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

Submi	ission Identification Number (SID)			•					
Taxpaye	er's name	Socia	l security	number	,				
ROH	ITH DEVARASETTY	67	677-66-1111						
Spouse'	's name	Spou	se's socia	al securit	ty numbe	r			
SAHI	RUDAYA MALLEMKONDU	98	37-99-	4524					
Part	Tax Return Information — Tax Year Ending Decem	ber 31, 2023 (Enter year	you ar	e auth	orizing.	.)			
Enter v	whole dollars only on lines 1 through 5.					,			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blan	k.							
1	Adjusted gross income		[1	83	,457.			
2	Total tax			2		,253.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		+	3		,061.			
4	Amount you want refunded to you		[4		,808.			
5	Amount you owe		-	5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part				of yo	ur retu	ırn)			
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that original or amended) I am now authorizing. I consent to allow my intermed my return to the IRS and to receive from the IRS (a) an acknowledgement delay in processing the return or refund, and (c) the date of any refund. It is initiate an ACH electronic funds withdrawal (direct debit) entry to the fint of my federal taxes owed on this return and/or a payment of estimated zation is to remain in full force and effect until I notify the U.S. Treasury int, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 as days prior to the payment (settlement) date. I also authorize the finance o receive confidential information necessary to answer inquiries and real identification number (PIN) below is my signature for the income tax renic Funds Withdrawal Consent.	diate service provider, transmitter, on the of receipt or reason for rejection applicable, I authorize the U.S. Treancial institution account indicated tax, and the financial institution to define the account and the financial Agent to terminate the account of the processolve issues related to the payment cancellation requests a linstitutions involved in the processolve issues related to the payment.	r electron of the tra asury an in the tax ebit the e uthorizat must be ssing of nt. I furth	nic returninic returninissi dits des preparentry to cion. To receive the electer ackr	n origina fon, (b) the signated ration sorthis accorrevoke (d no late thronic paramowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
Тахра	yer's PIN: check one box only								
X		to enter or generate my PI	N [6]	1 1	1 1	as my			
	ERO firm name signature on the income tax return (original or amended) I am n		Ente	er five dig 't enter a	gits, but all zeros	ao my			
	I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN and your return is filed using below.								
Your s	signature ▶	Date ▶							
Spous	se's PIN: check one box only								
· –		to optor or gonorate my DI	N 9	4 5	2 4	00 mv			
×	FRO firm name	to enter or generate my PI		er five dig		as my			
	signature on the income tax return (original or amended) I am n	ow authorizing.		't enter a					
	I will enter my PIN as my signature on the income tax return (or if you are entering your own PIN and your return is filed using below.	riginal or amended) I am now au							
Spous	e'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 se		1 9 6		3 2 7 s	1			
authori	that the above numeric entry is my PIN, which is my signature for the extended to file for tax year indicated above for the taxpayer(s) indicated about about the Practitioner PIN method and Pub. 1345, Handbook for Author	ve. I confirm that I am submitting	this retur	n in acc	cordance				
ERO's	signature ►	Date ▶							
	ERO Must Retain This Form								

