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

Subm	ission Identification Number (SID)			
Taxpaye	y number			
DIN:	-5533			
Spouse	cial security number			
SRA	-7728			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authorizir	ng.)
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 1 1	32,306.
2	Total tax		2	13,628.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,209.
4	Amount you want refunded to you		4	6,581.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a cop	y of your re	eturn)
return to send for any Agent to payme authori payme busines taxes to person	owledge 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, transmuth my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution zation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.I. 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 particular particular and identification number (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I are received to the particular and the particular a	itter, or electro- ection of the tr S. Treasury are cated in the tr on to debit the the authoriza- uests must be processing of ayment. I furt	anic return orig ansmission, (b) and its designat ax preparation entry to this a tition. To revok a received no the electronic her acknowled	inator (ERO) the reason ed Financial software for ccount. This se (cancel) a later than 2 payment of dge that the
	yer's PIN: check one box only			
X		my DINI 3	5 5 3 3	3 20 my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits, bu	
	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 and your return is filed using the Practitioner PIN meth below.			
Yours	signature ▶ Date ▶			
0	and a DINI always are how such			
• –	se's PIN: check one box only	[c		
×		-	-	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits, bu	
	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 and your return is filed using the Practitioner PIN meth below.			
Spous	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below			
Part	III Certification and Authentication — Practitioner PIN Method Only			
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	-	6 0 8 2 er all zeros	7 1
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed 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 Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in accordar	nce with the
FRO'°	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

£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructio	ons.
Your first name	and m	niddle initial	Last nar	me							Your so	cial sec	urity num	nber
DINESH PADM				ARAJU	J						741 43 5533			
If joint return, spouse's first name and middle initial Last na					<u> </u>						Spouse's social security num			number
SRAVANTI	нт		PADM	ARAJU	ī						866	36	7728	
		er and street). If you have a P.O. box, see			<u>, </u>			A	Apt. no.				ection Can	mpaign
7101 S	CUST	ER RD							1118				ou, or you	
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c			•	•	jointly, wa	
MCKINNE	Y				TX 75				7 5 6 7 1				nd. Check not chang	•
Foreign countr		ı.	F					ın postal c	your tax		_	30		
											-	Yo	ou 🗌 S	Spouse
Filing Status	s [Single					Head of h	ouseh	old (HOI	H)				
Check only	_ 	Married filing jointly (even if only o	ne had iı	ncome)					,	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf :	you checked the MFS box, enter the	name o	f your s	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the)
	qu	ıalifying person is a child but not you	ır depen	dent:										
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo											
Digital Assets		ng time during 2023, did you: (a) rec										□Y€	es 🛛 N	No
Standard		neone can claim: You as a de					a dependent	,,, (0	30 1113114	Otion	J.,	<u> </u>	<u></u>	-
Deduction		Spouse itemizes on a separate retur	•											
Deddollon			11 01 you	- Word a	duai status	ancri								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Spo	ouse	: U Was bor						s blind	
Dependent	s (see instructions):			(2) Social security (3) Relationship			_{iip} (4			1		see instrud		
If more	re (1) First name Last name				number to you			Child tax o			edit	Credit fo	or other dep	endents
than four										<u> </u>			_Ц_	
dependents, see instruction	s									<u> </u>			_Ц_	
and check	. —									<u> </u>			_Ц_	
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		135,3	306.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									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 8	839, 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	,		T T						1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						125 2	200
		Add lines 1a through 1h			· · · i						1z		135,3	506.
Attach Sch. B	2a		2a				axable interes				2b			
if required.	3a		3a				ordinary divide							
Standard	4a		4a				axable amoun							
Deduction for—	5a	-	5a				axable amoun							
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum election method, check here (see instructions)											2 0	
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									7		-3,0	100.
jointly or Qualifying	8									8		120 2		
surviving spouse,	9									9		132,3	106.	
\$27,700 • Head of	10	Adjustments to income from Sche								10		100 -		
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		132,3	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)								12		27,7	<u>'UU.</u>	
any box under Standard	13	Qualified business income deduct									13			700
Deduction, see instructions.	14	Add lines 12 and 13									14		27,7	
	715	SUBTRACT LING 1/1 from ling 11 If 70	O Or loce	ontor		OI IV	OVANIA INAAM				1 4 5		111/1 6	

Form 1040 (202)	3)								Page 2	
Tax and	16	Tax (see instructions). Check i	f any from Form	ı(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	13,628.	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	13,628.	
	19	Child tax credit or credit for c	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	13,628.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	13,628.	
Payments	25	Federal income tax withheld	from:							
•	а	Form(s) W-2				25a 2	0,209.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	20,209.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit t	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	20,209.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,581.	
	35a	Amount of line 34 you want r	efunded to you	ار. If Form 8888	3 is attached, chec	ck here	🗌	35a	6,581.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 4 8 8	0 7 3 2	3 1 5 4	4 1					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe						
You Owe		For details on how to pay, go	_	-				37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•							
Designee						_	•		⊠ No	
		signee's me		Phone no.			sonal ident ber (PIN)	tification		
Sign	Un	der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sched	dules and statemer	nts, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and comp	olete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informat	ion of whic	ch prepar	er has any knowledge.	
пеге	Yo	ur signature	Date Your occupation					nt you an Identity		
								tection P e inst.)	IN, enter it here	
Joint return? See instructions.				5.	COMPUTER SY	21 .				
Keep a copy for				Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.	HOME MAKER						I .	e inst.)	, , , , , , , , , , , , , , , , , , , ,	
	Ph	one no. (437)217-4607	7	Email address	dinesh.kz@					
Daid	Pre	eparer's name	Preparer's signat	ure	· 	Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TAX	KES LLC					one no. (678)965-9522		
Use Only								Firm's EIN 84-3171965		
_ · ·		10106 : 1 1: 111 1.1							- 1040	

SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **12**

	(s) snown on return NESH & SRAVANTHI PADMARAJU				. – 43 –	5533	
Did y	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additiona			× No			
Pa					ee ins	tructions)	
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949 line 2, colur	s from , Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and	
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .						
	Totals for all transactions reported on Form(s) 8949 with Box A checked						
	Totals for all transactions reported on Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on Form(s) 8949 with Box C checked						
4	Short-term gain from Form 6252 and short-term gain or (le				4		
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5		
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	y, from line 8 of y	our Capital Loss	Carryover	6	(21,662.	
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-21,662.	
Pai					(see		
See lines This who	ents ss from Part II, nn (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)					
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				C		
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked						
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11		
12	Net long-term gain or (loss) from partnerships, S corporat	12					
13	· •						
	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions				14	(
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in co	olumn (h). Then, g	o to Part III			

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -21,662. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.