## 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

Subm	ission Identification Number (SID)				
Taxpay	er's name	Social securit	y numbe	er	
SAI	KIRAN BEJUGAM	866-16-	-8980		
Spouse	's name	Spouse's soc	ial secur	ity number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re auth	norizing.)	)
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	Adjusted gross income		1		,536.
2	Total tax		2	5	,796.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10	<u>,785.</u>
4	Amount you want refunded to you		4	4	<u>,989.</u>
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	our retui	rn)
return to send for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (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 reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I among Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are atted in the tan to debit the the authorizates must be processing of ayment. I furt	enic returnissend its de ax preparentry to attion. To the receive the electric reck.	rn originates on, (b) the esignated stration soft of this accoorevoke (ded no lates of tronic pagnowledge	cor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
	ayer's PIN: check one box only				
> \( \)		ny PIN 6	8 9	8 0	as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	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 no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.				
Your	signature ▶ Date ▶				
Spour	se's PIN: check one box only				
Spou.	-	ov DINI			00 m)/
L	I authorize to enter or generate r	-	er five di	igits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			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 <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente		8 2 7 os	1
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	rn in ac	cordance	
FR∩'	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 <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple 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 instructi	ons.
Your first name	and m	iddle initial	Last n	ame	<del></del>					Your so	cial security nur	mber
SAI KIR	AN		BEJ	UGAM						866	16   8980	J
		s first name and middle initial	Last n	ame							's social security	
Home address	(numb	er and street). If you have a P.O. box, see	instruct	tions.				A	Apt. no.	ł	ential Election Ca	
<u>1433 NW</u>						1			201		here if you, or yo if filing jointly, w	
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta		ZIP c			this fund. Chec	
OKLAHOM						OF		731		box bel	ow will not chan	_
Foreign countr	y name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	your ta	x or refund.	_
	-	a									You	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only	L	Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying					
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if the	Э
	qι	ıalifying person is a child but not you	ır depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	s a reward	d, award, or	payr	ment for proper	ty or	services); or	(b) sell,		
Assets		nange, or otherwise dispose of a dig									☐ Yes 🏻 🗆	No
Standard	Son	neone can claim:	pender	nt 🔲	Your spouse	e as	a dependent					
<b>Deduction</b>		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	1					
Δαe/Rlindnes	s Vou	: Were born before January 2, 1	959	Are b	lind Sno	use	. □ Was borr	n hefr	ore January 2	2 1959	☐ Is blind	
Dependent			000	T	·			- 14			ifies for (see instru	uctions):
•		First name Last name		(2)	Social security number		(3) Relationship to you	b (,	Child tax or		Credit for other de	
If more than four	(1)						,		П			·
dependents,												
see instruction	s —											
and check here [	]								— H			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a	69,8	842.
	b	Household employee wages not re	,		•					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a			, ,					. 10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10		
W-2G and	e	, ,	Taxable dependent care benefits from Form 2441, line 26							. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 11		
If you did not	g	Wages from Form 8919, line 6.			•					. 10		
get a Form	h	Other earned income (see instruct								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i					
	z	Add lines 1a through 1h								. 1z	69,8	842.
Attach Sch. B	2a		2a			b T	axable interest			. 2b	)	
if required.	3a	· -	3a			<b>b</b> C	Ordinary dividen	ds .		. 3b	)	
	4a	IRA distributions	4a			b T	axable amount			. 4b	)	
Standard  Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5b	)	
• Single or	6a	Social security benefits	6a			b T	axable amount			. 6b	)	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here (	(see	instructions)		[	<b>]</b>		
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	iired	, check here		[	<b>□</b>		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8	-8,	306.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total inc	omo	e			. 9	61,	536.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10	)	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>a</b>	adjusted	gross incon	ne				. 11	61,	536.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		850.
any box under	13	Qualified business income deduct	ion fror	m Form 8	995 or Form	899	95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	13,8	850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or lo	se ontor	O This is w	our t	tavabla inaam	_		15	17 (	686

