(Rev. January 2021)

Department of the Treasury

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 sec	Social security number						
RAGHU RAM APURI	847-9	847-96-8777						
Spouse's name			urity numbe	er				
	23 (Enter year you	are au	thorizinç	ე.)				
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 .						
1 Adjusted gross income		1		2,496.				
2 Total tax				7,070.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		-		0,476.				
4 Amount you want refunded to you		4	-	3,406.				
5 Amount you owe	net and keen a co	5	our ret	urn)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of								
return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reafor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial uthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent of payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancerbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues relatives to receive confidential information necessary to answer inquiries are return (original or an Electronic Funds Withdrawal Consent.	ason for rejection of the corize the U.S. Treasury account indicated in the cial institution to debit to terminate the author ellation requests must blued in the processing ed to the payment. If	e transmise and its of and its of the entry rization. The received of the elurther accordance in the elury acco	ssion, (b) to designated paration so to this according to the ved no la ectronic posterior.	the reaso d Financia oftware for count. Thi (cancel) ater than payment of ge that th				
Taxpayer's PIN: check one box only	Γ		$\overline{}$	7				
	generate my PIN	6 8 5	7 7 7	as my				
ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but er all zeros					
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.								
Your signature ►	Date ▶							
Spouse's PIN: check one box only								
• —	generate my PIN) ac m				
ERO firm name		Enter five	digits, but	」 as my				
signature on the income tax return (original or amended) I am now authorizing.			er all zeros					
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.								
Spouse's signature ▶	Date ►							
Practitioner PIN Method Returns Only—contin	ue 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				
The said that the chest year one argic control of the control of t		enter all ze						
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 requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Practitioner PIN method PIN	I am submitting this r	eturn in a	accordanc					
ERO's signature ▶	Date ►							
ERO Must Retain This Form — See Instru	ctions							
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 Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	∕—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	iddle initial	name						Your social security number				
RAGHU RA	MA		APU	RI						847	96	8777
If joint return, spouse's first name and middle initial Last name Sp									Spouse	's social	security numbe	
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							pt. no.	Presidential Election Campa				
_1911 ARE	VISTA DR							Check here if you, or your				
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode			jointly, want \$3 nd. Checking a
CHARLOT	ΓE					NC	7	282	62			not change
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	
Filing Status	, X	Single					Head of ho	ouseho	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	l income)								
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	spouse. If you	u che	ecked the HOH	or QS	SS box, ente	er the ch	ild's na	me if the
	qu	ıalifying person is a child but not you	ır depe	endent:								
Digital		ny time during 2023, did you: (a) rec										V N
Assets		nange, or otherwise dispose of a dig						τ)? (56	e instruction	ns.)	Y€	es 🗵 No
Standard Deduction		neone can claim:	•		•		a dependent					
Age/Blindness	you:	: Were born before January 2, 1	959	Are b	lind Spc	ouse	: Was bor	n befo	re January 2	2, 1959		s blind
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationsh	ip (4) Check the b	ox if qual	ifies for (see instructions)
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
than four												
dependents, see instruction	e ——											
and check	. —											
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	,		•					. 1a	1	130,713.
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			•					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep			,	nstru	ıctions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f	•							. 16		
was withheld.	f	Employer-provided adoption bene	efits from Form 8839, line 29						. 11			
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		0
W-2, see	h :	Other earned income (see instruct	,				٠. ٠. ٠. ٠	 I		. 1h	1	0.
instructions.	i -	Nontaxable combat pay election (s	see ins	structions)		<u>li</u>			4		130,713.
A#	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	 . ,	axable interest			. 1z		±00,1±0.
Attach Sch. B if required.		· –										
	<u>3a</u> 4a		3a 4a				ordinary divider axable amount					
Standard	4 а 5а	_	4a 5a				axable amount					
Deduction for— Single or	6a	_	6a									
Married filing	C		Social security benefits <u>6a</u> b Taxable amount									
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,		[<u> </u>		
 Married filing jointly or 	8	Additional income from Schedule		•	•		•					-18,217.
Qualifying Q Add lines 17 2h 3h 4h 5h 6h 7 and 8 This is your total income								. 9		112,496.		
\$27,700								,				
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		112,496.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13		-,
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our t	taxable incom	е.				98,646.

