Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

#### 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.

Submission Identification Number (SID)

Taxpaver's name

Taxpay	er's name	Social security n	umber						
GAY	ATHRI IDAMAKANTI RANGA	488-33-9148							
Spouse	's name	Spouse's social	security number						
Part I       Tax Return Information – Tax Year Ending December 31,       2023 (Enter year you are 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		<b>1</b> 70,368.						
2	Total tax		2 7,743.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	<b>3</b> 11,401.						
4	Amount you want refunded to you		4 3,658.						
5	Amount you owe		5						

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

GLOBAL	TAXES	LLC	to enter or generate my	∕ PIN

3	9	1	4	8						
Enter five digits, but don't enter all zeros										

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

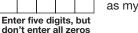
Date 🕨

#### Spouse's PIN: check one box only

I authorize

X I authorize

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature D									 		
	Practitioner PIN Method Returns Only—continue below										
Part III	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2				0 all zei	 2	7 1	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ►	inature Date Date								
ERO Must Retain This F Don't Submit This Form to the I									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)						

<b>E1040</b>		artment of the Treasury—Internal Revenue Servin <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not w	/rite or sta	ple in this space.
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
GAYATHRI			IDA	MAKANI	TI RANGA					488	33	9148
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ction Campaign
3160 SEA	SON	S WAY						7	13	Check I	here if yo	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			ointly, want \$3
ESTERO						FI	_	339	28	· · ·		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		k or refu	nd.
Filing Status	, X	Single					Head of ho	buseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	d income)								
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
		you checked the MFS box, enter the alifying person is a child but not you					ecked the HOH					
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-		. ,	Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	blind
Dependents	•	,		(2) 5	Social security	,	(3) Relationshi	ip <b>(4</b>				see instructions):
If more	<b>(1)</b> F	(1) First name Last name			number		to you		Child tax o	credit	Credit for	r other dependents
than four dependents,												
see instruction	s ——											
and check												
here	4.				-+:					4		
Income	1a ⊾	Total amount from Form(s) W-2, be			,						-	87,000.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a								-		
W-2 here. Also attach Forms	c d			2 (see instructions)					-			
W-2G and	e u	Taxable dependent care benefits fi							• • •	. 1d	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene						• •		. 1f	-	
If you did not	a	Wages from Form 8919, line 6 .			-			• •		. 1g	-	
get a Form	9 h	Other earned income (see instructi				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				 <b>1</b> i	 				
	z	Add lines 1a through 1h								. 1z		87,000.
Attach Sch. B	2a	ě l	2a			ь т	axable interest			. 2b		
if required.	3a	'	3a				Ordinary divider					
	4a		4a				axable amount					
Standard	5a		5a				axable amount			. 5b		
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b		
Married filing separately,	c	If you elect to use the lump-sum el		n method.								
\$13,850	7	Capital gain or (loss). Attach Sched								7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule 1								. 8	1	-16,632.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		70,368.
surviving spouse, \$27,700	10	Adjustments to income from Sched								. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		70,368.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					95-A			. 13		.,
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.		. 15	5	56,518.
												10.10

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	10	<b>6</b> 7,743.
Credits	17	Amount from Schedule 2, line	e3				17	7
	18	Add lines 16 and 17					18	<b>B</b> 7,743.
	19	Child tax credit or credit for c	ther dependent	ts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, line	e8				20	D
	21	Add lines 19 and 20					<b>2</b> '	1
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			2	<b>2</b> 7,743.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21		23	<b>3</b> 0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>				24	4 7,743.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				<b>25a</b> 11	,401.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	)			25c		
	d	Add lines 25a through 25c .					25	id 11,401.
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	22 return		20	6
qualifying child,	27	Earned income credit (EIC) .			No	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use				30		
	31	Amount from Schedule 3, line	e15			31		
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits	3	2
	33	Add lines 25d, 26, and 32. Th					3	<b>3</b> 11,401.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>	34	4 3,658.
	35a	Amount of line 34 you want r	efunded to you	I. If Form 8888	is attached, che	ck here	. 🗌 35	i <b>a</b> 3,658.
Direct deposit?	b	Routing number 0 6 3				Checking	Savings	
See instructions.	d	Account number 8 9 8	0 8 1 0	2 1 1 0	0 0			
	36	Amount of line 34 you want a	pplied to your :	2024 estimate	edtax	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	to www.irs.gov	//Payments or	see instructions .		37	7
	38	Estimated tax penalty (see in	structions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		
Designee	ins	tructions				🗌 <b>Yes.</b> Co	omplete belov	w. 🗙 No
	De nai	signee's		Phone no.			onal identificatio per (PIN)	on
0:		der penalties of perjury, I declare th	at I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and comp						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
				2410			Protection	n PIN, enter it here
Joint return?					SOFTWARE H	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion		sent your spouse an
your records.							(see inst.)	rotection PIN, enter it here
	Dh	(E20)264,010E		Email addross			, ,	
		one no. (530)364-8105 parer's name	) Preparer's signat	Email address	IKGAIAIHKII	024@GMAIL.CC	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	, ,		מווסידא ייאד דאא		P0208270	
Preparer				NAM SAGAR	GUPIA IALLAM	01/21/2024		-
Use Only		n's name GLOBAL TAX n's address 245 ROONEY		NOWTOV N	J 08816			<u>. (678)965-9522</u>
				NDWICK N			Firm's EIN	N 84-3171965 Form <b>1040</b> (2023)
GO IO WWW.Irs.go	JV/FOM	1040 for instructions and the lates	a mormation.		BAA	REV 01/12/24 PRO		Form 1040 (2023)

