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

Submission Identification Number (SID)	
Taxpayer's name	Social security number
SWATHI DEVARUPPALA	757-67-2458
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending Decem	nber 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 blan	nk.
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
,	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization	(Be sure you get and keep a copy of your return)
my knowledge and belief, it is true, correct, and complete. I further declare th return (original or amended) I am now authorizing. I consent to allow my interme to send my return to the IRS and to receive from the IRS (a) an acknowledgeme for any delay in processing the return or refund, and (c) the date of any refund. I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the fin payment of my federal taxes owed on this return and/or a payment of estimated authorization is to remain in full force and effect until I notify the U.S. Treasury payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 business days prior to the payment (settlement) date. I also authorize the financ taxes to receive confidential information necessary to answer inquiries and repersonal identification number (PIN) below is my signature for the income tax re Electronic Funds Withdrawal Consent.	diate service provider, transmitter, or electronic return originator (ERO) ent of receipt or reason for rejection of the transmission, (b) the reason of applicable, I authorize the U.S. Treasury and its designated Financial nancial institution account indicated in the tax preparation software for tax, and the financial institution to debit the entry to this account. This y Financial Agent to terminate the authorization. To revoke (cancel) a 177. Payment cancellation requests must be received no later than 2 cial institutions involved in the processing of the electronic payment of esolve issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC ■ ERO firm name	to enter or generate my PIN The street of t
signature on the income tax return (original or amended) I am r	now authorizing.
	original or amended) I am now authorizing. Check this box only the Practitioner PIN method. The ERO must complete Part III
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
☐ I authorize	to enter or generate my PIN as my
ERO firm name	Enter five digits, but
signature on the income tax return (original or amended) I am r	now authorizing. don't enter all zeros
	original or amended) I am now authorizing. Check this box only the Practitioner PIN method. The ERO must complete Part III
Spouse's signature ▶	Date ►
Practitioner PIN Method Return	s Only—continue below
Part III Certification and Authentication — Practitioner Pl	N Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit se	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the authorized to file for tax year indicated above for the taxpayer(s) indicated above requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized to file above.	ove. I confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form	

Don't Submit This Form to the IRS Unless Requested To Do So

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



1040		artment of the Treasury—Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only—	-Do not w	rite or sta	ple in this sp	oace.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	 ns.
Your first name	e and m	iddle initial	Last na	me	-						Your so	cial sec	urity numb	ber
SWATHI			DEVA	.RUPPAI	. Δ								2458	
	spouse's	s first name and middle initial	Last na		12.1								security no	umber
											•		0511	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				1	pt. no.				ction Cam	npaign
	•	EBBLE LOOP							•	- 1			ou, or you	
		ice. If you have a foreign address, also co	mplete s	paces belov	W.	Sta	te	ZIP c	ode		spouse	if filing	jointly, war	nt \$3
ZEPHYRH						FI		335	40		•		nd. Checki not change	_
Foreign countr			F	oreign pro	vince/state/o				n postal c		your tax		•	5
_	-										•	Yo	u 🗌 Sı	pouse
Filing Status	s [Single					☐ Head of h	useh	old (HOI	— ⊢ ⊣)				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.	X	Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spoi	use (C	QSS)			
00 20		you checked the MFS box, enter the	name c	of your spo	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nai	me if the	
	qu	ıalifying person is a child but not you	ır depen	ndent: MZ	NOJ KU	MAR	R KONKA							
Distribut	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oc	a roward	award or	navn	mont for propo	rtv or	convicos): or (h) coll			
Digital Assets		nange, or otherwise dispose of a dig						-				ΠYe	s XN	lo
Standard		neone can claim: You as a de					a dependent	, (-			,			
Deduction	_	Spouse itemizes on a separate retur	•											
A /DP l											1050		Tall' and	
		: Were born before January 2, 1	959 _	」Are blin	a Spc	ouse	: U Was bor						s blind	4:\
Dependent	s (see instructions):			(2) Social security (3) Relationship number to you			ip (4	Child t				see instruc r other depe		
If more	(1) F	First name Last name		<u>'</u>	iumbei		10 you				uit	Orean 10		
than four dependents,														
see instruction	ıs													
and check here [1 —													
-	1a	Total amount from Form(s) W-2, b	ov 1 (se	a instructi	one)						1a		120,1	70
Income	b	Household employee wages not re	,		,						1b	_	120,1	70.
Attach Form(s)		, , ,	•	`	,						1c	_		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	_				
W-2G and	e		Taxable dependent care benefits from Form 2441, line 26							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 .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 01111 00	50, III 10 20	•					1g			
get a Form	h	Other earned income (see instruct	ions)								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	Ì						
	z	Add lines 1a through 1h									1z		120,1	70.
Attach Sch. B	<u></u> 2a		2a	-	ĺ	b Ta	axable interes	t.			2b			
if required.	3a	· –	3a				ordinary divide				3b			
	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С								. \square					
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required.	If not requ	iired,	, check here			. \square	7			
 Married filing jointly or 	8	Additional income from Schedule	1, line 10	0							8		-15 , 9	44.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is you	ur total inc	ome	e				9		104,22	26.
\$27,700	10	Adjustments to income from Sche	dule 1, I	ine 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your a c	djusted g	ross incon	ne					11		104,22	26.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (from	Schedule	A)					12		13,85	50.
any box under Standard	13	Qualified business income deduct	ion from	Form 899	95 or Form	899	5-A				13			
Deduction,	14										14		13,85	
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	c ontor O	This is v	011r t	tavabla inaam	•			15	1	an a.	76

