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

- Internal	nevenue dervice				
Subm	ission Identification Number (SID)				
Taxpay	er's name	Social secur	ty numb	er	
KUS	UMA BUDDHIRAJU	061-49	-1018	3	
Spouse	's name	Spouse's so	cial secu	rity number	•
					,
Par	· · ·	year you a	are aut	horizing.)
	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. Adjusted gross income		1	103	,024.
2	Total tax		2		, 924. , 926.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,408.
4	Amount you want refunded to you		4		,400. ,482.
5	Amount you owe		5	4	,402.
Part		eep a cop		our retu	rn)
my kn return to sen- for any Agent payme author payme busine taxes persor	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) 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, transmot my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject of delay 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 indirect 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 terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation request days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I authoric Funds Withdrawal Consent.	e are the am tter, or electriction of the t S. Treasury a cated in the t in to debit the the authorizalests must b processing of ayment. I fur	ounts front out out out out out out out out out ou	om the incurr original sion, (b) the lesignated aration sofo this according to the lesignate of the lesignat	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the
	ayer's PIN: check one box only				
Luxp		my PIN 9	1 0	1 8	as my
٢	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but r all zeros	ao 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 and your return is filed using the Practitioner PIN meth below.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generate	my DINI			as my
_	ERO firm name	_	ter five o	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.			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 and your return is filed using the Practitioner PIN meth below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't en	6 0 ter all ze	8 2 7 ros	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this ret	urn in a	ccordance	
ERO's	s signature ► Date ►				
	ERO Must Retain This Form — See Instructions	_			
	Don't Submit This Form to the IRS Unless Requested To I	o 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 2	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	aple in this space	e.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See se	parate	instructions.	
Your first name	e and m	iddle initial	Last nar	t name							Your social security number			
KUSUMA			BUDD	HIRAJU							061	49	1018	
	spouse's	s first name and middle initial	Last nar									•	security num	ıbeı
													<u></u>	
	•	er and street). If you have a P.O. box, see	instruction	ons.					pt. no.	- 1			ection Campa	aign
City town or		' <u>l'</u> ice. If you have a foreign address, also co	mploto o	nacca halay	.,	Sta	to	ZIP o	316				ou, or your jointly, want S	\$3
, , ,		ice. Il you have a foreigh address, also co	mpiete st	paces belov	v.						to go to	this fu	nd. Checking	
Foreign countr				oreign prov	/inco/stato/	SC		292 Eoroic	∪⊥ ın postal c				not change	
r oreigir counti	y Hallie			oreign prov	/IIICe/State/t	Journ	y	i oreig	iii postai c	,oue	your tax	Y		use
Filing Status	s X	Single					Head of he	ouseh	old (HOI	 -				
Check only		Married filing jointly (even if only o	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 o	of your spo	use. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ild's na	me if the	
	qu	ualifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward,	award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fina	ncial intere	est in	n a digital asse	t)? (Se	e instru	ction	s.)		es 🛚 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗌 Y	our spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a du	ual-status a	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d Spo	use:	: Was bor	n befo	re Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) Soc	cial security		(3) Relationsh	ip (4	(4) Check the box it			fies for	see instruction	ns):
If more	(1) F	irst name Last name			umber		to you		Child t	ax cre	edit	Credit fo	or other depende	ents
than four														
dependents, see instruction	.e —													
and check														
here														
Income	1a	Total amount from Form(s) W-2, b	`		,						1a	_	113,618	} .
Attach Form(s)		Household employee wages not re	•	` '	,						1b	_		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)									10	_		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d	_			
1099-R if tax	e	Taxable dependent care benefits f								1e	_			
was withheld.	f	Employer-provided adoption bene	etits from	1 Form 883	39, line 29	•					1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g).
W-2, see	h	Other earned income (see instruct	,				٠	i ·			1h			<i>.</i>
instructions.	i	Nontaxable combat pay election (s	see instr	uctions) .			<u>1i</u>						112 610)
Au / 2 : =	<u>z</u>	Add lines 1a through 1h			<u>.</u> .						1z	_	113,618	•
Attach Sch. B if required.	2a	· -	2a				axable interest					_		
	<u>3a</u> _		3a				rdinary divider axable amoun					_		
Standard	4a		4a				axable amoun axable amoun					_		_
Deduction for—	5a		5a									_		
Single or Married filing	6a c	,	6a	nethod of			axable amoun instructions)			· -	6b			
Separately,											7			
Married filing	8	Additional income from Schedule								. ∟	8		-10,594	
jointly or Qualifying	9		•								9		103,024	
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10	,	<u> </u>	•		
Head of	11	Subtract line 10 from line 9. This is									11		103,024	1
household, \$20,800	12	Standard deduction or itemized									12		13,850	
If you checked any box under	13	Qualified business income deduct									13			<u>, •</u>
Standard	14										14		13,850) .
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		89 17 <i>1</i>	

