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

IIICIIIai	nevelue Service							
Subm	ission Identification Number (SID)							
Taxpay	er's name	Social securit	y numbe	r				
SWA	THI DEVARUPPALA	757-67-2458						
Spouse	's name	Spouse's social security number						
_								
Part	, ,	r year you a	re auth	norizing.)			
	whole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		4	1 0 4	226			
1 2	Adjusted gross income		2		,226. ,190.			
3	Total tax		3					
4	Amount you want refunded to you		4		,007.			
5	Amount you owe		5	6	,817.			
Part		keep a cop		our retu	rn)			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lorinitate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a superior to the payment (settlement) date. I also authorize the financial institutions involved in the corrective confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I as a confidential withdrawal Caracaster.	ection of the tr J.S. Treasury and a silicated in the tallon to debit the ethe authorizates must be processing of payment. I furt	ansmiss and its de ax prepa entry to ation. To receive the electer her ack	sion, (b) the esignated uration soforthis according revoke (ced no late ctronic parowledge	e reason Financial tware for unt. This cancel) a or than 2 yment of that the			
	nic Funds Withdrawal Consent. Nyer's PIN: check one box only							
>		my PIN 7	2 4	5 8	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent		igits, but all zeros	ao my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am	ow outhorizin	og Cha	ok thia h	ov onl v			
L	if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.							
Your	signature ▶ Date ▶							
Spour	se's PIN: check one box only							
Г	I authorize to enter or generate	my PIN			as my			
_	ERO firm name	-	er five di	igits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN methodow.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	1						
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.		6 6	1 9 8	9			
		Don't ent	er all zer	US				
author	that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in ac	cordance				
FRO'	s signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	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	aple in this sp	oace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instruction	าร.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numb	
SWATHI			DEVA	.RUPPAI	'.Δ								2458	
	pouse's	s first name and middle initial	Last nai		J. 1								security nu	umber
•	•										853	99	0511	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.				ction Cam	npaign
2455 SUI	NNYP	EBBLE LOOP								- 1	Check h	nere if y	ou, or you	r
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP c	ode		•	•	jointly, war	
ZEPHYRH	ILLS					FI	J	335	40		•		nd. Checki not change	•
Foreign countr	y name		F	oreign pro	vince/state/o	count	ty	Foreig	ın postal c		your tax		•	_
												Yo	u 🗌 Sr	pouse
Filing Status	s \square	Single	•				Head of h	ouseh	old (HOI	 ∃)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.	×	Married filing separately (MFS)					☐ Qualifying	survi	ing spo	use (C	QSS)			
	If y	you checked the MFS box, enter the	name o	of your spo	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ır depen	ndent: M	ANOJ KU	MAF	R KONKA							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	award or	navn	ment for prope	rtv or	services). or (l	h) sell			
Assets		nange, or otherwise dispose of a dig						-					es 🛛 N	О
Standard		neone can claim: You as a de					a dependent	, ,			,			
Deduction	_	Spouse itemizes on a separate retur	•											
				_							1050			
		: Were born before January 2, 1	959 L	_ Are blin	na Spc	ouse	: U Was bor						s blind	\
Dependent	ts (see instructions):			(2) Social security (3) Relationship to you		nip (4	(4) Check the bo				see instruct or other depe			
If more	(1) F	irst name Last name		Hamber to you		to you	Ornia tax			uit	Orean 10	Tottlei depe	Tidents	
than four dependents,														
see instruction	s													
and check here [1 —												-	
-	10	Total amount from Form(s) W 2 h	ov 1 (so	o inetrueti	one)						10		120,1	70
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re	,		,						1a 1b		120,1	70.
Attach Form(s)	C	. ,	•	,	,						1c			
W-2 here. Also attach Forms	d		Tip income not reported on line 1a (see instructions)							1d				
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							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 .	,1113 11011	11 01111 00	00, 1110 20	•					1g			
get a Form	9 h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1 _{1i}	i.						
instructions.	z	Add lines 1a through 1h					· · <u> </u>				1z		120,1	70.
Attach Sch. B	<u>-</u> _	1	2a		į	b Та	axable interes	t .			2b	_		
if required.	3a	· –	3a				ordinary divide				3b	_		-
			4a				axable amoun				4b	_		-
Standard	5a	_	5a				axable amoun				5b	_		
Deduction for— Single or	6a	_	6a				axable amoun				6b	_		
Married filing separately,	С	<u> </u>	to use the lump-sum election method, check here (see instructions) [. \square				-	
\$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									8		-15,94	44.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		104,22	
\$27,700	10		ments to income from Schedule 1, line 26									-		
 Head of household, 	11	Subtract line 10 from line 9. This is			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	
any box under	13	Qualified business income deduct					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	s ontor C	Thic ic v	011r t	tavabla incom				15		an 3.	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 Schedul	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	022 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			31					
	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, ched	ck here		35a	6,817.		
Direct deposit?	b	Routing number 1 1 1 0 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 You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to www.irs.go					37			
rou Owe	38	Estimated tax penalty (see instructions) .	-		38		31			
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See					
Designee		structions				•		⊠ No		
		signee's ne	Phone no.			onal identi ber (PIN)	fication			
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration								
Here	Yo	Your signature Date Your occupation If the						nt you an Identity		
			Pour occupation			Prot	ection P	IN, enter it here		
Joint return?				SOFTWARE DEVELOPER			inst.)			
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	Iden	f the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)				
	Ph	one no. (254) 715-3494	Email address	MANOJ.KONE	KA@GMAIL.CC	M				
Paid	Pr	eparer's name Preparer's signa	ture		Date	PTIN		Check if:		
Preparer	VENE	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO247						Self-employed		
Use Only	Fir	Firm's name GLOBAL TAXES LLC Phor						one no. (678) 965-9522		
————	Fir	m's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm	's EIN	88-2145487		
	/-	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

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.

Your social security number 757-67-2458

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	-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		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 (<u>)</u>	
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 10	Total other income. Add lines 8a through 8z		9	
ıU	1040, 1040-SR, or 1040-NR, line 8		10	-15,944.
	10 10, 10 10 011, 01 10 0 1411, 11110 0		10	10,011.

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.

2023
Attachment Sequence No. 13

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

SWAT	HI DEVARUPPALA						757-6	7-2458	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule						
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	tructions .		. \(\sum \mathbf{Y}\epsilon	s 🛚 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF	P code	e)						
Α	AMBERPET HYDERABAD TELANGANA IN 50001	13							
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and	Fair Rental Days			Persor Da	QJV	
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru	ine as ictions	a S.	В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya		-	Self-Rental Other (descr			
						Propertie	es:		
ncon				Α		В			С
3	Rents received	3		6	30.				
4 Exper	Royalties received	4							
zpei 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		1,5	62				
8	Commissions	8		1,5	02.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	0.1				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1/2	31.				
13	Other interest	13							
14	Repairs	14		4,6	52.				
15	Supplies	15		4,9					
16	Taxes	16		•					
17	Utilities	17		4,2	53.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		16,6	24.				
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 Form 6198	21	-	-15 , 9	44.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(15 , 94	4.))	(,
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		680.		
b	Total of all amounts reported on line 4 for all royalty prop			. [23b				
С	Total of all amounts reported on line 12 for all properties			. [23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	16	,624.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(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 no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						n . 26		-15,944.