## 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

	5				
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
SAME	BASHIVA REDDY KETHIREDDY	844-73	-583	6	
Spouse's		Spouse's soc			
Dout	Toy Detrive Information Toy Veer Ending December 21		KO 011	thorizina	<u> </u>
Part		year you a	re au	thorizing.	)
	whole dollars only on lines 1 through 5.				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1	50	022
	Adjusted gross income		2		,033. ,481.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		
	Amount you want refunded to you		4		<u>, 955.</u>
	Amount you owe		5		,474.
Part		eep a cop		our retu	rn)
Under pmy kno return (cto send for any Agent to paymen busines taxes to persona Electror	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge 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, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic to fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, 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 payment 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 am notic Funds Withdrawal Consent.  **Jerce PIN: check one box only**  I authorize GLOBAL TAXES LLC to enter or generate meaning the process of 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	am now aut are the ameter, or electrostion of the transcription of the authorizates must be processing or yment. I furnow author of the authorizates of the author	thorizing ounts of the control	g, and to the from the incurrence turn original sistent, (b) the designated coaration soft to this according revoke (eved no late ectronic packnowledge and, if applicit and a given all zeros	te best of come tax tor (ERO) to reason Financial tware for bunt. This cancel) a ter than 2 yment of that the table, my as my
Your Si	gnature ► Date ►				
Spous	e's PIN: check one box only				
	I authorize to enter or generate m	ny PIN			as my
	ERO firm name			digits, but er all zeros	
	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 no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2 7	1
		Don't ent	er all ze	#10S	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of Income.	ting this retu	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	20 <b>2</b>	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	instructions.
Your first name	and m	iddle initial	Last nar	ne	<u></u>						Your so	cial sec	curity number
SAMBASH	IVA I	REDDY	KETH	IREDDY	Z						844	73	5836
If joint return, s	pouse's	s first name and middle initial	Last nar									•	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	+	Preside	ntial Ele	ection Campaign
26493 E	UNI	VERSITY DR						6	532		Check I	nere if y	ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	oaces belo	w.	Stat	te	ZIP c	ode			•	jointly, want \$3
AUBREY						TX		762	27		•		nd. Checking a not change
Foreign countr	y name		F	oreign pro	vince/state/o	count	у	Foreig	ın postal c		your tax		ınd.
Filing Status Check only one box.	If y	Single  Married filing jointly (even if only o  Married filing separately (MFS)  you checked the MFS box, enter the lalifying person is a child but not you	name o ur depen	f your spo dent:				surviv	ving spou	use (0 enter	the chi	ld's na	me if the
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig	ital asset	t (or a fina	ancial intere	est in	a digital asse					□ Ye	es 🗵 No
Standard Deduction	_	neone can claim:	•		•		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spo</b>	use:	: Was bor	n befo	ore Janua	ary 2,	, 1959	l:	s blind
Dependent	s (see	instructions):			cial security	,	(3) Relationsh	ip (4	-				(see instructions):
If more	(1) F	First name Last name		ı	number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	s								l	<u> </u>			
and check here	1 —								[				
Income	 1a	Total amount from Form(s) W-2, b	ox 1 (see	instructi	ions)					<del>''</del>	1a		62,582.
	b	Household employee wages not re	eported o	on Form(s	s) W-2						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions	, )						1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s)	W-2 (see ir	nstru	ctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f									1e		
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 instruct	ions) .								1h	- 1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i						
	z	Add lines 1a through 1h						<del>.</del> .			1z		62,582.
Attach Sch. B	2a	1	2a			b Ta	axable interest	t.			2b		
if required.	3a	· –	3a				rdinary divider				3b		
	4a		4a				axable amoun				4b		
Standard	5a	Pensions and annuities	5a				axable amoun				5b		
Deduction for— Single or	6a	_	6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, c									
\$13,850	7	Capital gain or (loss). Attach Sche		•		`	,				7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule									8		-9,549.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		53,033.
\$27,700	10	Adjustments to income from Sche		•							10		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			ross incon	ne					11		53,033.
\$20,800	12	Standard deduction or itemized	•	-							12		13,850.
If you checked any box under	13	Qualified business income deduct					5-A				13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		30 183