Form 1040 (202)	3)							Page Z	
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	15,190.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	15,190.	
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812			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,	enter -0				22	15,190.	
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	15,190.	
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a 22	,007.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	22,007.	
If you have a	26	2023 estimated tax payments and amount a	applied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28				
	29	American opportunity credit from Form 886	3, 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 you	32						
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	22,007.	
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33	This is the amour	nt you overpaid		34	6,817.	
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, chec	ck here		35a	6,817.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 0			Checking	Savings			
See instructions.	d	Account number 4 8 8 0 6 7 4	6 6 5	1 3					
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the am							
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions.			37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party		you want to allow another person to dis			_			N.	
Designee		tructions				•		⊠ No	
		signee's ne	Phone no.			onal ident ber (PIN)	ification		
Sign		der penalties of perjury, I declare that I have examine							
Here	be	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all information	on of whic	h prepar	er has any knowledge.	
11010	Yo	ur signature	Date	Your occupation				nt you an Identity	
		10.51		COEMMADE		ection P inst.)	IN, enter it here		
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE I		EVEDOLEK .		nt your spouse an	
Keep a copy for		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupan	OH			ection PIN, enter it here	
your records.						(see	inst.)		
	Ph	one no. (254) 715-3494	Email address	MANOJ.KONK	A@GMAIL.CC	M			
Paid	Pr	eparer's name Preparer's signa	ature		Date	PTIN		Check if:	
Preparer	VENE	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO24					470833 Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC Pho					none no. (678) 965-9522			
————	Fir	m's address 245 ROONEY CT E BRU	UNSWICK N	J 08816		Firm	ı's EIN	88-2145487	
	/-	4040 ()						= 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

SWATHI DEVARUPPALA

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.

Sequence No. 01

Your social security number
757-67-2458

Par	t 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		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-15,944.
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	here and on Form		
	1040 1040-SR or 1040-NR line 8		10	-15.944

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-basis governr	nent		
	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		9a	
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s	s) shown on return						Your socia	al security	number
SWAT	THI DEVARUPPALA						757-6	7-2458	
Par	Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use 10.	Schedul						
	Did you make any payments in 2023 that would require y								s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state,								
	AMBERPET HYDERABAD TELANGANA IN 500		-,						
A	AMBERPET HIDERABAD TELANGANA IN 300	1013							
B C									
	Time of Duamoutic O. Farranch would be allowed and	and the state of the state of	LI		-		D	-111	
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of factors.			га	ir Rental Days	Person Da	I	QJV	
A	g above, report the number of the personal use days. Check the			Α		365	Da	0	
B	if you meet the requirements t	to file as	a	B 30					
C	qualified joint venture. See ins	tructions	3.	C					
	of Property:			C					Ш
	Single Family Residence 3 Vacation/Short-Term R	ontal	5 Land	1	7	Self-Rental			
	Multi-Family Residence 4 Commercial	entai	6 Roya				iba)		
	Multi-Family Residence 4 Commercial		o noy	aities	0	Other (descr			
						Properti	es:		
Incon				Α		В			С
3	Rents received	3		6	80.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,5	62.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	01.				
12	Mortgage interest paid to banks, etc. (see instructions)								
13	Other interest	13							
14	Repairs	14			52.				
15	Supplies	15		4,9	56.				
16	Taxes	16							
17	Utilities	17		4,2	53.				
18	Depreciation expense or depletion	18							
19	Other (list)								
20	Total expenses. Add lines 5 through 19	20		16,6	24.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).								
	result is a (loss), see instructions to find out if you must file Form 6109			1 - ^	, ,				
	file Form 6198	21		- 15 , 9	44.				
22	Deductible rental real estate loss after limitation, if any	• •	,	1 - 0 4		,	,	,	,
	on Form 8582 (see instructions)	22	(15,94			(00	(
23a	Total of all amounts reported on line 3 for all rental pro				23a		680.		
b	Total of all amounts reported on line 4 for all royalty pr	-		•	23b				
C	Total of all amounts reported on line 12 for all propertie			•	23c				
d	Total of all amounts reported on line 18 for all propertic			•	23d	1 0	C 2 4		
e	Total of all amounts reported on line 20 for all propertic				23e	16	,624.		
24	Income. Add positive amounts shown on line 21. Do r		•				. 24	/	1
25	Losses. Add royalty losses from line 21 and rental real es							(15 , 944.)
26	Total rental real estate and royalty income or (loss here. If Parts II, III, and IV, and line 40 on page 2 do								
	Schedule 1 (Form 1040), line 5. Otherwise, include this						. 26		-15,944.
	, , ,, , or		20			۲~3~ -	. 20		,