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 nevertue Service						
Submission Identification Number (SID)						
Taxpayer's name	Social secu	ity numbe	r			
DHRUVA TEJA AKKIREDDY	670-99	670-99-2554				
Spouse's name	Spouse's so	cial secur	ty number			
Port I Toy Deturn Information Toy Very Ending December 24	2 (Enter veer vee	0 KO 01 1+h	orizina \			
	3 (Enter year you	are autr	iorizing.)			
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		11	45	,129.		
2 Total tax		2		,533.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,059.		
4 Amount you want refunded to you		4		,526.		
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you g	et and keep a co	by of yo	ur retur	'n)		
return (original or amended) I am now authorizing. I consent to allow my intermediate service provid to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accomment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancel business days prior to the payment (settlement) date. I also authorize the financial institutions involutions to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or ame Electronic Funds Withdrawal Consent.	son for rejection of the orize the U.S. Treasury count indicated in the al institution to debit the terminate the authori lation requests must I wed in the processing d to the payment. I fu	transmiss and its de tax prepa e entry to zation. To be received the electron acknown	ion, (b) the signated I ration soft this accorded no late ctronic paynowledge	e reason Financial tware for unt. This cancel) a rethan 2 yment of that the		
Taxpayer's PIN: check one box only						
	generate mv PIN	9 2 5	5 4	as my		
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	·	nter five di on't enter		,		
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner I below.						
Your signature ▶	Date ▶					
Spouse's PIN: check one box only						
· _	generate my PIN			as my		
ERO firm name	,	nter five di	gits, but	ao my		
signature on the income tax return (original or amended) I am now authorizing.	d	on't enter	all zeros			
I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner I below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—continu	ie below					
Part III 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 2 2 4 9	6 0	8 2 7	1		
		ter all zero				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Production	am submitting this re	turn in ac	cordance			
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Instruc	tions					
Don't Submit This Form to the IRS Unless Reques						

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



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		, 20 2	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	ding			, 20	See ser	oarate	instructio	ons.
Your first name	and m	iddle initial	Last name						Your so	cial sec	curity nun	nber
DHRUVA :	ГЕJА		AKKIRE	DDY					670	99	2554	:
		s first name and middle initial	Last name						Spouse's		security	
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				Α	pt. no.	Preside	ntial Ele	ection Ca	ımpaigr
5155 MAI	LLET	CLUB DR							1	,	ou, or yo	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spac	es below.	Sta	ate	ZIP co	ode		U	jointly, w nd. Chec	-
DAYTON					OF	-I	454	39	"		not chan	_
Foreign country	y name		Fore	eign province/state/	coun'	ty	Foreig	n postal code	your tax		_	_
										Yo	•u:	Spouse
Filing Status	s 🗵	Single					useh	old (HOH)				
Check only	L	Married filing jointly (even if only o	ne had inco	ome)								
one box.	L	Married filing separately (MFS)				Qualifying s						
		ou checked the MFS box, enter the	-		u che	ecked the HOH	or Q	SS box, ente	er the chi	ld's na	me if the	Э
	qu	alifying person is a child but not you	ır depender	nt:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a re	eward, award, or	payr	ment for proper	ty or	services); or	(b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asset (o	r a financial inter	est ir	n a digital asset)? (Se	e instructio	ns.)	Y	es 🔀	No
Standard	Som	neone can claim: You as a de	pendent	Your spous	e as	a dependent						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you we	ere a dual-status	alien	1						
Age/Blindnes	s You	: Were born before January 2, 1	959 🗌 A	Are blind Spe	ouse	: Was borr	n befo	re January	2, 1959		s blind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationship	_o (4) Check the b	ox if qualit	fies for (see instru	uctions):
If more		irst name Last name		number	,	to you		Child tax of	redit	Credit fo	or other dep	pendents
than four												
dependents,												
see instruction and check	S											
here]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see in	structions) .					. 1a		45,1	129.
Attach Form(s)	b	Household employee wages not re	eported on	Form(s) W-2 .					. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)									
attach Forms W-2G and	d	Medicaid waiver payments not rep			nstru	uctions)			. 1d			
1099-R if tax	е	Taxable dependent care benefits t		•					. 1e			
was withheld.	f	Employer-provided adoption bene	efits from Fo	orm 8839, 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	•				i ·		. 1h			0.
instructions.	i -	Nontaxable combat pay election (see instruct	ions)		<u>li</u>					15 ·	120
AH	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · · i	 	axable interest			. 1z	+	-10,1	129.
Attach Sch. B if required.		· –	2a 3a			axable interest Ordinary dividen	de .		. 3b			
	<u>3a</u> 4a		sa 4a			axable amount			. 4b	+		
Standard	5a	_	та 5а			axable amount			. 5b			
Deduction for— Single or	6a	_	6a			axable amount			. 6b	+		
Married filing	С	If you elect to use the lump-sum e		hod. check here				[
separately, \$13,850	7	Capital gain or (loss). Attach Sche		*	•	,		[
Married filing jointly or	8	Additional income from Schedule				-			. 8			0.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9		45,1	129.
\$27,700	10	Adjustments to income from Sche		•					. 10			
Head of household,	11	Subtract line 10 from line 9. This is	s your adju s	sted gross inco	me				. 11		45,1	129.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	s (from Schedule	e A)				. 12			850.
any box under	13	Qualified business income deduct	ion from Fo	rm 8995 or Form	า 899	95-A			. 13			
Standard Deduction,	14	Add lines 12 and 13							. 14			850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce o	ntor O This is a	our t	tavabla income			15	1	21 1	270

