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	ssion Identification Number (SID)		·			
Taxpaye	rity numb	er				
SANT	HOSH REDDY KANDAKATTLA	351-9	9-943	9		
Spouse's		Spouse's s			ımber	
SANT	HOSHINI PAKKEERU	988-9	6-933	0		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear you	are au	horiz	zing.)	
	whole dollars only on lines 1 through 5.	<i>y y</i>			3 /	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1 1		78,	,949.
2	Total tax		2			707.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			831.
4	Amount you want refunded to you		4			124.
	Amount you owe		5			
Part		еер а со	py of y	our	retur	n)
return (or to send for any Agent to paymer authorize paymer business taxes to personal Electror	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 indict of my 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 t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised agys prior to the payment (settlement) date. I also authorize the financial institutions involved in the particle confidential information necessary to answer inquiries and resolve issues related to the particle funds withdrawal Consent. Ver's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate in the particle funds withdrawal to the particle funds with the p	ter, or election of the S. Treasury at the inthe author ests must brocessing ayment. I fun now author ests must brocessing ayment. I fun now author ests must brocessing ayment.	tronic ref transmis and its of tax prep ne entry in zation. In the received the el arther ac	durn or ssion, design or article this or every or extror knowled, if a digits,	riginat (b) the ated I on soft accor oke (c o late ic pay edge applica	or (ERO) a reason Financial ware for unt. This cancel) a rethan 2 yment of that the
Your si	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 not if you are entering your own PIN and your return is filed using the Practitioner PIN method below. gnature ▶ Date ▶	od. The EF		com	plete	Part III
	griataro P Batto P					
Spous	e's PIN: check one box only	_				
	I authorize GLOBAL TAXES LLC to enter or generate no 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.	ew authori		digits, r all ze neck 1	eros :his b	
Spouse	e's signature ▶ Santhoshni Date ▶	01/31/2024				
	Practitioner PIN Method Returns Only—continue below					
Part I						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't e	6 6 nter all ze		9 8	9
authoriz	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 re	turn in a	ccord	lance	
FRO'∘	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, enc	ding		, 20		See sep	oarate instruc	ctions.	
Your first name	and m	niddle initial	Last name							Your social security number		
SANTHOSI	H RE	PDDY	KANI	DAKATTLA					351	99 943		
		's first name and middle initial	Last name							s social securi	ty number	
SANTHOSI	HTNT		PAKI	KEERU					988 96 9330			
		per and street). If you have a P.O. box, see					Apt. no.			ntial Election (
653 COW	BOYS	PKWY					#3080	İ	Check h	nere if you, or	your	
		fice. If you have a foreign address, also co						spouse if filing jointly, want \$				
IRVING					ТХ	2	75063		•	this fund. Che ow will not che	•	
Foreign countr	y name	•		Foreign province/state/	count	ty	Foreign postal of			or refund.	ango	
										You	Spouse	
Filing Status	s [Single	•			Head of ho	ousehold (HOI	H)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		☐ Married filing separately (MFS)				☐ Qualifying	surviving spor	use (C	QSS)			
	lf	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS box,	enter	the chil	ld's name if t	he	
	qı	ualifying person is a child but not you	ır depe	ndent:								
Digital	—— Δta	any time during 2023, did you: (a) rece	eive (as	a reward award or	navr	ment for prope	rty or services): or (h) sell			
Assets		hange, or otherwise dispose of a digi	•				•	, ,	,	☐ Yes ▷	⊠ No	
Standard		neone can claim: You as a de		<u>`</u>			, ,		,			
Deduction		Spouse itemizes on a separate return	•			-						
				-					1050			
		:: Were born before January 2, 19	959	Are blind Spo	ouse	: 🔲 Was bor	n before Janua			☐ Is blind		
Dependent	•	see instructions):		(2) Social security number	/	(3) Relationshi	ip (4) Check t			fies for (see ins Credit for other o	,	
If more	(1) 1	First name Last name		Tiuriber		to you	Crilla t		, and			
than four dependents,								<u> </u>				
see instruction	s							<u> </u>				
and check here [1 —									—		
-	10	Total amount from Form(a) W 2 h	ov 1 /o/	o instructions)					10	T 90	,449.	
Income	1a b	Total amount from Form(s) W-2, both Household employee wages not re	•	,					1a 1b		,443.	
Attach Form(s)	C	Tip income not reported on line 1a	•	` ,					1c			
W-2 here. Also attach Forms	d	·	a (see instructions) oorted on Form(s) W-2 (see instructions)						1d			
W-2G and	e	Taxable dependent care benefits for		` , ` ` `	113110	ictions)			1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene		•					1f	+		
If you did not	g g	Wages from Form 8919, line 6.			•				1g	+		
get a Form	9 h	Other earned income (see instructi							1h		0.	
W-2, see instructions.	i i	Nontaxable combat pay election (s	,	ructions)		1 _{1i}						
mondonono.	z	Add lines 1a through 1h							1z	89	,449.	
Attach Sch. B		·	2a		b T	axable interest			2b			
if required.	3a		3a			rdinary divider			3b			
	4a	·	4a			axable amount			4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t		5b			
Single or	6a	Social security benefits	6a		b T	axable amount	t		6b			
Married filing separately,	С							. 🗆				
\$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	1, line 1	0					8	-10	,500.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9	78	,949.		
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26					10			
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incor	me				11	78	,949.	
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				12		,700.	
any box under	13	Qualified business income deducti	ion fror	n Form 8995 or Form	1 899	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 les	se optor O. This is w	(OUR 1	avable incom	Δ.		15	5.1	2/19	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	5,707.
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	5,707.
	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	. If zero or less,	enter -0				. 22	5,707.
	23	Other taxes, including self-e			,				0.
	24	Add lines 22 and 23. This is	your total tax					. 24	5,707.
Payments	25	Federal income tax withheld	from:			1			
	а	Form(s) W-2				25a	13,8	31.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	13,831.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
attacii Scii. Elo.	28	Additional child tax credit from	m 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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	•	-	-			. 32	
-	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	13,831.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overp	aid .	. 34	8,124.
	35a	Amount of line 34 you want			is attached, che	ck here .		□ 35a	8,124.
Direct deposit?	b	Routing number 1 2 1			c Type: 🛛	Checking	Sav	ings	
See instructions.	d	Account number 3 2 5	0 8 2 0	2 2 4 3	3 5				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	•	•				. 37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•			_	_		
Designee		structions				🗀 Үе	•	lete below.	
		signee's me		Phone no.			Personal number (identification PIN)	
Sign		der penalties of perjury, I declare to	hat I have examined		accompanying sche	edules and state	,		of my knowledge and
_		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation			If the IRS se	ent you an Identity
		X/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		01/31/2024	·				PIN, enter it here
Joint return?					SOFTWARE		R	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			ent your spouse an
your records.				ldentity Protection PIN, enter (see inst.)					
	———Ph	one no. (510)396-228	6	Email address	SANTHOSH.R2		COM		
		eparer's name	Preparer's signat	l	21111110011 • N2	Date	PT	TN .	Check if:
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	'		AR DUDIPALLI			2470833	Self-employed
Preparer		m's name GLOBAL TA				1	120		(678)965-9522
Use Only			Y CT E BRU	NSWICK N.	T 08816			Firm's EIN	88-2145487
	. "	J LLGGING	_ 01 11 1110					3 LIIV	00-2143407

