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					
Submis	ssion Identification Number (SID)					
Taxpaye	's name	Social secur	ity numl	per		
SHIV	ANI THOTAKURA	799-67	-789	7		
Spouse's	name	Spouse's social security number				
Part	Tay Patura Information Tay Year Ending December 21 2002 (Enter	NOOK NOU	aro ou	thorizing	<u> </u>	
	Tax Return Information — Tax Year Ending December 31, 2023 (Enter whole dollars only on lines 1 through 5.	year you a	are au	trionzing.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income		1 1	103	,346.	
	Total tax		2		,992.	
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,521.	
	Amount you want refunded to you		4		,529.	
	Amount you owe		5	_	7523.	
Part		eep a cop	y of y	our retu	rn)	
my kno return (of to send for any 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) wledge 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, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected on processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.D. 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 to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the put is Final Withdrawal Consent.	e are the am tter, or electrication of the to S. Treasury a cated in the to the the authorizations must be processing of ayment. I full	ronic recansing and its of ax preparation. The receipt the electron are receipt the receipt the receipt ax preparation.	from the inc turn original ssion, (b) th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the	
	ic Funds Withdrawal Consent. yer's PIN: check one box only					
X	l authorize GLOBAL TAXES LLC to enter or generate	my PIN	7 8	8 9 7	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	do my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.					
Your si	gnature ▶ Date ▶					
Snous	e's PIN: check one box only					
Opous	I authorize to enter or generate	my DINI			as my	
	ERO firm name	_	ter 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 amended) I am neif you are entering your own PIN and your return is filed using the Practitioner PIN metholow.					
Spouse	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part 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	8 2 7	1	
		Don ten	an Zt			
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 Ir	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				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate ins	tructions.
Your first name and middle initial			Last name					Your social security number			
SHIVANI			THOTAKURA					799 67 7897			
If joint return, spouse's first name and middle initial			Last r								curity number
									160	17 4	917
Home address	(numb	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.				on Campaign
16716 GA	ARDE	N DR						c		Check here if you, or your	
		ice. If you have a foreign address, also co	mplete	spaces below.	State		ZIP code				ntly, want \$3
CELINA				TX 7			75009			o this fund. Iow will not	Checking a
Foreign country	y name	1		Foreign province/state/county			Foreign postal	code	1		
									You Spous		
Filing Status	s [Single				Head of ho	usehold (HC)H)			
Check only		☐ Married filing jointly (even if only o	ne had	l income)			`	,			
one box.	×	Married filing separately (MFS)		,		Qualifying s	surviving spo	ouse ((QSS)		
0.10 2011		you checked the MFS box, enter the	name	of your spouse. If you			• .		. ,	ild's name	if the
		ualifying person is a child but not you									
			. ,								
Digital		ny time during 2023, did you: (a) rec					-			□Vaa	⊠ No
Assets		nange, or otherwise dispose of a digi)? (See msu	uction	15.)	Yes	NO
Standard		neone can claim: You as a de	•	•		ependent					
Deduction	Ш	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	Was born	n before Jani	uary 2	2, 1959	ls b	lind
Dependent	s (see	instructions):		(2) Social security	, (3) Relationship	(4) Check	the bo	ox if qual	ifies for (see	e instructions):
If more	•	First name Last name		number	``	to you		tax cr	edit	Credit for ot	ther dependents
than four											
dependents,	_										
see instruction and check	s —										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instructions)					. 1a	1 1	14,180.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstructio	ns)			. 1d	i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					. 1f	i	
If you did not	g	Wages from Form 8919, line 6 .							. 19	j	
get a Form W-2, see	h	Other earned income (see instruct	ions)						. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		. 1i					
	Z	Add lines 1a through 1h							. 1z	<u>: 1</u>	14,180.
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxal	ble interest			. 2b)	
if required.	3a	Qualified dividends	3a		b Ordin	ary dividen	ds		. 3b	,	
Phone down	4a	IRA distributions	4a		b Taxal	ble amount			. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxal	ble amount			. 5b)	
Single or	6a	Social security benefits	6a		b Taxal	ble amount		٠ _	. 6b)	
Married filing separately,	С	c If you elect to use the lump-sum election method, check here (see instructions)							_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche			-	eck here		. [7		
jointly or	8	Additional income from Schedule 1, line 10						. 8		10,834.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	1	03,346.
\$27,700 Head of	10	Adjustments to income from Schedule 1, line 26							. 10		
household,	11	Subtract line 10 from line 9. This is	-						. 11		03,346.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	ctions (from Schedule	A) .				. 12	2	13 , 850.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8995 or Form	8995-A				. 13	_	
Deduction,	14	Add lines 12 and 13							. 14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or lo	ee antar -O- This is w	Our tava	hla income	_		15	: I :	89 196

