## 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

	110701100 0017100								
Subm	nission Identification Number (SID)								
Taxpay	rer's name		Social secu	ity numb	er				
NIK	HILA JANGA		896-97-0096						
Spouse	e's name		Spouse's so	cial secu	rity number	r			
Par	Tax Return Information — Tax Year Ending	December 31 202	 	ara aut	horizina	1			
	whole dollars only on lines 1 through 5.	December 31, 202	3 (Enter year you	are aut	illorizirig.	)			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, an	nd 5 blank							
1	Adjusted gross income			11	67	,518.			
2	Total tax			2		,116.			
3	Federal income tax withheld from Form(s) W-2 and Form(s	s) 1099		3		,302.			
4	Amount you want refunded to you			4					
5	Amount you owe			5		814.			
Part	Taxpayer Declaration and Signature Authority penalties of perjury, I declare that I have examined a copy of the i								
return to send for any Agent payme author payme busine taxes persor	cowledge and belief, it is true, correct, and complete. I further de (original or amended) I am now authorizing. I consent to allow my d my return to the IRS and to receive from the IRS (a) an acknow of delay in processing the return or refund, and (c) the date of any to initiate an ACH electronic funds withdrawal (direct debit) entry ent of my federal taxes owed on this return and/or a payment of exization is to remain in full force and effect until I notify the U.S. ent, I must contact the U.S. Treasury Financial Agent at 1-888-ess days prior to the payment (settlement) date. I also authorize the to receive confidential information necessary to answer inquirie hall identification number (PIN) below is my signature for the incompanie funds Withdrawal Consent.	r intermediate service provided ledgement of receipt or reas refund. If applicable, I author to the financial institution actions action and the financial agent to 1.353-4537. Payment cancelline financial institutions involves and resolve issues related	er, transmitter, or elect on for rejection of the rize the U.S. Treasury count indicated in the al institution to debit the terminate the authorization requests must be ted in the processing of the tothe payment. If use the content of the payment is the payment.	ronic ret transmis and its c tax prep e entry t zation. T be received the electronic returns and the received the electronic returns and the received and the r	urn origina ssion, (b) the designated paration soft to this acco for evoke (byed no late ectronic pathonyledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 syment of that the			
	onic Funds Withdrawal Consent.  ayer's PIN: check one box only								
Tuxpe  >		to enter or o	enerate my PIN	7 0 0	9 6	as my			
_	ERO firm name signature on the income tax return (original or amended		· E		digits, but r all zeros	asmy			
	I will enter my PIN as my signature on the income tax r if you are entering your own PN and your return is file below.	ed using the Practitioner F	PIN method. The ER						
Tours	signature ▶		Date ►						
Spou	se's PIN: check one box only								
	I authorize	to enter or g	enerate my PIN			as my			
	ERO firm name	N. I			digits, but r all zeros				
Е	signature on the income tax return (original or amended I will enter my PIN as my signature on the income tax r if you are entering your own PIN <b>and</b> your return is file below.	eturn (original or amended	d) I am now authoriz	ing. Ch	eck this b				
Spous	se's signature ▶	Γ	Date ►						
	Practitioner PIN Method		e below						
Part	Certification and Authentication — Practitio	ner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five	-digit self-selected PIN.	2 2 2 4 9 Don't er	6 0 ter all ze	8 2 7 ros	1			
author	by that the above numeric entry is my PIN, which is my signature rized to file for tax year indicated above for the taxpayer(s) indicements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook	ated above. I confirm that I	am submitting this re	turn in a	ccordance				
ERO's	s signature ▶		Date ▶						
		s Form - See Instruc							
	Don't Submit This Form to th	e IRS Unless Request	ed To Do So						

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



<b>£1040</b>	•	artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instruction	าร.
Your first name	and m	niddle initial	Last nar	me	<del></del>						Your so	cial sec	curity numb	
NIKHILA			JANG	A							896	97	0096	
	pouse's	s first name and middle initial	Last nar										security nu	umbei
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Cam	npaign
5775 PAI	•	, ,							.32				ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c				_	jointly, war	
FRISCO						TX	ζ	750	33		•		nd. Checkii not change	_
Foreign countr	y name		F	oreign pro	ovince/state/	count	ty	Foreig	ın postal c	ode	your tax		ınd.	pouse
Filing Status Check only one box.		Single  Married filing jointly (even if only o  Married filing separately (MFS)		·			☐ Head of h	surviv	ving spou	use (	,			
		you checked the MFS box, enter the ualifying person is a child but not you			•		ecked the HOF					ld's na 	me if the	
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig		t (or a fin	ancial inter	est ir	n a digital asse					□ Y	es 🗵 N	o
Standard Deduction	_	neone can claim:	•				a dependent							
Age/Blindnes	s You	:  Were born before January 2, 1	959	Are bli	nd <b>Sp</b>	ouse	: 🗌 Was bor	rn befo	ore Janua	ary 2	, 1959	☐ ls	s blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	<sub>nip</sub> (4	) Check t	he bo	box if qualifies for (see instructio			
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other depe	ndents
than four									[					
dependents, see instruction	s								l				_Ц	
and check here	1 —								[					
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	 e instruct	tions)					<u> </u>	1a		81,02	27.
Income	b	Household employee wages not re	•		•						1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		` '						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and	е		axable 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	Wages from Form 8919, line 6.									1g			
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1 <sub>1i</sub>	1		-				
	z	Add lines 1a through 1h						<del>.</del> .			1z		81,02	27.
Attach Sch. B	2a		2a			b Ta	axable interes	t .			2b			
if required.	3a	·	3a				rdinary divide				-			
	4a	· —	4a				axable amoun							
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection n	ection method, check here (see instructions)					. [					
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	I. If not requ	uired,	, check here			. [	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 10	o							8		-13,50	ე9.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is yo	our <b>total inc</b>	ome	e				9		67,51	18.
\$27,700	10	Adjustments to income from Sche	dule 1, li	ine 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted g	gross incor	ne					11		67,51	18.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fron	n Schedule	A)					12		13,85	50.
any box under	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or loca	ontor	O Thio io v	our t	avabla incom	10			15	1	53 66	۵ ۵