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

SANTHOSH REDDY KANDAKATTLA & SANTHOSHINI PAKKEERU

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

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

Your social security number 351–99–9439

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		5	-10,500.
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		
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 . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-10.500.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income					
11	Educator expenses			. 11	1	_
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106			. 12	2	
13	Health savings account deduction. Attach Form 8889			. 13	3	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	4	
15	Deductible part of self-employment tax. Attach Schedule SE				5	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	6	
17	Self-employed health insurance deduction			. 17	7	
18	Penalty on early withdrawal of savings				3	
19a	Alimony paid				a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				_	
21	Student loan interest deduction					_
22	Reserved for future use					
23	Archer MSA deduction			. 23	3	
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					
	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				
25	Total other adjustments. Add lines 24a through 24z				5	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26		
	1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			. 20	י ע	

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

2023
Attachment Sequence No. 13

	NIOGII DEDDU KANDAKAT			an.					0 0420	
		TLA & SANTHOSHINI PA						351-9	9-9439	
Part		om Rental Real Estate an			• •				tal and annual	and Common
	rental income or loss from	siness of renting personal proper m Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	nstru	ctions. If you ar	e an indi	/iduai, rep	ort tarm
Α		n 2023 that would require you	to file	Form(s) 1	099? 9	See ins	tructions		. Ye	es 🛛 No
		e required Form(s) 1099? .								
		property (street, city, state, ZIF								
				•						
A	EDULABAD MAIN ROAD	GHATAKE MEDCHAL TEL	ANGA	ANA IN	5014	01				
B										
C										T
1b		each rental real estate prope				Fa	ir Rental	Person		QJV
		ove, report the number of fair resonal use days. Check the Qu					Days	Da	•	
A		ou meet the requirements to f			Α		365		0	
В		alified joint venture. See instru			В					
С					С					
	of Property:									
	Single Family Residence	3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental			
2	Multi-Family Residence	4 Commercial		6 Roya	alties	8	Other (descri	be)		
							Propertie			
Incom	ne:				Α		В			С
3	Rents received		3			80.				
4	Royalties received		4							
Exper			<u> </u>							
5	Advertising		5							
6	Auto and travel (see instruc		6							
7	Cleaning and maintenance		7		1.2	50.				
8	Commissions		8		-,-					
9	Insurance		9							
10	Legal and other professiona		10							
11	Management fees		11		1 . 0	50.				
12	Mortgage interest paid to b		12			30.				
13	Other interest		13							
14	Repairs		14		2.9	80.				
15	Supplies		15			60.				
16	Taxes		16							
17	Utilities		17		2.8	40.				
18	Depreciation expense or de		18							
19	Other (list)		19							
20	Total expenses. Add lines 5	through 19	20		10,9	80.				
21		(rents) and/or 4 (royalties). If			- , ,					
		ctions to find out if you must								
			21		-10,5	00.				
22	Deductible rental real estat	e loss after limitation, if any,								
	on Form 8582 (see instruct		22	(10,50	00.)	()	(Y
23a	·	d on line 3 for all rental prope	$\overline{}$,		23a		480.		
b		d on line 4 for all royalty prop				23b				
С	•	d on line 12 for all properties				23c				
d		d on line 18 for all properties				23d				
е		d on line 20 for all properties				23e	10,	,980.		
24		unts shown on line 21. Do not			sses			24		
25		om line 21 and rental real estate		-		nter to	tal losses here		(10,500.
26	• •	nd royalty income or (loss).								
		and line 40 on page 2 do no								
		e 5. Otherwise, include this ar						26		-10.500.