Form 1040 (202	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	5,796.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	5,796.
	19	Child tax credit or credit for oth	her dependent	ts from Schedu	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21							21	
	22	Subtract line 21 from line 18. If	f zero or less, e	enter -0				22	5,796.
	23	Other taxes, including self-emp	plovment tax.	from Schedule	e 2. line 21			23	0.
	24	Add lines 22 and 23. This is yo			•			24	5,796.
Payments	25	Federal income tax withheld from							.,
. aymome	а	Form(s) W-2				<b>25a</b>   10	,785.		
	b	Form(s) 1099				25b			
	c	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	10,785.
16	26	2023 estimated tax payments						26	
If you have a qualifying child,	27	Earned income credit (EIC) .	•	•		27			
attach Sch. EIC.	28	Additional child tax credit from S			_	28			
	29	American opportunity credit fro				29			
	30	Reserved for future use		-		30		1	
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31. T						32	
	33	Add lines 25d, 26, and 32. The						33	10,785.
Refund	34	If line 33 is more than line 24, s						34	4,989.
riciana	35a	Amount of line 34 you want ref				•	. 🗀	35a	4,989.
Direct deposit?	b	Routing number 1 0 3 0				_	Savings		
See instructions.		Account number 3 0 5 0							
	36	Amount of line 34 you want ap				36			
Amount	37	Subtract line 33 from line 24. T	·						
You Owe	O.	For details on how to pay, go t						37	
	38	Estimated tax penalty (see inst				38			
Third Party Designee		you want to allow another p	erson to disc	uss this retur			omplete b	elow.	⊠ No
	De	signee's		Phone		Perso	nal identif	ication	
	naı	ne		no.		numb	per (PIN)		
Sign Here		der penalties of perjury, I declare that ief, they are true, correct, and comple							, ,
11010	Your signature			Date Your occupation					nt you an Identity
								otection PIN, enter it here ee inst.)	
Joint return? See instructions.		ouse's signature. If a joint return, <b>bot</b>	th must sign	Date	SOFTWARE I				nt vour enquee an
Keep a copy for your records.		ouse's signature. If a joint return, <b>but</b>	ld ld				the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (646)724-8922		Email address	SAIKIRANB3	01@GMAIL.CO	M		
Doid	Pre	eparer's name P	reparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/18/2024	P02082	2703	Self-employed
Preparer	Fire	m's name GLOBAL TAXE	ES LLC				Phon	e no. (	678)965-9522
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK NO	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.o	ov/Forn	a1040 for instructions and the latest i	information		DAA	DEV 01/09/24 DDO			Form 1040 (2023)

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

SAI KIRAN BEJUGAM

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. <b>01</b>
	Your soc	ial security number
	866-16	_8980

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	ch Schedule E .	5	-8,306.
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		
- 1	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 <b>additional income</b> . Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-8,306.

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/0	08/24 PRO	Schedu	ile 1 (Form 1040) 2023

#### **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 Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

SAI	KIRAN BEJUGAM						866-1	6-8980		
Part	Income or Loss From Rental Real Estate an 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		e C. See	e instru	uctions. If you	are an indi	vidual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you		Form(s)	1099? 5	See in	structions .		. 🗌 Ye	es 🛛 No	
В	If "Yes," did you or will you file required Form(s) 1099?								es 🗌 No	
	Physical address of each property (street, city, state, ZII									
A	15-5-602, ASHOK BAZAR AFZAL GUNJ, HYDERA		<u> </u>	מזו גר	TNT F	00012				
<u></u> B	13-3-002, ASHOR BAZAR AFZAL GUNO, HIDERA	ADAD	IELIAM	JAINA .	TIN 2	00012				
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair			Fair Rental Days			Person	QJV		
Α	personal use days. Check the Q	JV box				365		0	+	
В	if you meet the requirements to t			В						
С	qualified joint venture. See instru	JCTIONS	i.	С						
Туре	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)			
						Propert				
Incon	ne.			Α		В	.103.		С	
3	Rents received	3			95.					
4	Royalties received	4			-					
Exper		<u> </u>								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		5	91.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	25.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,0	15.					
15	Supplies	15		2,5	94.					
16	Taxes	16								
17	Utilities	17		2,5	76.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		9,0	01.					
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 <b>Form 6198</b>	21		-8,3	06.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	8,30		(	)	(	,	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		695.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			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		9,001.			
24	Income. Add positive amounts shown on line 21. Do not		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	es from lir	ne 22. E	nter to	otal losses he	re <b>25</b>	(	8,306.	
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 at						on . 26		-8,306.	