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	4,481.		
Credits	17	Amount from Schedule 2, line 3	3					17			
	18	Add lines 16 and 17	18	4,481.							
	19	Child tax credit or credit for oth	her dependent	s from Sched	ule 8812			19			
	20	Amount from Schedule 3, line 8	8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If	f zero or less, e	enter -0				22	4,481.		
	23	Other taxes, including self-emp	ployment tax, t	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					24	4,481.		
<b>Payments</b>	25	Federal income tax withheld from	om:								
-	а	Form(s) W-2				25a	6 <b>,</b> 955				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	6,955.		
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	122 return			26			
qualifying child,	27	Earned income credit (EIC) .			No .	27					
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28					
	29	American opportunity credit from	om Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line	15			31					
	32	Add lines 27, 28, 29, and 31. T	hese are your	total other pa	ayments and refu	ındable credits		32			
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				33	6,955.		
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,474.		
	35a	Amount of line 34 you want ref	funded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	2,474.		
Direct deposit?	b	Routing number 1 2 2 1			c Type: 🛛	Checking	Savings	3			
See instructions.	d	Account number 5 9 3 6	8 1 7	2 6							
	36	Amount of line 34 you want ap	plied to your 2	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. T For details on how to pay, go t						37			
	38	Estimated tax penalty (see inst	_	-		38		07			
Third Party Designee	Do	you want to allow another particular structions	erson to disc	uss this retu	n with the IRS?	See	Complete	below.	X No		
Designee		esignee's		Phone			sonal ider				
		me		no.			nber (PIN)				
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	Yo	our signature		Date	Your occupation				nt you an Identity		
								otection P e inst.)	IN, enter it here		
Joint return? See instructions.				5 .	SOFTWARE E		`		<u> </u>		
Keep a copy for your records.		ouse's signature. If a joint return, <b>bot</b>	t <b>n</b> must sign.	Date	Spouse's occupati	on	Ide		nt your spouse an ection PIN, enter it here		
	Ph	one no. (928) 225-6796		Email address	SK2292@NAU	J.EDU					
Daid	Pre	eparer's name P	reparer's signati	ure		Date	PTIN		Check if:		
Paid	SYAN	4 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA_TALLAM	02/24/2024	P020	82703	Self-employed		
Preparer	Fir	m's name GLOBAL TAXE	S LLC				Ph	one no.	(678) 965-9522		
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816			m's EIN	84-3171965		
<u> </u>		1010 ( )							- 1040		

# 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

SAMBASHIVA REDDY KETHIREDDY

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

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

on.		Sequence No. <b>01</b>
	Your soc	ial security number
	844-73	-5836

Par	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	-9,549.
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	4	
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	4	
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
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 (	4	
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:	0_		
0	Total other income Add lines to through the	8z	9	
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-9,549.
	10-10, 10-10 OII, OI 10-10 INII, IIII0 0		ı ıU	J, Jaj.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<b>-</b>	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			
05					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, 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.

Attachment Sequence No. 13 Go to www.irs.gov/ScheduleE for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Your social security number 011 72 5026

OMB No. 1545-0074

_	SASHIVA REDDY KETHIREDDY					844-	-/3-5836	)
Par								
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	erty, use So	chedule C.	See in	istructions. If y	ou are an ir	ndividual, rej	port farm
Α	Did you make any payments in 2023 that would require you		orm(s) 1099	92 Se	e instructions		ПУ	es X No
	f "Yes," did you or will you file required Form(s) 1099?							
1a	Physical address of each property (street, city, state, ZII							
Α	1-74, POCHARA ADILABAD TELANGANA IN 504							
B	1-74, FOCHARA ADILABAD IELANGANA IN 50	4001						
С								
	Torre of Donas arts   O   E				E : D :			<u> </u>
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair				Fair Renta Days		onal Use Days	QJV
Α	personal use days. Check the Q		- L	A	365		0	+
В	if you meet the requirements to	file as a	·	В	303			+
C	qualified joint venture. See instru	uctions.		C				
	of Property:							
	Single Family Residence 3 Vacation/Short-Term Ren	atal l	5 Land		7 Self-Rer	nto.l		
	Multi-Family Residence 4 Commercial		6 Royaltie					
	Width-Family nesidence 4 Commercial	,	o noyaille	75	8 Other (d	escribe) <sub></sub>		
					Prop	erties:		
Incon	ne:		Α			В		С
3	Rents received	3		56	0.			
4	Royalties received	4						
Expe	nses:							
5	Advertising	5						
6	Auto and travel (see instructions)	6						
7	Cleaning and maintenance	7	1	1,96	3.			
8	Commissions	8						
9	Insurance	9						
10	Legal and other professional fees	10						
11	Management fees	11	1	1,56	2.			
12	Mortgage interest paid to banks, etc. (see instructions)	12						
13	Other interest	13						
14	Repairs	14		2,41				
15	Supplies	15		3,21	0.			
16	Taxes	16						
17	Utilities	17		95	4.			
18	Depreciation expense or depletion	18						
19	Other (list)		1.0	2 1 0	_			
20	Total expenses. Add lines 5 through 19	20	Τ(	0,10	9.			
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 <b>Form 6198</b>	21	_ 0	9,54	9			
22	Deductible rental real estate loss after limitation, if any,	<u> </u>		, J <del>I</del>	-			
22	on <b>Form 8582</b> (see instructions)	22 (	Q	<b>,</b> 549	)(		)(	
23a	Total of all amounts reported on line 3 for all rental prope	,	9		. )( !3a	560	//	
b	Total of all amounts reported on line 4 for all royalty prop			_	3b			
C	Total of all amounts reported on line 12 for all properties			_	:3c			
d	Total of all amounts reported on line 18 for all properties			_	:3d			
e	Total of all amounts reported on line 20 for all properties			_	:3e	10,109		
24	Income. Add positive amounts shown on line 21. <b>Do no</b>			_		24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		er total losses			9,549.
26	Total rental real estate and royalty income or (loss).						- (	5,515.
	here. If Parts II, III, and IV, and line 40 on page 2 do no							
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						6	-9,549.