
| return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trato send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Electronic Funds Withdrawal Consent.   | r rejection of the tra<br>he U.S. Treasury ar<br>t indicated in the ta<br>titution to debit the<br>hinate the authoriza<br>requests must be<br>to the processing of<br>the payment. I furtle | ansmission, <b>(b)</b> the reason of its designated Financial x preparation software for entry to this account. This tion. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the |
| Taxpayer's PIN: check one box only   |  |  |
| <ul> <li>X   lauthorize GLOBAL TAXES LLC</li> <li>to enter or gener</li> </ul>   | rato my PINI 5   | 7 5 4 2 as my  |
| ERO firm name  | Ent  | er 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 amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.  |  |  |
| Your signature ► Date  | <b></b>  |  |
| Spouse's PIN: check one box only   |  |  |
| ☐ I authorize to enter or gener  | rate my PINI   | ae my  |
| ERO firm name  |  | er five digits, but  |
| signature on the income tax return (original or amended) I am now authorizing.   |  | 't enter all zeros   |
| I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.  |  |  |
| Spouse's signature ▶ Date  | •  |  |
| Practitioner PIN Method Returns Only—continue be   |  |  |
| Part III Certification and Authentication — Practitioner PIN Method Only   |  |  |
| EDOL EFINIDIN Fortuna de l'alt FEIN (alleure de la constitute de la consti |  |  |
| <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<br>Don't ente  | 5   0   8   2   7   1  <br>er all zeros  |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incorauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am serequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers  | submitting this retu   | rn in accordance with the  |
| ERO's signature ▶ Date   | •  |  |
| FRO Must Retain This Form — See Instruction  |  |  |