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	14,926.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	14,926.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	14,926.		
	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 total tax					24	14,926.		
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a 1.5	9,408.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	19,408.		
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return	.,		26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir									
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments				33	19,408.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,482.		
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	4,482.		
Direct deposit?	b	Routing number 0 2 1				Checking	Savings				
See instructions.	d	Account number 4 8 3	0 5 0 4	6 7 8 8	3 3						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37			
	38	Estimated tax penalty (see i	,	,		38		J.			
Third Party		you want to allow another									
Designee		• .	•				omplete	below.	⋈ No		
J		esignee's		Phone			identification				
		me		no.			ber (PIN)				
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com									
Here		ur signature		Date	Your occupation			nt you an Identity			
	10	ur signature		Date	Tour occupation			IN, enter it here			
Joint return?					CHIEF OF DA		inst.)				
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	Date	Spouse's occupat	ion	Iden	the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)				
	Ph	one no. (571) 355-476	6	Email address	KUSUMA129	4@GMAIL.CO					
	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Property	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/23/2024	P0208	2703	Self-employed		
Preparer	Fir	Firm's name GLOBAL TAXES LLC							Phone no. (678) 965-9522		
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information	1	Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
KUSUMA BUDDHIF	AJU	061-49	-1018
Part I Addition	onal Income		
	1 12 66 1 6 1 1 1 1 1 1 1		4

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2 a	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		5	-10,594.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а		8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (<u>)</u>	
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			
	,	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р		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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z				
		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	-10,594.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-				
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	' ' '	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g		24g			
_	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	Form 1040, 1040-ŠR, 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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13 Your social security number

KUSU	MA BUDDHIRAJU	J							061-4	9-1018		
Part	Note: If you a	re in th	s From Rental Real Estate ar ne business of renting personal prope s from Form 4835 on page 2, line 40.	rty, use	yalties Schedul	e C. See	instru	ctions. If you	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
											es U No	
1a	Physical address of each property (street, city, state, ZIP code)											
A	501 A BLOCK,	SAI	BRINDAVAN, NAGARJUNA	NAGAI	R, TARI	NAKA, I	HYDE	RABAD, TE	LANGANA	A IN 50	00017	
В												
C												
1b	Type of Property (from list below)	2	For each rental real estate properabove, report the number of fair	rental	and	Fair Rental Days			Person Da	QJV		
A	3		personal use days. Check the Q if you meet the requirements to			Α		365		0		
B			qualified joint venture. See instru			В						
C						С						
1	of Property: Single Family Resident Multi-Family Resident		e 3 Vacation/Short-Term Rer 4 Commercial	ntal	5 Land 6 Roya							
								Propert	ies:			
Incon							1.0	В			С	
3				3		5	10.					
4		1		4								
Exper				_								
5				5 6								
6	·		structions)			0	58.					
7	Cleaning and maintenance					9	50.					
8 9				9								
10			sional fees	10								
11				11		1,8	5.0					
12			to banks, etc. (see instructions)	12		1,0	39.					
13		-		13								
14				14		3 - 0	11.					
15				15		3,5						
16				16		3,0	20.					
17				17		1,7	48.					
18			or depletion	18		,						
19	Other (list)			19								
20		dd Iir	nes 5 through 19	20		11,1	04.					
21	Subtract line 20 fr	om li	ne 3 (rents) and/or 4 (royalties). If structions to find out if you must			•						
	* **			21		-10, 5	94.					
22			estate loss after limitation, if any, tructions)	22	(10,59	4.)	()	()	
23a	Total of all amoun	ts rep	oorted on line 3 for all rental prope	erties			23a		510.			
b		-	oorted on line 4 for all royalty prop				23b					
С			ported on line 12 for all properties				23c					
d			ported on line 18 for all properties				23d					
е			ported on line 20 for all properties				23e	1:	1,104.			
24			amounts shown on line 21. Do no						. 24			
25			ses from line 21 and rental real estat							(10,594.	
26			e and royalty income or (loss).									
			I IV, and line 40 on page 2 do no), line 5. Otherwise, include this a						on 26		-10.594	