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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	instructions.	
Your first name and middle initial Last na											Your social security number			
ROHITH			DEVA	RASET	TY						677	66	1111	
	pouse's	s first name and middle initial	Last nan										security number	
SAHRUDAY	7 D		MAT.T.	EMKON	ווס						987	99	4524	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaigr	
4061 MTN	JERA	L SPRINGS LN						1	.D	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	OW.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3	
GLEN ALI	LEN					VA	4	230	60		•		nd. Checking a not change	
Foreign country			F	oreign pr	ovince/state/	count	ty		n postal c		your tax		•	
													ou Spouse	
Filing Status	, [Single					Head of h	ouseh	old (HOI	 ∃)				
Check only	$\overline{\mathbf{x}}$	Married filing jointly (even if only o	ne had ir	ncome)					,	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	Δ+ 21	ny time during 2023, did you: (a) rece	oive (as a	a roward	l award or	navn	ment for prope	rty or	convices): or ('b) sall			
Digital Assets		nange, or otherwise dispose of a digi										□Y€	es 🛛 No	
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction		Spouse itemizes on a separate retur	•											
A are /Diin da a a			٥٥٥ ٦	7 4 1-1:			. 🗆 W b	4 -		0	1050		- la li a al	
		: Were born before January 2, 1	959 _	Are bli	•	ouse		14					s blind	
Dependent	s (see instructions): (1) First name Last name			(2) Social security number (3) Relationship to you			ip (4	Child t				(see instructions): or other dependents		
If more	(1)	irst name Last name			Tidifibei		10 you		011110		Juli	Orodit 10		
than four dependents,	-									_				
see instruction	s									_				
and check here	1 —													
-	1a	Total amount from Form(s) W-2, bo	ox 1 (see	instruc	tions)						1a		83,457.	
Income	b	• • • • • • • • • • • • • • • • • • • •	•		,						1b	_	0371371	
Attach Form(s)	c	Household employee wages not reported on Form(s) W-2									1c	_		
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	_		
W-2G and	e	Taxable dependent care benefits f									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 instructi	ions) .								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i						-	
	z	Add lines 1a through 1h									1z		83,457.	
Attach Sch. B	2a	1	2a			b Ta	axable interes	t.			2b	_		
if required.	3a		3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod,	check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D if	required	l. If not requ	iired,	, check here				7			
Married filing jointly or	8	Additional income from Schedule	1, line 10)							8		0.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. 1	This is yo	our total inc	ome	e				9		83,457.	
\$27,700	10	Adjustments to income from Sche	dule 1, li	ne 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	ljusted (gross incor	ne					11		83,457.	
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (fror	m Schedule	A)					12		27,700.	
any box under	13	Qualified business income deducti	ion from	Form 89	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,700.	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor	O Thio io v		avabla incom				15	1	55 757	

Form 1040 (202)	3)							Page 2	
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 🗌 881	14 2 🗌 4972	3 🗌		16	6,253.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	6,253.	
	19	Child tax credit or credit for other depend	lents from Sched	dule 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 les	ss, enter -0				22	6,253.	
	23	Other taxes, including self-employment ta	ax, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax	.				24	6,253.	
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a 11	L,061.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	11,061.	
If you have a	26	2023 estimated tax payments and amoun	t applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	312		28				
	29	American opportunity credit from Form 88	363, line 8		29				
	30	Reserved for future use							
	31	Amount from Schedule 3, line 15	7						
	32	Add lines 27, 28, 29, and 31. These are yo	32						
	33	Add lines 25d, 26, and 32. These are your	33	11,061.					
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 33	. This is the amour	nt you overpaid		34	4,808.	
	35a	Amount of line 34 you want refunded to y	you. If Form 888	8 is attached, ched	ck here	🗆	35a	4,808.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 0	0 2 5	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 5 8 6 0 3 8							
	36	Amount of line 34 you want applied to yo	ur 2024 estimat	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the a For details on how to pay, go to www.irs.					37		
	38	Estimated tax penalty (see instructions)	-		38				
Third Party Designee		you want to allow another person to c	discuss this retu			omplete l	below.	⊠ No	
	De	signee's	Phone)	Pers	onal identi	fication		
	na		no.			iber (PIN)			
Sign Here		der penalties of perjury, I declare that I have exam ief, they are true, correct, and complete. Declaration							
11010	Yo	ur signature	Date	Date Your occupation			If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				SOFTWARE E			inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati HOME MAKER	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	——Ph	Phone no. (281)678-9033 Email address rohith.dev24@gmail.com							
		eparer's name Preparer's sig			Date Date	PTIN		Check if:	
Paid	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/12/2024 P02082						Self-employed	
Preparer		m's name GLOBAL TAXES LLC		678)965-9522					
Use Only		m's address 245 ROONEY CT E BI	RUNSWICK N	IJ 08816			i's EIN	84-3171965	
		40404 11 11 11 11 11 11 11 11						= 1010	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

ROHITH DEVARASETTY & SAHRUDAYA MALLEMKONDU

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

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

Attachment Sequence No. 01

Your social security number 677-66-1111

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	0.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	· <u> </u>			
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				
	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	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/0	08/24 PRO	Schedu	ile 1 (Form 1040) 2023