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		. 16	7,116.	
Credits	17	Amount from Schedule 2, lin	ie 3					. 17		
	18	Add lines 16 and 17						. 18	7,116.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, lin	ie 8					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	7,116.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .			. 23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					. 24	7,116.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	6,3	02.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						. 25d	6,302.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return			. 26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n 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, lin	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	yments and re	fundable c	redits .	. 32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				. 33	6,302.	
Refund	34	If line 33 is more than line 24						. 34		
	35a	Amount of line 34 you want				•	=	35a		
Direct deposit?	b	Routing number X X X			<b>c</b> Type:					
See instructions.	d	Account number X X X	X X X X	X X X X			_			
	36	Amount of line 34 you want	applied to your	2024 estimate	d tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g			see instructions	s		. 37	814.	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•			_	<b>Yes.</b> Comp	olete below.	X No	
		signee's		Phone				identification		
	nar			no.			number (			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com							, ,	
	Your signature			Date	Your occupation			the IRS sent you an Identity rotection PIN, enter it here		
Joint return?					SOFIWARE ENGINEER					
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupa		the IRS sent your spouse an entity Protection PIN, enter it here see inst.)			
	Ph	one no. (260)479-994	7	Email address	NIKHILARED:	DY919@GM	AIL.COM			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PT	īN	Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	AR GUPTA	03/29/	2024 P0	2082703	Self-employed	
Preparer	Fire	m's name GLOBAL TAX	XES LLC				L		(678)965-9522	
Use Only	Fire		Y CT E BRU	NSWICK N	J 08816			Firm's EIN	·	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/	24 PRO		Form <b>1040</b> (2023)	

# 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

NIKHILA JANGA

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 896-97-0096

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	-13,509.
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	4	
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	4	
р	Section 461(I) excess business loss adjustment	8p	-	
q	Taxable distributions from an ABLE account (see instructions)	8q	4	
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 (	4	
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		8z	9	
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,509.
	10-10, 10-10 OII, OI 10-10 INII, IIII0 0		ı ıU	1 ±3,309.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
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 <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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.

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.

Attachment Sequence No. 13

	HILA JANGA						896-97	<u>-009</u> 6		
Par										
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you a	are an indivi	dual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you	to file l	Form(s) 1	0992 5	See ins	structions		□ Ye	s X No	
	f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIF									
A	KESHAVAPURI COLONY HYDERABAD TELANGANA		<u>,                                      </u>							
B	RESHAVAPORI COLONI HIDERABAD IELIANGANA	7 TIA	300079							
C										
1b	Type of Property 2 For each rental real estate proper	rtv lieta			Fa	ir Rental	Persona	معا الع		
	(from list below) above, report the number of fair r		,				Day		QJV	
Α	personal use days. Check the QJ			Α		365		0		
В	if you meet the requirements to fi qualified joint venture. See instru			В						
С	qualified joint venture. See instru	CHOHS	•	С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
						Propert	ies:			
Incor	ne:			Α		В			С	
3	Rents received	3		5	15.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6		1 17	1.0					
7	Cleaning and maintenance	7		1,7	46.					
8 9	Commissions	9								
10	Insurance	10								
11	Management fees	11		1,3	3.0					
12	Mortgage interest paid to banks, etc. (see instructions)	12			30.					
13	Other interest	13								
14	Repairs	14		1,3	42.					
15	Supplies	15		1,9	87.					
16	Taxes	16								
17	Utilities	17		2,3						
18	Depreciation expense or depletion	18		5,2	73.					
19	Other (list)	19		14 ^	24					
20	Total expenses. Add lines 5 through 19	20		14,0	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 <b>Form 6198</b>	21	_	-13,5	09.					
22	Deductible rental real estate loss after limitation, if any,			-,5						
	on <b>Form 8582</b> (see instructions)	22		13,50	9.)	(	)(		,	
23a	Total of all amounts reported on line 3 for all rental proper	$\overline{}$			23a		515.			
b	Total of all amounts reported on line 4 for all royalty prope				23b					
С					23c					
d	Total of all amounts reported on line 18 for all properties				23d		5,273.			
е	Total of all amounts reported on line 20 for all properties				23e	14	,024.			
24	Income. Add positive amounts shown on line 21. Do not		-				. 24			
25	Losses. Add royalty losses from line 21 and rental real estate								13,509.	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise, include this an						on   26		-13.509	