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

	ļ.						
Submis	sion Identification Number (SID)						
Taxpayer'	s name	Social secur	ity numb	per			
BHAV	ITHA REDDY GAJJELA	799-12-7285					
Spouse's		Spouse's social security number					
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear you a	are au	thorizing.)		
,	hole dollars only on lines 1 through 5.	<u>, , , , , , , , , , , , , , , , , , , </u>			,		
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 /	Adjusted gross income		1	73	,550.		
2	Total tax		2	8	,447.		
3 F	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11	,474.		
	Amount you want refunded to you		4	3	,027.		
	Amount you owe		5				
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cor	y of y	our retu	rn)		
to send it for any d Agent to payment authoriza payment business taxes to personal	riginal 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 elay 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 indiction from the financial institution account indiction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requiredays prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the patidentification number (PIN) below is my signature for the income tax return (original or amended) I ame a funda Withdrawal Concept.	ction of the the stated in the authorizests must be processing cayment. I full	ransmis and its of ax preperently the ation. The ereceing the electric the electric the ather accepts and the electric the	ssion, (b) the designated paration softo this according revoke (over the desired paratical parat	re reason Financial tware for bunt. This cancel) a re than 2 yment of that the		
	c Funds Withdrawal Consent.						
	er's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate n	2 DINI	7 2	2 8 5			
X	l authorize GLOBAL TAXES LLC to enter or generate n	ř Er		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	ac	on't ente	r all zeros			
	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 and your return is filed using the Practitioner PIN methodelow.						
Your sig	nature ▶ Date ▶						
Snouse	's PIN: check one box only	_					
	I authorize to enter or generate n	ov PIN			as my		
	ERO firm name	_	nter five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	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 and your return is filed using the Practitioner PIN methodelow.						
Spouse	's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part II	Certification and Authentication — Practitioner PIN Method Only						
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't en	6 0	8 2 7 eros	1		
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Indiana.	tting this ret	urn in a	accordance			
ERO's s	ignature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	write or staple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructions.
Your first name	and mi	iddle initial	ame						Your social security number		
BHAVITHA	A REI	DDY	JELA						799	12 7285	
If joint return, s	pouse's	s first name and middle initial	Last na	ame						Spouse	's social security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				A	Apt. no.	Preside	ential Election Campaig
108 LAKE	E VII	EW DR									here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete:	spaces be	low.	Sta	te	ZIP co	ode		if filing jointly, want \$3 this fund. Checking a
OAK POIN						TX	ζ	750	68	box be	low will not change
Foreign country	y name			Foreign p	rovince/state/c	count	ty	Foreig	ın postal code	your ta	x or refund. You Spouse
Filing Status	, X	Single					Head of ho	useh	old (HOH)		
Check only		Married filing jointly (even if only or	ne had	income)					, ,		
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)	
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the
	qu	alifying person is a child but not you	ır depe	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or p	payr	ment for proper	ty or	services); or	(b) sell,	
Assets	exch	ange, or otherwise dispose of a dig						:)? (Se	ee instructio	ns.)	☐ Yes ☒ No
Standard Deduction	_	eone can claim:	•		•		a dependent				
Age/Blindness	s You:	Were born before January 2, 1	959	Are b	lind Spo	use	: Was born	n befo	ore January 2	2, 1959	☐ Is blind
Dependent	s (see	instructions):		(2)	Social security		(3) Relationshi	p (4) Check the b	ox if qual	ifies for (see instructions)
If more	(1) Fi	(1) First name Last name			number to you				Child tax credit		Credit for other dependent
than four											
dependents, see instruction	s ——										
and check	, —										
here L											
Income	1a	Total amount from Form(s) W-2, b								. 18	· ·
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								. 1k	
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)									
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	
1099-R if tax	e	Taxable dependent care benefits f								. 16	
was withheld.	f	Employer-provided adoption bene	tits troi	m Form 8	8839, line 29	•				. 11	
If you did not get a Form	9	Wages from Form 8919, line 6 .				•				. 10	
W-2, see	h :	Other earned income (see instruction (see instruction)	,			•		i ·		. 11	1 0.
instructions.	i _	Nontaxable combat pay election (see instructions)								1-	84,000.
Attack Oct D	z 2a		2a		· · i ·	Ь Т	axable interest			. 12	
Attach Sch. B if required.		· · · · · · · · · · · · · · · · · · ·	3a				axable interest Irdinary dividen			. 21 . 3k	
·	3a 4a		3a 4a				axable amount			. 31 . 4k	
Standard	4 а 5а		4 а 5а				axable amount			. 41.	
• Single or	6a		6a				axable amount			. 6k	
Married filing	C	If you elect to use the lump-sum election method, check here (see instructions)									
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								5 7	
 Married filing jointly or 	8	Additional income from Schedule			•		•			_ <u> </u>	10.1-0
Qualifying	ying Add lines 17 2h 3h 4h 5h 6h 7 and 8 This is your total income									. 9	
surviving spouse, \$27,700	10	Adjustments to income from Sche			your total income					. 10	
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income								. 11	
\$20,800	12	Standard deduction or itemized	-							. 12	
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13	
Standard Deduction,	14	A 1.1.11 40 140								. 14	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							е.	<u></u>			