Don't Submit This Form to the IRS Unless Requested To Do So

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

| <b>1040</b>                      | -        | artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Ta</b>       |                   | rn 201                     | 23         | OMB No. 1545-0          | 074 IRS Us    | e Only                                | —Do not w | rite or sta | aple in this space.              |
|----------------------------------|----------|--|-------------------|----------------------------|------------|-------------------------|---------------|---------------------------------------|-----------|-------------|----------------------------------|
| For the year Jan                 | . 1–Dec  | c. 31, 2023, or other tax year beginning   |                   | , 2023, e                  | nding      |                         | , 20          |                                       | See se    | oarate      | instructions.                    |
| Your first name                  | and m    | iddle initial  | Last nam          | ie                         |            |                         |               |                                       | Your so   | cial sec    | curity number                    |
| HARSHITH                         | i rei    | YOO  | KUMBH             | IAM                        |            |                         |               |                                       | 712       | 95          | 7542                             |
|                                  |          | s first name and middle initial  | Last nam          |                            |            |                         |               |                                       |           | -           | security number                  |
|                                  |          |  |                   |                            |            |                         |               |                                       |           |             |                                  |
| Home address                     | (numbe   | er and street). If you have a P.O. box, see  | instruction       | ns.                        |            |                         | Apt. no.      |                                       | Preside   | ntial Ele   | ection Campaign                  |
| 3400 RAC                         | CHEL     | TERRACE  |                   |                            |            |                         | 5             |                                       |           | ,           | ou, or your                      |
| City, town, or p                 | ost offi | ce. If you have a foreign address, also co   | omplete spa       | aces below.                | Sta        | ate 2                   | ZIP code      |                                       |           |             | jointly, want \$3 nd. Checking a |
| PINE BRO                         | OK       |  |                   |                            | N          | J                       | 07058         |                                       | •         |             | not change                       |
| Foreign country                  | / name   |  | Fo                | oreign province/stat       | e/coun     | ty                      | oreign postal | code                                  | your tax  |             | •                                |
|                                  |          |  |                   |                            |            |                         |               |                                       |           | Yo          | ou 🗌 Spouse                      |
| Filing Status                    | , X      | Single   |                   |                            |            | ☐ Head of ho            | usehold (HC   | )H)                                   |           |             |                                  |
| Check only                       |          | Married filing jointly (even if only o   | ne had in         | come)                      |            |                         |               |                                       |           |             |                                  |
| one box.                         |          | Married filing separately (MFS)  |                   |                            |            | Qualifying s            | urviving spo  | ouse (                                | (QSS)     |             |                                  |
|                                  | If y     | ou checked the MFS box, enter the  | name of           | your spouse. If y          | ou ch      | ecked the HOH           | or QSS box    | , ente                                | r the chi | ld's na     | me if the                        |
|                                  | qu       | alifying person is a child but not you   | ur depend         | lent:                      |            |                         |               |                                       |           |             |                                  |
| Digital                          | At ar    | ny time during 2023, did you: (a) rec  | eive (as a        | reward award o             | or navi    | ment for propert        | v or service  | s). or                                | (b) sell  |             |                                  |
| Assets                           |          | ange, or otherwise dispose of a dig  |                   |                            |            |                         | -             |                                       |           | □ Ye        | es 🛛 No                          |
| Standard                         |          | eone can claim: You as a de  |                   | ·                          |            | a dependent             | •             |                                       |           |             |                                  |
| Deduction                        |          | Spouse itemizes on a separate retur  | •                 | •                          |            | -                       |               |                                       |           |             |                                  |
| A = a /Dlimelmone                |          |  |                   |                            |            |                         | bafava lam    |                                       | 1050      |             | م ادام                           |
|                                  |          | : Were born before January 2, 1  | 959 🗀             |                            | pouse      |                         | before Janu   |                                       |           |             | s blind                          |
| Dependents                       |          | (see instructions): (1) First name Last name                                       |                   | (2) Social secur<br>number | ity        | (3) Relationship to you | ' ' '         | (4) Check the box if Child tax credit |           |             | or other dependents              |
| If more                          | (1)      | instriame Lastriame  |                   | Tidilibei                  |            | to you                  | Orma          |                                       | Cuit      | Orcuit ic   |                                  |
| than four dependents,            |          |  | -                 |                            |            |                         |               | $\vdash$                              |           |             |                                  |
| see instructions                 | s —      |  |                   |                            |            |                         |               | $\vdash$                              |           |             |                                  |
| and check<br>here                | ı —      |  |                   |                            |            |                         |               | 旹                                     |           |             |                                  |
|                                  | 1a       | Total amount from Form(s) W-2, b   | ox 1 (see         | instructions)              |            |                         |               |                                       | . 1a      |             | 84,685.                          |
| Income                           | b        | Household employee wages not re  | •                 | ,                          |            |                         |               | •                                     | . 1b      |             | 01,000:                          |
| Attach Form(s)<br>W-2 here. Also | c        | Tip income not reported on line 1a   |                   | . ,                        |            |                         |               | •                                     | . 1c      |             |                                  |
| attach Forms                     | d        | Medicaid waiver payments not rep   |                   |                            | instri     | uctions)                |               |                                       | . 1d      |             |                                  |
| W-2G and                         | e        | Taxable dependent care benefits to   |                   | ` ' '                      |            |                         |               |                                       | . 1e      |             |                                  |
| 1099-R if tax was withheld.      | f        | Employer-provided adoption bene  |                   |                            |            |                         |               |                                       | . 1f      |             |                                  |
| If you did not                   | g        | Wages from Form 8919, line 6.  |                   |                            |            |                         |               |                                       | . 1g      |             |                                  |
| get a Form                       | h        | Other earned income (see instruct  |                   |                            |            |                         |               |                                       | . 1h      |             | 0.                               |
| W-2, see instructions.           | i        | Nontaxable combat pay election (   |                   |                            |            | 1                       |               |                                       |           |             |                                  |
|                                  | z        | Add lines 1a through 1h  |                   |                            |            |                         |               |                                       | . 1z      |             | 84,685.                          |
| Attach Sch. B                    | 2a       | _  | 2a                |                            | <b>b</b> T | axable interest         |               |                                       | . 2b      |             |                                  |
| if required.                     | 3a       | Qualified dividends  | 3a                |                            | <b>b</b> ( | Ordinary dividend       | ds            |                                       | . 3b      |             |                                  |
|                                  | 4a       | IRA distributions  | 4a                |                            | <b>b</b> T | axable amount           |               |                                       | . 4b      |             |                                  |
| Standard<br>Deduction for —      | 5a       | Pensions and annuities   | 5a                |                            | <b>b</b> T | axable amount           |               |                                       | . 5b      |             |                                  |
| Single or                        | 6a       | Social security benefits   | 6a                |                            | <b>b</b> T | axable amount           |               |                                       | . 6b      |             |                                  |
| Married filing separately,       | С        | If you elect to use the lump-sum election method, check here (see instructions)    |                   |                            |            |                         |               |                                       |           |             |                                  |
| \$13,850<br>Married filing       | 7        | Capital gain or (loss). Attach Schedule D if required. If not required, check here |                   |                            |            |                         |               |                                       |           |             |                                  |
| jointly or                       | 8        | Additional income from Schedule 1, line 10   |                   |                            |            |                         |               |                                       |           |             | -15,168.                         |
| Qualifying surviving spouse,     | 9        | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  | , and 8. T        | his is your <b>total i</b> | ncom       | е                       |               |                                       | . 9       |             | 69,517.                          |
| \$27,700<br>Head of              | 10       | Adjustments to income from Schedule 1, line 26                                     |                   |                            |            |                         |               |                                       |           |             |                                  |
| household,                       | 11       | Subtract line 10 from line 9. This is  | s your <b>adj</b> | justed gross inc           | ome        |                         |               |                                       | . 11      |             | 69,517.                          |
| \$20,800 If you checked r        | 12       | Standard deduction or itemized   | deductio          | ns (from Schedu            | le A)      |                         |               |                                       | . 12      |             | 13,850.                          |
| any box under                    | 13       | Qualified business income deduct   | ion from I        | Form 8995 or For           | m 899      | 95-A                    |               |                                       | . 13      |             |                                  |
| Standard<br>Deduction,           | 14       |  |                   |                            |            |                         |               |                                       | . 14      |             | 13,850.                          |
| see instructions.                | 15       | Subtract line 14 from line 11. If zer  | ro or less,       | enter -0 This is           | your       | taxable income          |               |                                       | . 15      |             | 55,667.                          |