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	3,533.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	3,533.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	3,533.
	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	3,533.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	6,059	∍.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	6,059.
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	6,059.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpai	d .	. 34	2,526.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here	[35a	2,526.
Direct deposit?	b	Routing number 0 7 1			,, <u> </u>	Checking [Saving	gs	
See instructions.	d	Account number 3 7 4	0 0 7 1	6 1 8 1	L 4				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	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	_	-				. 37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	•			_			
Designee							•	te below.	⊠ No
		esignee's me		Phone no.			ersonal ide ımber (PIN	entification N)	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	dules and statem	ents, and	to the best	of my knowledge and
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p						hich prepar	er has any knowledge.
Here	Yo	Your signature		Date Your occupation			If the IRS sent you an Identity		
							rotection P see inst.)	IN, enter it here	
Joint return? See instructions.		accessor alamateura. If a laint vateura li	ath mount sing	SOFTWARE ENGINEER			`		mt
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			lo	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
		one no. (937)825-310		Email address	ביה עועומחעע -	TA @CMATT #		- ,	
		eparer's name	Preparer's signat		DDHRUVATE	Date	PTIN		Check if:
Paid		•			ZAR CHDTA	04/16/202		082703	Self-employed
Preparer									678)965-9522
Use Only								irm's EIN	· · · · · · · · · · · · · · · · · · ·
	<u>'</u>	1040(. CI E DKO	TADATOK IN	3 00010			IIII S LIIV	84-3171965



2023 Ohio IT 1040

Individual Income Tax Return



23000198

Sequence No. 1

Use only black ink/UPPERCASE letters. Use whole dollars only.

Spouse's SSN (if filing jointly)

AMENDED RETURN - Check here and include Ohio IT RE.

✓ If deceased

✓ If deceased

NOL CARRYBACK - Check here and include Schedule IT NOL.

School district # 5703

First name

DHRUVA TEJA

Primary taxpayer's SSN (required)

670 99 2554

M.I. Last name AKKIREDDY

Spouse's first name (if filing jointly)

M.I. Last name

*Indicate state

Address line 1 (number and street) or P.O. Box

5155 MALLET CLUB DR

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

DAYTON

OH

45439

MONT

Filing Status - Check one (as reported on federal income tax return)

Foreign country (if the mailing address is outside the U.S.)

Residency Status - Check only one for primary

Foreign postal code

×	Resident	Part-year resident*	Nonresident*	X Single, head of household or qu	alifying surviving spouse
Ch	eck only one for	spouse (if filing joint	ly) *Indicate state	Married filing jointly	
	Resident	Part-year resident*	Nonresident*	Married filing separately	Spouse's SSN
Oh	nio Nonresid	ent Statement -	- See instructions for required criteria		
	Primary meets	the five criteria for irr	rebuttable presumption as nonresident.	Federal extension filers - check	here.
	Spouse meets	the five criteria for irr	ebuttable presumption as nonresident.	If someone can claim you (or you dependent, check here.	r spouse if filing jointly) as a
			ederal 1040 or 1040-SR, line 11). Plac		45129
2a.	Additions – Ohio	Schedule of Adjust	ments, line 11 (include schedule)	2a.	
2b.	Deductions – Ol	nio Schedule of Adju	stments, line 44 (include schedule)	2b.	
3.	Ohio adjusted g	ross income (line 1 p	olus line 2a minus line 2b). Place a "-"	in the box if negative3.	45129
			ule of Dependents if applicable) and your spouse/dependents, if applical		2150
5.	Ohio income tax	base (line 3 minus	line 4; if negative, enter zero)	5.	42979
6.	Taxable busines	s income – Ohio Sc	hedule of Business Income, line 15 (ir	nclude schedule)6.	
7.	Taxable nonbus	iness income (line 5	minus line 6; if negative, enter zero)	7.	42979



MM-DD-YY

2023 Ohio IT 1040

Individual Income Tax Return

670 99 2554

discuss this return

SSN:



