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	Social securi	ty number
YASI	-6079		
Spouse'	s name	Spouse's soo	cial security number
SAMI	HITHA ARSHANAPALLY	775-44	-2674
Part	Tax Return Information — Tax Year Ending December	er 31, 2023 (Enter year you a	re authorizing.)
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 95,577.
2	Total tax		2 7,705.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 .		3 11,196.
4	Amount you want refunded to you		4 3,491.
5	Amount you owe		5
Part	II Taxpayer Declaration and Signature Authorization (B	e sure you get and keep a cop	y of your return)
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 the corginal or amended) I am now authorizing. I consent to allow my intermediated my return to the IRS and to receive from the IRS (a) an acknowledgement of delay in processing the return or refund, and (c) the date of any refund. If again initiate an ACH electronic funds withdrawal (direct debit) entry to the financial of my federal taxes owed on this return and/or a payment of estimated tax zation is to remain in full force and effect until I notify the U.S. Treasury Fint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. It is a days prior to the payment (settlement) date. I also authorize the financial is or receive confidential information necessary to answer inquiries and resolval identification number (PIN) below is my signature for the income tax return nic Funds Withdrawal Consent.	e service provider, transmitter, or electrof receipt or reason for rejection of the toplicable, I authorize the U.S. Treasury a cial institution account indicated in the toplicable to the processing of the processing of the processing of the processing of the payment. I fur is service the payment. I fur is service the payment. I fur is service the processing of the payment. I fur is service the payment. I fur is processing of the payment. I fur is processing of the payment. I fur is service the payment. I fur is processing of the payment. I fur is processing the payment is processing the payment is processed to the payment. I fur is processing the payment is processed to the payment. I fur is processing the payment is processed to the payment is processed	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 f the electronic payment of ther acknowledge that the
	yer's PIN: check one box only		
X	-	to enter or generate my PIN	6 0 7 9 as my
	ERO firm name signature on the income tax return (original or amended) I am now	- En	ter five digits, but n't enter all zeros
	I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below. Signature Jashwatth	nal or amended) I am now authorizi	D must complete Part III
Your s	ignature	Date ▶	
Spous	se's PIN: check one box only	_	
· 🔀		_	2 6 7 4 as my ter five digits, but n't enter all zeros
	I will enter my PIN as my signature on the income tax return (origi if you are entering your own PIN and your return is filed using the below.		
Spous	e's signature ► Samhitha	02/20/20 Date ►)24
	Practitioner PIN Wethod Returns C		
Part	Certification and Authentication — Practitioner PIN N	Method Only	
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s		6 0 8 2 7 1 ter all zeros
authori	that the above numeric entry is my PIN, which is my signature for the elected to file for tax year indicated above for the taxpayer(s) indicated above. ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized	I confirm that I am submitting this retu	urn in accordance with the
FRO'∘	signature ►	Date ▶	
	ERO Must Retain This Form –		

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

E1040 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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	e and m	iddle initial	Last nar	ne							Your so	cial sec	curity number
YASHWAN'	TH R	AO	AVIR	INENI							195	53	6079
		s first name and middle initial	Last nar										security numbe
SAMHITH	A		ARSH.	ANAPA	LLY						775	44	2674
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaig
2272 SA	GE H	ILL LANE						1	1208		Check I	nere if y	ou, or your
		ice. If you have a foreign address, also co	mplete sp	oaces bel	ow.	Sta	te	ZIP c			•	_	jointly, want \$3
COPPELL				TX 75			750	19		to go to this fund. Checking box below will not change			
				oreign pr	ovince/state/	count	ty	Foreig	oreign postal code		1		
Filing Status Check only		Single Married filing jointly (even if only or	ne had ir	ncome)			Head of h	ouseh	old (HOI				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)		
0110 DOX.	lf v	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	, ,		• .	•	,	ld's na	me if the
		, ıalifying person is a child but not you			•								
 Digital	At aı	ny time during 2023, did you: (a) rece	eive (as a	a reward									
Assets	exch	nange, or otherwise dispose of a digi	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)		es 🗵 No
Standard	Som	neone can claim:	pendent		Your spous	e as	a dependent						
Deduction	□ :	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	ı						
Age/Blindnes	e Vou	: Were born before January 2, 1	959 F	Are bli	nd Sn c	ouse	: Was bor	n hefe	ore Janus	an/ 2	1050		s blind
			333 <u> </u>		•			- 1					(see instructions)
Dependent		instructions). First name Last name		(2) Social security number (3) Relationship to you			iib	Child t		1		or other dependents	
If more than four	(.,.	East name					. ,						
dependents,													
see instruction	s												
and check here [1												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instruc	tions) .						1a		104,887.
IIICOIII C	b	• • • • • • • • • • • • • • • • • • • •	•		,						1b		
Attach Form(s) W-2 here. Also	C	Household employee wages not reported on Form(s) W-2									1c		
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	see instr	uctions)			1i						
	z	Add lines 1a through 1h									1z		104,887.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b T	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)											
\$13,850 7 Capital gain or (loss), Attach Schedule D if required. If not required, check here] 7			
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		-9 , 310.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		95 , 577.		
\$27,700	10	Adjustments to income from Schedule 1, line 26											
Head of household,	11	Subtract line 10 from line 9. This is	your ac	djusted (gross incor	ne					11		95 , 577.
\$20,800 If you checked	12	Standard deduction or itemized deductions (from 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 loca	ontor	O This is w	our t	avabla incom				15	1	67 877