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	17,070.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	17,070.	
	19	Child tax credit or credit for	other dependen	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	17,070.	
	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	17,070.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 20	,476			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	20,476.	
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)			No .	27				
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	!		28				
	29	American opportunity credit	from Form 8863	3, 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	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	20,476.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,406.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,406.	
Direct deposit?	b	Routing number 1 0 1			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 5 1 8	0 0 9 9	6 6 2 8	3 4					
	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 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	⋉ No	
	De	esignee's		Phone			onal iden	tification		
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here			piete. Deciaration	· · · ·	1 , ,	sed on an imormati			, ,	
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					JAVA DEVEL	OPER		e inst.)	,	
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.								ection PIN, enter it here		
	Ph	one no. (908)423-943	0	Email address	RAMRAGHU20	6@GMAIL.CO	M			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC			•	·		(678)965-9522	
Use Only	Fir						Firr	Firm's EIN 84-3171965		

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

RAGHU RAM APURI

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 847-96-8777

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-18,217.
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 . Ente	r here and on Form		46
	1040, 1040-SR, or 1040-NR, line 8		10	-18,217.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			_	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 13

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Your social security number

RAGH	U RAM APURI					8	347-96	5-8777	
Part	Note: If you a	Loss From Rental Real Estate and R are in the business of renting personal property, use or loss from Form 4835 on page 2, line 40.		l e C . See	instruc	tions. If you are	an indiv	idual, rep	ort farm
		payments in 2023 that would require you to fi							s 🛛 No
B If	If "Yes," did you or will you file required Form(s) 1099?								
1a		s of each property (street, city, state, ZIP co							
Α	H.NO 11-10-6	694/14/3/1 BURHANPURAM,KHAMMAN	M TELA	NGANA	IN 5	507001			
В									
С									
1b	Type of Property (from list below)	For each rental real estate property li above, report the number of fair rental	al and	Fair Rental Days			Persona Day	GJA	
Α	3	personal use days. Check the QJV b		Α	A 365			0	
В		if you meet the requirements to file a qualified joint venture. See instruction	s a ns	В					
С		qualified joint venture. See instruction	110.	С					
1 :	of Property: Single Family Resid Multi-Family Resid		5 Land			Self-Rental Other (describ			
						Properties	s: 		
Incom				Α		В			С
3				6	70.				
4		d 4							
Expen 5		5					+		
6				7	30.				
7		intenance		1,7	_				
8				Δ,,	10.				
9									
10		professional fees							
11		5		1,3	75.				
12		t paid to banks, etc. (see instructions)			73.				
13									
14			1	4,8	29.				
15	-		5	4,9	72.				
16	Taxes		6						
17	Utilities		7	5,2	41.				
18	Depreciation expe	ense or depletion 18	3						
19	Other (list)	19	9						
20	Total expenses. A	Add lines 5 through 19 20)	18,8	87.				
21	result is a (loss), s	rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must	ı	-18,2	17.				
22		real estate loss after limitation, if any, ee instructions)	2 (18,21	7.)()(,)
23a	Total of all amour	nts reported on line 3 for all rental properties			23a		670.		
b	Total of all amour	nts reported on line 4 for all royalty propertie	s		23b				
С	Total of all amour	nts reported on line 12 for all properties .			23c				
d					23d				
е					23e	18,	887.		
24	•	sitive amounts shown on line 21. Do not incl	-				24		
25	•	ty losses from line 21 and rental real estate los					25 (18,217.)
26		estate and royalty income or (loss). Com							
		II, and IV, and line 40 on page 2 do not ap n 1040), line 5. Otherwise, include this amou					26		-18,217.