| Form 1040 (2023   | )   |   |                    |                                   |                  |                | Page                |
|-------------------|-----|---|--------------------|-----------------------------------|------------------|----------------|---------------------|
| Tax and           | 16  | Tax (see instructions). Check if any from Form            | • •                |                                   |                  | . 16           | 7,556.              |
| Credits           | 17  | Amount from Schedule 2, line 3                            |                    |                                   |                  | . 17           |                     |
|                   | 18  | Add lines 16 and 17                                       |                    |                                   |                  | <b>—</b>       | 7,556.              |
|                   | 19  | Child tax credit or credit for other dependent            | ts from Sched      | ıle 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           | 7,556.              |
|                   | 23  | Other taxes, including self-employment tax,               | from Schedule      | 2, line 21                        |                  | . 23           | 0.                  |
|                   | 24  | Add lines 22 and 23. This is your total tax               |                    |                                   |                  | . 24           | 7,556.              |
| Payments          | 25  | Federal income tax withheld from:                         |                    |                                   |                  |                |                     |
| -                 | а   | Form(s) W-2   |                    | <b>25</b> a                       | 10,8             | 91.            |                     |
|                   | b   | Form(s) 1099  |                    | <b>25b</b>                        |                  |                |                     |
|                   | С   | Other forms (see instructions)                            |                    | <b>25c</b>                        |                  |                |                     |
|                   | d   | Add lines 25a through 25c                                 |                    | <del></del> .                     |                  | . 25d          | 10,891.             |
| you have a        | 26  | 2023 estimated tax payments and amount a                  |                    |                                   |                  | . 26           |                     |
| ualifying child,  | 27  | Earned income credit (EIC)                                |                    | No .   <b>27</b>                  |                  |                |                     |
| ttach Sch. EIC.   | 28  | Additional child tax credit from 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, line 15                           |                    | 31                                |                  |                |                     |
|                   | 32  | Add lines 27, 28, 29, and 31. These are your              | total other pa     | yments and refundable cr          | edits .          | . 32           |                     |
|                   | 33  | Add lines 25d, 26, and 32. These are your to              |                    |                                   |                  | . 33           | 10,891.             |
| Refund            | 34  | If line 33 is more than line 24, subtract line 2          | 4 from line 33.    | This is the amount you ove        | rpaid .          | . 34           | 3,335.              |
|                   | 35a | Amount of line 34 you want refunded to you                | ı. If Form 8888    | is attached, check here .         | ·                | 35a            | 3,335.              |
| Direct deposit?   | b   | Routing number   1   2   1   0   0   0   3                |                    | c Type: X Checking                |                  |                |                     |
| See instructions. | d   | Account number 3 2 5 0 6 3 3                              |                    |                                   |                  |                |                     |
|                   | 36  | Amount of line 34 you want applied to your                |                    |                                   |                  |                |                     |
| Amount            | 37  | Subtract line 33 from line 24. This is the amo            |                    | -                                 |                  |                | 1                   |
| You Owe           | 0,  | For details on how to pay, go to www.irs.gov              |                    |                                   |                  | . 37           |                     |
|                   | 38  | Estimated tax penalty (see instructions) .                |                    |                                   |                  |                |                     |
| Third Party       | Do  | you want to allow another person to disc                  | cuss this retur    | n with the IRS? See               |                  |                |                     |
| Designee          |     | structions  |                    |                                   | <b>res.</b> Comp | olete below.   | . 🔀 No              |
|                   | De  | signee's  | Phone              |                                   |                  | identification | 1                   |
|                   | naı |   | no.                |                                   | number (         | ,              |                     |
| Sign              |     | der penalties of perjury, I declare that I have examined  |                    | . , .                             |                  |                | , ,                 |
| Here              | pel | ief, they are true, correct, and complete. Declaration of | or preparer (other | than taxpayer) is based on all in | iormation of     |                | , ,                 |
| <del>-</del>      | Yο  | ur signature  | Date               | Your occupation                   |                  | If the IRS s   | ent you an Identity |