Form 1040 (202)	3)							Page Z	
Tax and	16	Tax (see instructions). Check if any from	om Form(s): 1 🗌	3814 2 🗌 4972	з 🗌		16	14,992.	
Credits	17	Amount from Schedule 2, line 3 .					17		
	18	Add lines 16 and 17					18	14,992.	
	19	Child tax credit or credit for other de	ependents from Scl	nedule 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	14,992.	
	23	Other taxes, including self-employm	ent tax, from Sche	dule 2, line 21 .			23	0.	
	24	Add lines 22 and 23. This is your tot	altax				24	14,992.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			25a 19	,521.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	19,521.	
If you have a	26	2023 estimated tax payments and a	mount applied from	n 2022 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Scheo	lule 8812		28				
	29	American opportunity credit from Fo	orm 8863, line 8 .		29				
	30	Reserved for future use			30		1		
	31	Amount from Schedule 3, line 15 .			31				
	32	Add lines 27, 28, 29, and 31. These			undable credits		32		
	33	Add lines 25d, 26, and 32. These are	,				33	19,521.	
Refund	34	If line 33 is more than line 24, subtra					34	4,529.	
	35a	Amount of line 34 you want refunde			•		35a	4,529.	
Direct deposit?	b	Routing number 1 1 1 0 0				Savings			
See instructions.	d	Account number 4 8 8 0 4	3 0 9 9 0			· ·			
	36	Amount of line 34 you want applied			36				
Amount	37	Subtract line 33 from line 24. This is	the amount you o	we.					
You Owe	•-	For details on how to pay, go to ww					37		
	38	Estimated tax penalty (see instruction	ons)		38				
Third Party	Do	you want to allow another person			? See				
Designee		structions			Yes. C	omplete b	elow.	⋉ No	
		signee's		one		onal identif	ication		
<u></u>		me	no			ber (PIN)		of my lime who does and	
Sign		der penalties of perjury, I declare that I have lief, they are true, correct, and complete. De							
Here	Vο							nt you an Identity	
	10	ui signature	Date	Tour occupation				IN, enter it here	
Joint return?		SOFTWARE DEVELOPER					nst.)		
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	——Ph	one no. (203) 551-4509	Email addr		ATICOM				
		(200)001 1003	er's signature	110 1110 0 011	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM SYAM	· ·	AR GUPTA TAT.T.AM	02/10/2024	P02082	2703	Self-employed	
Preparer		m's name GLOBAL TAXES L		: 002 221 2212221	- 102,20,2021			678) 965-9522	
Use Only		m's address 245 ROONEY CT		NJ 08816		Firm'		84-3171965	
		40406 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 00010		1		- 1010	

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

SHIVANI THOTAKURA

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. 01
Your soc	ial security number
799-67	-7897

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	-10,834.
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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10,834.

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,

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.

2023
Attachment Sequence No. 13

Your social security number

799-67-7897 SHIVANI THOTAKURA 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 1a Physical address of each property (street, city, state, ZIP code) NEAR KLV BADMINTON CLUB, KPHB HYDERABAD, TELANGANA TN 500085 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: 748. 3 Rents received . 3 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,584. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,748. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,843. 14 Repairs 15 Supplies 15 3,451. 16 16 Taxes 17 Utilities 17 1,956. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 11,582. 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 -10,834. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 10,834.) 748. 23a 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 23d Total of all amounts reported on line 18 for all properties 11,582. Total of all amounts reported on line 20 for all properties 23e 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 10,834. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -10,834. 26