REV 01/12/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury Internal Revenue Service

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. 01

Name(s) shown	Your social security num	
GAYATHRI	IDAMAKANTI RANGA	488-33-9148

Par	t 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		
4	Other gains or (losses). Attach Form 4797	. 4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	-16,632.
6	Farm income or (loss). Attach Schedule F		
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    .    .    8d	)	
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		
	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)		
	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       Ocholombia and follower bin another actions and follower bin and follo		
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 -	Wages earned while incarcerated   8u     Other income   List type and amount:	_	
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 <b>additional income</b> . Enter here and on For		
10	1040, 1040-SR, or 1040-NR, line 8		-16,632.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		le 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s governme	nt	
	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				
22	Reserved for future use				
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:				
<b>a</b> -		24z			
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>	e. Ent	er here and o	on	
	Form 1040, 1040-SR, or 1040-NR, line 10				
	ВАА	REV	01/12/24 PRO	Schedul	e 1 (Form 1040) 2023

SCHEDULE E		Supplemental Income and Loss									OMB No. 1545-0074			
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									2023			
	ent of the Treasury	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.									Attachment			
Internal Revenue Service Go to www.irs.gov/ScheduleE fo Name(s) shown on return				for instr	uctions an	nd the la	atest ir	nformation.	No		ice No.			
										Your social security number 488-33-9148				
GAYATHRI       IDAMAKANTI       RANGA       488-3         Part I       Income or Loss From Rental Real Estate and Royalties       488-3										3-9148				
rait	Note: If yo	ou are in <sup>.</sup>	the bus	iness of renting personal prop Form 4835 on page 2, line 4	perty, us		<b>e C</b> . See	e instru	ictions. If you a	are an indiv	/idual, rep	ort farn	n	
				2023 that would require yo								es 🛛	No	
B II	"Yes," did you	or will y	/ou file	required Form(s) 1099?							. 🗌 Ye	es 🗌	No	
1a	Physical add	ess of e	each pr	operty (street, city, state, 2	ZIP cod	e)								
Α	PLOT NO:1	PLOT NO:14,JJ NAGAR; ALWAL HYDEARABAD TELANGANA IN 500011												
В														
С														
1b	Type of Property 2 For each rental real estate prope							Fa	air Rental	Personal Use		<sup>2</sup> QJV		
	(from list below) above, report the number of fair								Days		ys			
	3 personal use days. Check the Q if you meet the requirements to						A		365	0				
B C				ified joint venture. See inst			B C							
	of Property:						C							
	Single Family R	esidenc	e	3 Vacation/Short-Term R	ental	5 Lanc	4	7	Self-Rental					
	Multi-Family Re			4 Commercial		6 Roya	-		Other (desc	ribe)				
						-								
Incom	<b></b>						Α		Properti B	65.		С		
<b>3</b> Rents received					3			90.				0		
4					4		-							
Expen														
5	Advertising				5									
6	Auto and trave	ons)	6											
7			7		1,8	36.								
8			8											
9					9									
10 11	•	fees	10		1 /	30.								
12	-	nks, etc. (see instructions)			1,9	50.								
13	00		13											
14	Repairs		14		4,450.									
15			15		4,872.									
16	Taxes		16											
17					17		4,6	34.						
18	•	xpense	or dep	letion	18									
19	Other (list)						1							
20				hrough 19	20		17,2	22.						
21				rents) and/or 4 (royalties). ions to find out if you mus										
	file Form 6198				21		-16,6	32.						
22	Deductible rer	ntal real	estate	loss after limitation, if any										
				ns)	22	(	16,63	32.)	(	)	(		)	
23a			-	on line 3 for all rental pro	-			23a		590.				
b	Total of all am	-			23b									
C	Total of all am				23c									
d	Total of all amounts reported on line 18 for all properties							23d	1 -	222				
е 24	Total of all amounts reported on line 20 for all properties <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>					 Ide anv lo		23e		,222.				
24 25				m line 21 and rental real est				 nter to	tal losses her		(	16,63	32 1	
26				I royalty income or (loss)							`	-0,0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					,					··•				

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-16,632.

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