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

	5.5.1.65 55.1.65						
Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secur	ity numb	per			
VENK	ATA LAKSHMI KORRAPATI	658-02	-131	4			
Spouse's	name	Spouse's so	ouse's social security number				
SRIN		5-4700					
Part	, , , , , , , , , , , , , , , , , , ,	year you a	are au	thorizing.	.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	۱ ، ۵ - ۵	0.1.1		
	Adjusted gross income		1		<u>,911.</u>		
	Total tax		3		,721.		
	Amount you want refunded to you		4		,254.		
	Amount you owe		5	12	<u>,533.</u>		
Part I		eep a cor		our retu	rn)		
my know return (c to send for any of Agent to payment authoriz payment business taxes to persona	renalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) will dege 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 rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. 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 requisions are confidential information necessary to answer inquiries and resolve issues related to the payment (settlement) below is my signature for the income tax return (original or amended) I are full information or amended) I are full full force and consent.	e are the am tter, or electriction of the to S. Treasury a cated in the to the authorization must be processing of ayment. I fur	ounts fronic references and its cax preparation. It attends to the electric the electric the electric receives and the electric receives the electric receives the electric receives the electric receives and the electric receives the electric	rom the incurrence of the incu	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the		
	yer's PIN: check one box only						
X	l authorize GLOBAL TAXES LLC to enter or generate	mv PIN	1 3	3 1 4	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Er		digits, but er all zeros	ac,		
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.						
Your si	gnature ▶ Date ▶						
Spous	e's PIN: check one box only						
X	•	my PIN 5	4	7 0 0	as my		
	ERO firm name	Ér	ter five	digits, but	aoy		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN methology.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	I 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 Don't en	6 0 ter all ze	8 2 7 eros	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed 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 Inc.	itting this ret	urn in a	accordance			
ERO's	signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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



1040		artment of the Treasury-Internal Revenue Servi		ırn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		<u> </u>	, 2023, end	ing			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity number	_
VENKATA	LAK	SHMI	KORR	APATI							658	02	1314	
		s first name and middle initial	Last nar										security numb	er
SRINIVAS	SA R	AO	KORR	APATI							982	95	4700	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campai	gn
8550 TO	JCHT	ON RD						-	728		Check h	nere if y	ou, or your	-
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete sp	oaces belo	w.	Stat	te	ZIP c	ode		•	_	jointly, want \$	
JACKSON	/ILL	E				FL	ı	322	16		•		nd. Checking a not change	a
Foreign country	y name		F	oreign pro	vince/state/o	count	у	Foreig	n postal c		your tax		ınd.	se
Filing Status Check only one box.	X	Single Married filing jointly (even if only or Married filing separately (MFS)					☐ Head of h	survi	/ing spoi	use (0	,			
 Digital	qu	you checked the MFS box, enter the palifying person is a child but not you ny time during 2023, did you: (a) receipt	ır depen	dent:								ld's na	me if the	-
Assets		nange, or otherwise dispose of a dig											es 🛛 No	
Standard	Som	neone can claim:	pendent		our spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien								
Ago/Plindnes	- Va	: Were born before January 2, 1	050	Are blir	nd Cna		: Was bor	n haf	oro lonu	on ()	1050		s blind	
			939 [_	·	use:		- 1					see instruction	c).
Dependent	s (see instructions): (1) First name Last name				Social security (3) Relationship to you		ip (Child t				or other depender		
If more	(1)	Last name							0		, u.i.			_
than four dependents,														_
see instruction	s													_
and check here	1 —													_
-	1a	Total amount from Form(s) W-2, b	ov 1 (cor	inetruet	ions)				l		1a		169,207	_
Income	b	Household employee wages not re	`		,						1b		100,201	÷
Attach Form(s)		. , ,	•	•	,						1c			_
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)							1d			_		
W-2G and	-								1e			_		
1099-R if tax was withheld.	e f	Employer-provided adoption bene									1f			_
If you did not		Wages from Form 8919, line 6.	1115 110111	11 01111 00	33, III le 23	•								_
get a Form	g	=	 :ana\			•					1g		0	_
W-2, see	h ;	Other earned income (see instruction of the combat pay election (see instruction (see instruction)).	,					Ϊ.			1h			<u>.</u>
instructions.	i		see msm	uctions)		•					4-		169,207	
AII 1 6 : 5	<u>z</u>	Add lines 1a through 1h			<u>.</u> .		 axable interes				1z		100,201	•
Attach Sch. B if required.	2a	· —	2a								2b			_
	3a		3a				rdinary divide				3b			_
Standard	4a	-	4a				axable amoun axable amoun				4b			_
Deduction for—	5a	-	5a								5b 6b			_
Single or Married filing							7 00			_				
Soparatory, The soparatory of						,			.]] 7				
Married filing	7 8		oital gain or (loss). Attach Schedule D if required. If not required, check here							8		-18,296	_	
jointly or Qualifying	9										9		150,911	
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•									100,311	<u>.</u>
Head of	10	Adjustments to income from Sche									10		150 011	_
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		150,911	
If you checked	12	Standard deduction or itemized					 5 A				12		27,700	<u>.</u>
any box under Standard	13	Qualified business income deducti									13		27 700	_
Deduction, see instructions.	14	Add lines 12 and 13					 avable incom				14		27 , 700	<u>.</u>