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,447.	
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17	18	8,447.						
	19	Child tax credit or credit for oth	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 less, e	enter -0				22	8,447.	
	23	Other taxes, including self-emp	loyment tax, t	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ır total tax					24	8,447.	
Payments	25	Federal income tax withheld fro	m:							
-	а	Form(s) W-2				25a 11	,474.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	11,474.	
If you have a	26	2023 estimated tax payments a	ind amount ap	pplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from S								
	29	American opportunity credit from	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1								
	32	Add lines 27, 28, 29, and 31. Th	32							
	33	Add lines 25d, 26, and 32. These are your total payments							11,474.	
Refund	34	If line 33 is more than line 24, so	ubtract line 24	4 from line 33.	This is the amour	t you overpaid		34	3,027.	
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here		35a	3,027.	
Direct deposit?	b	Routing number 0 2 1 0				Checking	Savings			
See instructions.	d	Account number 4 8 3 0	6 0 7	2 9 5 8	3 2					
	36	Amount of line 34 you want app	lied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the amount you owe .								
You Owe		For details on how to pay, go to	www.irs.gov	//Payments or	see instructions.			37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party		you want to allow another pe								
Designee		structions					•		⊠ No	
						onal identi ber (PIN)	tication			
Sign	Un	der penalties of perjury, I declare that I	the best	of my knowledge and						
Here	be	lief, they are true, correct, and complet	h prepar	er has any knowledge.						
Here	Yo	ur signature		Date Your occupation					nt you an Identity	
								ection P inst.)	IN, enter it here	
Joint return? See instructions.		avec's signature If a joint vature hath	- mount alon	Data	SOFTWARE E		GINEEK .			
Keep a copy for your records.		ouse's signature. If a joint return, both	i must sign.	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	——Ph	one no. (812) 361-5857		Email address	BREDG27@GM					
		(012/001 000/	eparer's signati		21(1202 / GOI)	Date	PTIN		Check if:	
Paid	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SY	'AM PRIYA	RAM SAGAR	GUPTA TALLAM	P0208	2703	Self-employed		
Preparer		m's name GLOBAL TAXE;				01/27/2024		Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN 84-3171965		
	<u></u>	1010 ()			· · ·		1		= 1010 (

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

	799-12-72	100
Part 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		
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule		-10,450.
6 Farm income or (loss). Attach Schedule F		
7 Unemployment compensation		
8 Other income:		
a Net operating loss)	
b Gambling		
c Cancellation of debt		
d Foreign earned income exclusion from Form 2555 8d (
e Income from Form 8853		
f Income from Form 8889		
g Alaska Permanent Fund dividends 8g		
h Jury duty pay		
i Prizes and awards		
j Activity not engaged in for profit income		
k Stock options		
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		
m Olympic and Paralympic medals and USOC prize money (see		
instructions)		
n Section 951(a) inclusion (see instructions)		
o Section 951A(a) inclusion (see instructions)		
p 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)	
t Pension or annuity from a nonqualifed deferred compensation plan or		
a nongovernmental section 457 plan 8t		
u Wages earned while incarcerated		
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. Enter here and on	rorm	

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				
	-	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			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟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

OMB No. 1545-0074

Department of the Treasury

Internal	Revenue Service		Go to ww	v.irs.gov/ScheduleE for	r instru	uctions an	d the la	itest ir	formation.		Sequen	ce No. 13	
Name(s	s) shown on return									Your socia	al security	number	
BHAV	/ITHA REDDY	GAJJ	ELA							799-1	2-7285		
Part	Income of	r Lo	ss From Re	ntal Real Estate an	nd Ro	valties							
	Note: If you	are in	the business of	frenting personal proper			C. See	instru	ctions. If you a	are an indiv	/idual, rep	ort farm	
				1835 on page 2, line 40.									
A [Did you make any	paym	ents in 2023 t	hat would require you	to file	Form(s) 1	099? 5	See ins	structions .		. \[\text{Y}\epsilon	es 🛛 No	
ВІ	f "Yes," did you d	r will	you file requir	ed Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a				(street, city, state, ZIF									
	-			<u> </u>									
A	FL NO 401,	4TH	FLOOR SP	HOMES TEACHERS	CLY	HYDERA	BAD,	TELA	NGANA IN	500070)		
B													
C													
1b	Type of Propert	y 2	For each re	ental real estate prope	erty list	y listed Fair Rental					al Use	QJV	
	(from list below)			ort the number of fair					Days	Da	ys	QJV	
Α	3			se days. Check the Q			Α		365		0		
В				the requirements to 1			В						
С			qualified jo	int venture. See instru	ictions	S.	С						
	of Property:												
	Single Family Res	sidona	2 V20	ation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental				
	•			ation/3nort-renn hen nmercial	ıtaı			-		ر مانی			
2	Multi-Family Resi	dence	e 4 Con	imerciai		6 Roya	lities	0	Other (desc	nbe)			
									Properti	ies:			
Incon	ne:						Α		В.			С	
3	Rents received				3		6	46.					
4					4								
Exper		.			+ -								
_					_								
5	-				5								
6		-			6								
7					7		2,7	90.					
8					8								
9	Insurance				9								
10	Legal and other	profe	ssional fees		10								
11	Management fee	es .			11		1,9	14.					
12	Mortgage intere	st pai	d to banks, et	c. (see instructions)	12								
13	Other interest				13								
14	Repairs				14		2,8	63.					
15	=				15			51.					
16					16								
17					17		1 6	78.					
18					18		±, 0	,					
	Otl (I: -+)		•		_								
19	Other (list)	Λ	in a F House	- 10	19		11 ^	0.0					
20	·		•	n 19	20		11,0	90.					
21				and/or 4 (royalties). If									
				find out if you must			10.	- 0					
					21	-	-10 , 4	50.					
22				fter limitation, if any,									
	on Form 8582 (s	see in	structions) .		22	(10,45	0.)	()	()	
23a	Total of all amou	ınts re	eported on lin	e 3 for all rental prope	erties			23a		646.			
b	Total of all amou	ınts re	eported on lin	e 4 for all royalty prop	erties			23b					
С				e 12 for all properties				23c					
d				e 18 for all properties				23d					
e				e 20 for all properties				23e	11	,096.			
24				wn on line 21. Do no t						. 24			
						-		· ·	tal laccas hav		1	10 450 \	
25	LUSSES. AUU 10ya	aily 10	5562 110111 11116	21 and rental real estat	C 10556	ווווווווווווווו פי	C 22. C	niei io	iai iosses ner	e 25	(10,450.)	

-10,450.

26

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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