Date

Preparer's signature

SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM

Email address

GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Go to www.irs.gov/Form1040 for instructions and the latest information.

Phone no.

Preparer's name

Spouse's signature. If a joint return, both must sign.

(732) 629-3422

Joint return?

**Paid** 

**Preparer** 

See instructions.

Keep a copy for your records.

BAA

SOFTWARE ENGINEER

HARSHITHRKUMBHAM@GMAIL.COM

Date

Spouse's occupation

REV 01/12/24 PRO

01/20/2024

(see inst.)

(see inst.)

P02082703

Firm's EIN

PTIN

If the IRS sent your spouse an Identity Protection PIN, enter it here

Check if:

Phone no. (678) 965-9522

84-3171965 Form **1040** (2023)

Self-employed

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

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074 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.

| HARS   | SHITH REDDY KUMBHAM  | 112-9         | 15-15 | 042      |
|--------|--|---------------|-------|----------|
| 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. Attach Sche  |               | 5     | -15,168. |
| 6      | Farm income or (loss). Attach Schedule F   |               | 6     |          |
| 7      | Unemployment compensation  |               | 7     |          |
| 8      | Other income:  |               |       |          |
| а      | Net operating loss   | )             |       |          |
| b      | Gambling   |               |       |          |
| С      | Cancellation of debt   |               |       |          |
| d      | Foreign earned income exclusion from Form 2555   | )             |       |          |
| е      | Income from Form 8853  |               |       |          |
| f      | Income from Form 8889  |               |       |          |
| g      | Alaska Permanent Fund dividends  |               |       |          |
| h      | Jury duty pay  |               |       |          |
| i      | Prizes and awards  |               |       |          |
| j      | Activity not engaged in for profit income  |               |       |          |
| k      | Stock options  |               |       |          |
| 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)  |               | .     |          |
| n      | Section 951(a) inclusion (see instructions)  |               | .     |          |
| 0      | Section 951A(a) inclusion (see instructions)   |               | .     |          |
| р      | Section 461(I) excess business loss adjustment   |               |       |          |
| 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  | )             | -     |          |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or                    |               |       |          |
|        | a nongovernmental section 457 plan   |               | -     |          |
| u<br>- | Wages earned while incarcerated  |               |       |          |
| Z      | Other income. List type and amount:  |               |       |          |
| 0      | Total other income Add lines 2s through 27   |               |       |          |
| 9      | Total other income. Add lines 8a through 8z  | <br>d on Form | 9     |          |
| 10     | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here an |               | 40    | -15,168. |
|        | 1040, 1040-SR, or 1040-NR, line 8  |               | 10    | 10,100.  |

