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

Submission Identification Number (SID)					
Taxpayer's name	Social securit	y number			
VENKATA LAKSHMI PHAN VASIREDDY	687-29-	-1487			
Spouse's name	Spouse's soci	se's social security number			
Part I Tax Return Information — Tax Year Ending December 31, 2023	Enter year you a	re authorizing.)			
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 74,610.			
2 Total tax		2 8,678.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 11,530.			
4 Amount you want refunded to you		4 2,852.			
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am		· · · · · · · · · · · · · · · · · · ·			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ir authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to te payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business 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 related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent.	for rejection of the tra- e the U.S. Treasury are unt indicated in the tanstitution to debit the rminate the authorized on requests must be in the processing of the payment. I furt	ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This titon. To revoke (cancel) a received no later than 2 the electronic payment of the acknowledge that the			
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	1 4 8 7 as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but 't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Your signature ▶ Dat	te >				
Spouse's PIN: check one box only					
	ovata my DINI				
I authorize to enter or gen	_	er five digits, but			
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spouse's signature ▶ Dat	te >				
Practitioner PIN Method Returns Only—continue b	oelow				
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 0 8 2 7 1 er all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide	n submitting this retu	rn in accordance with the			
ERO's signature ▶ Dat	te >				
FRO Must Retain This Form — See Instruction					

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



£104 (artment of the Treasury-Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.	
Your first name	e and m	iddle initial	Last nar	me							Your so	cial sec	curity number	_
VENKATA	LAK	SHMI PHAN	VASI	REDDY							687	29	1487	
If joint return, s	spouse's	s first name and middle initial	Last nar								Spouse'	s social	security numb	er
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campai	ign
9716 HI	CKOR'	Y ST								- 1			ou, or your	•
City, town, or p	post offi	ce. If you have a foreign address, also co	omplete sp	paces bel	ow.	Sta	te	ZIP c	ode		•	•	jointly, want \$	
FRISCO						TX		750	35		•		nd. Checking a not change	а
Foreign countr	y name		F	oreign pr	ovince/state/	count	у	Foreig	n postal c		your tax		und.	ıse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOH	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ur depen	dent:										_
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or (b) sell,			_
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	na digital asse	et)? (Se	ee instru	ction	s.)		es 🗵 No	
Standard		neone can claim: You as a de	pendent	: 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse:	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	Relationship (4) Check the		he bo	x if quali	fies for	(see instruction	ıs):
If more		irst name Last name		. ,	number		to you		Child t	ax cre	edit	Credit fo	or other depende	nts
than four														
dependents, see instruction	ıs ——													
and check	, —													_
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		87 , 588	•
Attach Form(s)		Household employee wages not re	•								1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		•						1c			_
W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			_
1099-R if tax	e •	Employer-provided adoption benefits									1e			_
was withheld. If you did not	f	Wages from Form 8919, line 6.	ins iroin	I FOIIII 60	559, III l e 29	•								_
get a Form	g h	Other earned income (see instruct	ione)								1g 1h	- 1	0	_
W-2, see instructions.	i	Nontaxable combat pay election (•					i.			- 111			÷
instructions.	z	Add lines 1a through 1h	300 111311	uctions)							1z		87 , 588	_
Attach Sch. B	<u></u> 2a	1	2a	• •	· · i	b Т:	axable interest	t .			2b			_
if required.	3a		3a				rdinary divide				3b			_
	4a		4a				axable amoun				4b			_
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				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	nethod,	check here					. 🗆				
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	l. If not requ	uired,	check here			. \square	7			
 Married filing jointly or 	8	Additional income from Schedule									8		-12 , 978	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is yo	our total inc	come					9		74,610	
\$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 ac	djusted (gross incor	ne					11		74,610	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fror	n Schedule	A)					12		13,850	<u>.</u>
any box under Standard	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A				13			
Deduction, see instructions.	14										14		13,850	
oce moductions.	15	Subtract line 1/1 from line 11 If zer	ra ar lacc	ontor	n Thioliou	OUR +	avahla incom				15	1	60 760	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,678.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	8,678.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	8,678.
	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	8,678.
Payments	25	Federal income tax withheld	I from:						
	а	Form(s) W-2				25a 11	L , 530.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	11,530.
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			
allacii Scii. ElC.	28	Additional child tax credit from	m Schedule 8812	2		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	11,530.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	2,852.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	2,852.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	0 7 3 8	0 1 8 7	7 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			
Third Party		you want to allow another							
Designee		,	•				omplete	below.	⋈ No
J		esignee's		Phone			onal ident	ification	
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here									, ,
	YO	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					DEVELOPMENT	QUALITY ENG		inst.)	,
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					I .	Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (361) 720-361	4	Email address	PHANI.INDRA2	015@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/23/2024	P0208	2703	Self-employed
Preparer	Fir	Firm's name GLOBAL TAXES LLC P						ne no.	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			ı'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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VENKATA LAKSHMI PHAN VASIREDDY

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
687-29	_1/87

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	ach Schedule E .	5	-12,978.
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 (2	
t	Pension or annuity from a nonqualifed deferred compensation plan or	04		
	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	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		9	
10	1040, 1040-SR, or 1040-NR, line 8	Hele alla Uli FUIII	10	-12 , 978.
	1010, 1010 011, 01 1010 1111, 11110 0		10	± = , , , , , .

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			
05					
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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 687-29-1487 VENKATA LAKSHMI PHAN VASIREDDY

Par	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.			C. See	instru	ctions. If you a	ıre an indi	vidual, repo	ort farm	
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions									
		or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, ZIF	od(e)							
Α	H.NO:3-90, SAIRAM NAGAR VISAKHAPATNAM ANDHRAPRADESH IN 530046									
В										
С										
1b		2 For each rental real estate property listed above, report the number of fair rental and Days							QJV	
Α	g personal use days. Check the Q			Α		365				
В	if you meet the requirements to f			В						
С	qualified joint venture. See instru	ICLIONS	S.	С						
Гуре	of Property:							<u>'</u>		
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desci	ribe)			
						Properti	es:			
ncon	ne:			Α		В			С	
3	Rents received	3		6	12.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,5	05.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,4	10.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,6						
15	Supplies	15		2,3	35.					
16	Taxes	16								
17	Utilities	17		2,6	70.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		13,5	90.					
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		-12 , 9	78.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(12 , 97	8.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		612.			
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	13	,590.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	e 22. Er	nter to	tal losses her	e 25	(1	L2,978.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ılt			
	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						n 26	_	-12 , 978.	