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return						Y	our socia	al security r	number	
ROHI	TH DEVARASETT	Y & SAHRUDAYA MALLEMK	CONDU				6	577-6	6-1111		
Part	Note: If you are rental income of	Loss From Rental Real Estage in the business of renting personal or loss from Form 4835 on page 2,	al property, use line 40.	Schedule							
		ayments in 2023 that would requ									
B I	If "Yes," did you or will you file required Form(s) 1099?										
1a	Physical address	of each property (street, city, st	ate, ZIP code	e)							
A	NANDYAL KURN	OOL ANDHRA PRADESH I	N 518501								
B	THE PROPERTY		310301								
1b	Type of Property	2 For each rental real estate				Fair Rental			al Use	QJV	
	(from list below)	above, report the number personal use days. Check					Days	Da	-		
_A	3	if you meet the requireme			A		365		0		
B		qualified joint venture. Se			В						
C	(5)				С						
	of Property:	0 No object To	Dtl	5 L	.1	7	Oalf Dantal				
	Single Family Reside Multi-Family Reside		rm Rentai	5 Land 6 Roya		-	Self-Rental Other (describ	e)			
							Properties	3 :			
Incom	ne:				Α		В			С	
3	Rents received .		3		5	500.					
4	Royalties received		4								
Expen	ises:										
5	Advertising		5								
6	Auto and travel (se	ee instructions)	6								
7	Cleaning and main	tenance	7		8	300.					
8	Commissions .		8								
9	Insurance		9								
10	-	ofessional fees									
11	_				1,0	00.					
12		paid to banks, etc. (see instruct									
13											
14						54.					
15					2,4	171.					
16											
17					3,2	263.					
18		nse or depletion									
19	Other (list)		19								
20	•	dd lines 5 through 19			8,9	88.					
21		om line 3 (rents) and/or 4 (royalt									
		ee instructions to find out if you			-8,4	188					
00					-0,-						
22		real estate loss after limitation, i		,		0.)	/)	(
23a	,	s reported on line 3 for all renta		(23a	•	500.	(
20a b		s reported on line 4 for all royal			•	23b		300.			
C		s reported on line 4 for all propers			•	23c					
d		s reported on line 12 for all propers			•	23d					
e		s reported on line 20 for all prop			•	23e	8 (988.			
24		tive amounts shown on line 21.		de anv lo	sses			24			
25	•	y losses from line 21 and rental re		-		nter to	ital losses here	25	(0.	
26		estate and royalty income or (
20		, and IV, and line 40 on page 2									
		1040), line 5. Otherwise, include						26		0.	

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041,

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

	2023 Attachment Sequence No. 858					
Identifying number						

OMB No. 1545-1008

ROHITH DEVARASETTY & SAHRUDAYA MALLEMKONDU 677-66-1111 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1d **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b c Prior years' unallowed losses (enter the amount from Part V, column (c)) . . 2c (2d -8,488. Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -8,488. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 4 5 Enter \$150,000. If married filing separately, see instructions 6 Enter modified adjusted gross income, but not less than zero. See instructions 6 Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 9 0. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 11 0. Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Current year Prior years Overall gain or loss Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c)

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023)

1 01111 0302 (202	3)									rage Z		
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.					
	Name of activity		Currer	nt year				wed (d) Gain		ain or loss		
	Name of activity	(a	Net income (line 2a)		Net loss ne 2b)					(e) Loss		
NANDYAL			0.		8,488.					8,488.		
	on Part I, lines 2a, 2b, and 2c		0.		8,488.							
Part VI	Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.					
	Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(а) Loss	(b) Ratio				(c) Special allowance		(d) Subtract column (c) from column (a).
						1.00)					
Part VII	Allocation of Unallowed L	.oss	ses. See instr	uction	S.							
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	Loss (b)		(b) Ratio) Unallowed loss		
NANDYAL		E Ln 22		2	8,488.		1.00000000			8,488.		
						0.400				0.400		
Total Part VIII	Allowed Losses. See instr					8,488.		1.00		8,488.		
Part VIII	Allowed Losses. See mstr	uCti										
	Name of activity		Form or schedu and line numbe to be reported of (see instructions		(a) Loss		(b) Unallowed loss		(c) Allowed loss			
NANDYAL			E Ln 2	2		8,488.		8,488.		0.		
Total						8.488		8.488.		0		