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

| 11 Educator expenses   |  |
|--|--|
| officials. Attach Form 2106  Health savings account deduction. Attach Form 8889  13  Moving expenses for members of the Armed Forces. Attach Form 3903  14  15 Deductible part of self-employment tax. Attach Schedule SE  16 Self-employed SEP, SIMPLE, and qualified plans  17  18 Penalty on early withdrawal of savings  18  19a Alimony paid  19a Recipient's SSN  19a Date of original divorce or separation agreement (see instructions):  11   |  |
| officials. Attach Form 2106  |  |
| 14 Moving expenses for members of the Armed Forces. Attach Form 3903 15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 Alimony paid 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 19 IRA deduction 20 Student loan interest deduction 21 Student loan interest deduction 22 Reserved for future use 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 C Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 26 Repayment of supplemental unemployment benefits under the Trade Act of 1974 27 Act of 1974 28 Contributions to section 501(c)(18)(D) pension plans 29 Deductible expenses for members of the Armed Forces. Attach Form 3903 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 29 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Deduction 25 Deductible expenses 26 Deductible expenses 26 Deductible expenses 27 Deductible expenses 28 Deductible expenses 29 Deductible expenses 29 Deductible ex |  |
| 15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Recipient's SSN 19a Date of original divorce or separation agreement (see instructions): 18   |  |
| 16 Self-employed SEP, SIMPLE, and qualified plans  |  |
| 17 Self-employed health insurance deduction  |  |
| 18 Penalty on early withdrawal of savings  |  |
| 19a Alimony paid   |  |
| b Recipient's SSN  |  |
| c Date of original divorce or separation agreement (see instructions):  20 21 Student loan interest deduction 22 Reserved for future use   |  |
| 20 IRA deduction   |  |
| 21 Student loan interest deduction 21   22 Reserved for future use 22   23 Archer MSA deduction 23   24 Other adjustments:   a 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   c 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   e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e   f Contributions to section 501(c)(18)(D) pension plans 24f   |  |
| 22 Reserved for future use   |  |
| Archer MSA deduction   |  |
| 24 Other adjustments:  a Jury duty pay (see instructions)  b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit  c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m  |  |
| a Jury duty pay (see instructions)   |  |
| b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit   |  |
| rental of personal property engaged in for profit  |  |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m   |  |
| and USOC prize money reported on line 8m   |  |
| d Reforestation amortization and expenses  |  |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974  |  |
| Act of 1974  |  |
| f Contributions to section 501(c)(18)(D) pension plans   |  |
|  |  |
|  |  |
| h Attorney fees and court costs for actions involving certain unlawful   |  |
| discrimination claims (see instructions)   |  |
| 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   |  |
| j Housing deduction from Form 2555   |  |
| k Excess deductions of section 67(e) expenses from Schedule K-1 (Form  |  |
| 1041)  |  |
| z Other adjustments. List type and amount:   |  |
|  |  |
| 25 Total other adjustments. Add lines 24a through 24z  |  |
| Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on  |  |
| Form 1040, 1040-SR, or 1040-NR, line 10  |  |