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	7,705.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	7,705.
	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	7,705.
	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	7,705.
Payments	25	Federal income tax withheld	I from:						ı
-	а	Form(s) W-2				25a 11	, 196.		ı
	b	Form(s) 1099				25b			ı
	С	Other forms (see instructions		l					
	d	Add lines 25a through 25c					2	25d	11,196.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28			ı
	29	American opportunity credit			l				
	30	Reserved for future use .			ı				
	31	Amount from Schedule 3, lin			ı				
	32	Add lines 27, 28, 29, and 31		32	ı				
	33	Add lines 25d, 26, and 32. T		33	11,196.				
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,491.
	35a	Amount of line 34 you want	refunded to you	ار. If Form 8888	3 is attached, chec	k here	. 🗆 🖫	35a	3,491.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type:	Checking	Savings		
See instructions.	d	Account number 1 3 6	8 7 2 2	5 3					ı
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			ı
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					ı
You Owe		For details on how to pay, g						37	ı
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		structions				. 🗌 Yes. Co	mplete bel	ow.	⋉ No
		signee's		Phone			nal identifica	tion	
	nar			no.			er (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			, , ,		,		, ,
Here									nt you an Identity
	10	ur signature	Protecti	ion Pl	IN, enter it here				
Joint return?	SOFTWARE ENGINEER						(see ins		
See instructions.									nt your spouse an
Keep a copy for your records.								ection PIN, enter it here	
your rooordo.			_		HOME MAKER		(see ins)	
		one no. (972) 415–348		Email address	YASHR7409@				
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	02/15/2024	P020827		Self-employed
Use Only	Fire	m's name GLOBAL TA					Phone r	10. (678) 965-9522
	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	<u>IN</u>	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

	(s) shown on Form 1040, 1040-SR, or 1040-NR	ocial security number			
YASH	WANTH RAO AVIRINENI & SAMHITHA ARSHANAPALLY	53-60	79		
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. Att	ach Schedule	E .	5	-9,310.
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			
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)	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	r here and or	Form	1 T	

.

1040, 1040-SR, or 1040-NR, line 8 . .

-9**,**310.

10

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			
h	Attorney fees and court costs for actions involving certain unlawful				
		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				
	-	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			25	
26	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			26	

SCHEDULE E (Form 1040)

Name(s) shown on return

Supplemental Income and Loss

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

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

Your social security number

Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Attachment Sequence No. 13

OMB No. 1545-0074

YASHWANTH RAO AVIRINENI & SAMHITHA ARSHANAPALLY 195-53-6079 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) LAXMI NARASHIMA PURAM COLO HASTINPURAM, HYDERABAD TELANGANA IN 500074 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 550. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 950. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,350. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,850. 14 Repairs 15 Supplies 15 2,460. 16 16 Taxes 17 Utilities 17 3,250. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 9,860. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -9,310. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 9,310.)(550. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 9,860. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,310. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26

-9,310.

Passive Activity Loss Limitations

See separate instructions.

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

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

OMB No. 1545-1008 Attachment Sequence No. 858

Department of the Treasury Internal Revenue Service

Name(s) shown on return Identifying number YASHWANTH RAO AVIRINENI & SAMHITHA ARSHANAPALLY 195-53-6079 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 9,310. c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . 1d -9,310. **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 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 -9,310. 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. Enter the **smaller** of the loss on line 1d or the loss on line 3 4 9,310. 5 Enter \$150,000. If married filing separately, see instructions 150,000. 6 Enter modified adjusted gross income, but not less than zero. See instructions 104,887. 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 45,113. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 22,557. Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions 9,310. Part III **Total Losses Allowed** 10 10 0. Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 9,310. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) (line 1b) loss (line 1c) 0. 9,310. 9,310. LAXMI NARASHIMA PURAM COLO

0.

9,310.

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

Form 8582 (2023) Page **2**

Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	ctions.			•	
Name of activity	Name of activity				Prior ye	years Overa		all gain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)			(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amou	nt Is	Shown on F	Part II,	, Line 9. S	ee instruc	tions.				
Name of activity	an to	Form or schedule and line number o be reported on see instructions)) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
LAXMI NARASHIMA PURAM COLO		E Ln 22		9,310.	1.00000000		9,31	0.	0.	
Total				9,310.	1.00	0	9,31	0.	0.	
Part VII Allocation of Unallowed I	os:	ses. See instr	uction	S.						
Name of activity	ivity		edule nber ed on ions)	(a) l	_oss	(b) Ratio		(c) Unallowed loss		
Total							1.00			
Part VIII Allowed Losses. See instr	ucti	ons.								
Name of activity		Form or sched and line number to be reported (see instruction		mber ed on (a) L		(b) Unallowed loss		((c) Allowed loss	
		l								
Total										