		23000296	ocquerioe No. 2
7a. Amount from line 7 on page 1	'a.		42979
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.		826
8b. Business income tax liability – Ohio Schedule of Business Income, line 16 (include schedule)	8b.		
8c. Income tax liability before credits (line 8a plus line 8b)	8c.		826
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 38 (include schedule)	9.		0
10. Tax liability after nonrefundable credits (line 8c minus line 9; if negative, enter zero)	10.		826
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.		
12. Unpaid use tax (see instructions)	12.		
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.		826
14. Ohio income tax withheld – Schedule of Ohio Withholding, part A, line 1 (include schedule and income statements)	14.		1294
15. Estimated and extension payments, and credit carryforward from last year's return	15.		
16. Refundable credits – Ohio Schedule of Credits, line 44 (include schedule)	16.		
17. <u>Amended return only</u> – amount previously paid with original and/or amended return	17.		
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.		1294
19. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	19.		
20. Line 18 minus line 19. Place a "-" in the box if negative	20.		1294
21. Tax due (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21		
22. Interest due on late payment of tax (see instructions)	22.		
23. TOTAL AMOUNT DUE (line 21 plus line 22). Include the Ohio Universal Payment Coupon (OUPC) and make check payable to "Ohio Treasurer of State"	DUE ▶ 23.		
24. Overpayment (line 20 minus line 13)	24.		468
25. <u>Original return only</u> – portion of line 24 carried forward to next year's tax liability	25.		
d. Ohio History Fund e. Nature Preserves/Scenic Rivers f. Breast/Cervical Cancer	otal26g.		
27. REFUND (line 24 minus lines 25 and 26g)	JND ▶ 27.		468
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.			refund will be issued.
Primary signature Phone number(937)825−3100	NO Pay	/ment Include Department o	ed – Mail to: f Taxation
Spouse's signature Date	Colu	P.O. Box 26 mbus, OH 43	
Preparer's printed name SYAM PRIYA RAM SAGAR GUP Phone number (678)965-9522		Department o	f Taxation
Authorize your preparer to Non-paid preparer PTIN: P 02082703	Colu	P.O. Box 20 mbus, OH 43	



2023 Schedule of Ohio Withholding

Use only black ink/UPPERCASE letters. Use whole dollars only.



23350198

Sequence No. 11

Primary taxpayer's SSN

670 99 2554

List your and your spouse's (if filing jointly) income statements **only if they have Ohio withholding**. In the "P/S" box, if the income statement belongs to the primary taxpayer, enter "P"; if the income statement belongs to the spouse, enter "S". If the Ohio ID number on a statement has 9 digits, enter only the first 8 digits. Complete additional copies of this schedule if necessary. **Include state copies of your income statements**.

Part A - Total Withholding

<u>Part B -</u> 1. P/S P	<u>W-2s</u> Box b - EIN 861564085	Box 1 - Wages, tips, other compensation 19629	Box 2 - Federal income tax withheld 2384
	Box 15 - Employer's Ohio ID number 54176464	Box 16 - Ohio wages, tips, etc. 19629	Box 17 - Ohio income tax 563
2. P/S P	Box b - EIN 883972159	Box 1 - Wages, tips, other compensation 25500	Box 2 - Federal income tax withheld 3675
	Box 15 - Employer's Ohio ID number 54206498	Box 16 - Ohio wages, tips, etc. 25500	Box 17 - Ohio income tax 731
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
6. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax
7. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 16 - Ohio wages, tips, etc.	Box 17 - Ohio income tax



2023 Schedule of Ohio

Withholding Primary taxpayer's SSN 670 99 2554





		670 99 2554		Sequence No. 12
	1099-Rs	Pay 1 Cross distribution		Sequence No. 12
1. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Воз	x 14 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	x 14 - Ohio tax withheld
3. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	x 14 - Ohio tax withheld
4. P/S	Payer's TIN	Box 1 - Gross distribution	Total distribution	Box 7 - Distribution code
	Box 15 - Payer's Ohio number	Box 4 - Federal income tax withheld	Вох	x 14 - Ohio tax withheld
Dowt D	W 200			
<u>Part D -</u> 1. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
2. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Вох	x 15 - Ohio income tax withheld
3. P/S	Payer's federal ID number	Box 1 - Reportable winnings	Box 4 - Fed	deral income tax withheld
	Box 13 - Ohio state ID number	Box 14 - Ohio state winnings	Воз	x 15 - Ohio income tax withheld
5 4 5	4000 NEO			
1. P/S	1099-NECs Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Воз	x 5 - Ohio tax withheld
2. P/S	Payer's TIN	Box 1 - Nonemployee compensation	Box 4 - Fed	deral income tax withheld
	Box 6 - Payer's Ohio number	Box 7 - State income	Вох	x 5 - Ohio tax withheld