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

**Supplemental Income and Loss** 

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

OMB No. 1545-0074

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

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

Your social security number

|          | SHITH REDDY KUMBHAM   |             |           |                |          |                   | 712    | 2 <b>-</b> 95 | -7542     | <u>:</u> |       |
|----------|---|-------------|-----------|----------------|----------|-------------------|--------|---------------|-----------|----------|-------|
| Par      |   |             |           |                |          |                   |        |               |           |          |       |
|          | 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 \$ | Schedule  | C. See         | instruc  | tions. If you a   | are an | individ       | dual, rep | ort fai  | rm    |
| Α        | Did you make any payments in 2023 that would require you  | to file F   | -orm(e) 1 | 0002 S         | oo ine   | tructions         |        |               |           | se X     | No    |
|          | If "Yes," did you or will you file required Form(s) 1099?   |             |           |                |          |                   |        |               |           |          |       |
|          |   |             |           | • •            | • •      | · · · ·           |        | • •           |           |          |       |
| 1a       | Physical address of each property (street, city, state, ZIF   |             |           |                |          |                   |        |               |           |          |       |
| Α        | RAVINDRA NAGAR, NACHARAM HYDERABAD TEI  | LANGAI      | NA IN     | 50007          | 76       |                   |        |               |           |          |       |
| В        |   |             |           |                |          |                   |        |               |           |          |       |
| С        |   |             |           |                |          |                   |        |               |           | 1        |       |
| 1b       | Type of Property 2 For each rental real estate prope  |             |           |                |          | r Rental          | Pei    |               | I Use     |          | λην   |
| _        | (from list below) above, report the number of fair personal use days. Check the Q   |             |           |                |          | Days              |        | Day           |           |          |       |
| A        | personal use days. Check the Quiff you meet the requirements to f   |             |           | A              |          | 215               |        |               | 0         |          |       |
| B        | qualified joint venture. See instru   |             |           | B<br>C         |          |                   |        |               |           |          |       |
|          | of Dyonovity  |             |           | C              |          |                   |        |               |           |          |       |
|          | of Property: Single Family Residence 3 Vacation/Short-Term Ren  | to!         | 5 Land    |                | 7        | Self-Rental       |        |               |           |          |       |
|          | Multi-Family Residence 4 Commercial   | ılaı        | 6 Roya    |                |          |                   | ribo)  |               |           |          |       |
|          | Widiti-Family Nesiderice 4 Commercial   |             | о поуа    | 111162         | 0        | Other (descr      | ibe) . |               |           |          |       |
|          |   |             |           |                |          | Properti          | es:    |               |           |          |       |
| Incon    |   |             |           | Α              |          | В                 |        |               |           | С        |       |
| 3        | Rents received  | 3           |           | 6              | 85.      |                   |        |               |           |          |       |
| 4        | Royalties received  | 4           |           |                |          |                   |        |               |           |          |       |
| Expe     |   |             |           |                |          |                   |        |               |           |          |       |
| 5        | Advertising   | 5           |           |                |          |                   |        |               |           |          |       |
| 6        | Auto and travel (see instructions)  | 6           |           | 1 0            | <u> </u> |                   |        |               |           |          |       |
| 7        | Cleaning and maintenance  | 7           |           | 1,2            | 09.      |                   |        |               |           |          |       |
| 8        | Commissions   | 9           |           |                |          |                   |        |               |           |          |       |
| 9        | Insurance   | 10          |           |                |          |                   |        |               |           |          |       |
| 10<br>11 | Legal and other professional fees   | 11          |           | 1,3            | 50       |                   |        |               |           |          |       |
| 12       | Mortgage interest paid to banks, etc. (see instructions)  | 12          |           | 1,3            | 50.      |                   |        |               |           |          |       |
| 13       | Other interest  | 13          |           |                |          |                   |        |               |           |          |       |
| 14       | Repairs   | 14          |           | 3,5            | 1 4      |                   |        |               |           |          |       |
| 15       | Supplies  | 15          |           | 3,1            |          |                   |        |               |           |          |       |
| 16       | Taxes   | 16          |           | - ,            |          |                   |        |               |           |          |       |
| 17       | Utilities   | 17          |           | 2,5            | 16.      |                   |        |               |           |          |       |
| 18       | Depreciation expense or depletion   | 18          |           | 4,0            |          |                   |        |               |           |          |       |
| 19       | Other (list)  | 19          |           |                |          |                   |        |               |           |          |       |
| 20       | Total expenses. Add lines 5 through 19  | 20          |           | 15,8           | 53.      |                   |        |               |           |          |       |
| 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          | -         | -15 <b>,</b> 1 | 68.      |                   |        |               |           |          |       |
| 22       | Deductible rental real estate loss after limitation, if any,  |             |           |                |          |                   |        |               |           |          |       |
|          | on Form 8582 (see instructions)   | 22 (        |           | 15,16          |          |                   |        | )(            |           |          | )     |
| 23a      | Total of all amounts reported on line 3 for all rental prope  |             |           |                | 23a      |                   | 68     | 5.            |           |          |       |
| b        | Total of all amounts reported on line 4 for all royalty prop  |             |           |                | 23b      |                   |        |               |           |          |       |
| С        | Total of all amounts reported on line 12 for all properties   |             |           |                | 23c      | л                 | 0.0    | _             |           |          |       |
| d        | Total of all amounts reported on line 18 for all properties   |             |           |                | 23d      |                   | , 02   | _             |           |          |       |
| e<br>24  | Total of all amounts reported on line 20 for all properties   |             |           |                | 23e      | 15                | ,85    |               |           |          |       |
| 24<br>25 | Income. Add positive amounts shown on line 21. <b>Do not</b> Losses. Add royalty losses from line 21 and rental real estate |             | -         |                | · ·      | <br>al loccoo bor |        | 24<br>25 (    |           | 15 1     | 60 \  |
|          | Total rental real estate and royalty income or (loss).  |             |           |                |          |                   |        | 20 (          |           | 10,1     | .68.) |
| 26       | here. If Parts II, III, and IV, and line 40 on page 2 do no   |             |           |                |          |                   |        |               |           |          |       |
|          | Schedule 1 (Form 1040), line 5. Otherwise, include this ar  |             |           |                |          |                   |        | 26            |           | -15,     | 168.  |

# Form **4562**

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number HARSHITH REDDY KUMBHAM Sch E RAVINDRA NAGAR, NACHARAM 712-95-7542 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 1,160,000. Total cost of section 179 property placed in service (see instructions) . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . 5 6 (c) Elected cost (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. ММ S/L h Residential rental 02/23 126,567. 4,027 27.5 yrs. MM S/L property 39 yrs. MM 9/1 i Nonresidential real S/L MM property Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year S/I **c** 30-year 30 yrs. MM S/L 40 yrs. MM d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,027. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.