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	17,721.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	17,721.	
	19	Child tax credit or credit for of	ther dependent	ts 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	17,721.	
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo	our total tax					24	17,721.	
Payments	25	Federal income tax withheld f	rom:							
-	а	Form(s) W-2				25a 3	0,254			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	30,254.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit fr	om Form 8863	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 your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	30,254.	
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	12,533.	
	35a	Amount of line 34 you want re			3 is attached, che	ck here	🗆	35a	12,533.	
Direct deposit?	b	Routing number 1 1 1			c Type:	Checking	Savings	3		
See instructions.	d	Account number 7 0 2	1 5 1 5	1 2						
	36	Amount of line 34 you want ap	oplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe	00	For details on how to pay, go	_	-		1 1		37		
	38	Estimated tax penalty (see ins				38				
Third Party		you want to allow another particular in the structions					omplete	e below.	⊠ No	
Designee		signee's		Phone			•	ntification	<u> </u>	
		me		no.			nber (PIN)			
Sign		der penalties of perjury, I declare tha								
Here		, , , , , , , , , , , , , , , , , , , ,		Date	Your occupation				nt you an Identity	
	10	ur signature	Date Your occupation					IN, enter it here		
Joint return?				DEVOPS ENGINEER (e inst.)			
See instructions.		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupat	ion		If the IRS sent your spouse an		
Keep a copy for your records.				HOME MAKER				Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (816) 682-5335		Email address		11@GMAIL.C	OM.			
			Preparer's signat			Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P020	82703	Self-employed	
Preparer		m's name GLOBAL TAX						ione no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN 84-3171965		
<u> </u>	<u></u>	40406 1 1 11 11 11 11					1		= 1010 (

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATA LAKSHMI & SRINIVASA RAO KORRAPATI

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Your soci	ial security number
	Attachment Sequence No. 01
	<u> </u>

658-02-1314

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. Atta		5	-18,296.
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		
I	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		
	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	0. (
_	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	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 as through az	8z	9	
9 10	Total other income. Add lines 8a through 8z		9	
10	1040 1040-SR or 1040-NR line 8	Here and on FORM	10	-18-296

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-				
	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	, , , , , , , , , , , , , , , , , , ,	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	04			
_1	• • • • • • • • • • • • • • • • • • • •	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	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			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	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,

Attachment

Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 658-02-1314 VENKATA LAKSHMI & SRINIVASA RAO KORRAPATI Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . If "Yes." did you or will you file required Form(s) 1099? 1a Physical address of each property (street, city, state, ZIP code) KONANKI VILLAGE MA MARTURU MANDALAM PRAKASAM DISTRICT, ANDHRA PRADESH IN 523260 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 654. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,987. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 2,521. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,740. Repairs 2,896. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,633. 18 4,173. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 18,950. 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 -18,296.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 18,296.) 654. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 4,173. 23d Total of all amounts reported on line 18 for all properties 23e 18,950. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 18,296. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-18,296.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .