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	security numl	ber			
SINDHU KAVURI	120	120-59-3443				
Spouse's name		e's social sec				
Part I Tou Deturn Information Tou Vear Ending De	a comban 24		the environment			
Part I Tax Return Information — Tax Year Ending De	cember 31, 2023 (Enter year)	ou are au	tnorizing.)			
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	125,177.			
2 Total tax			20,118.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 10		I	22,925.			
			2,807.			
5 Amount you owe			2,007.			
Part II Taxpayer Declaration and Signature Authoriza	tion (Be sure you get and keep a	copy of	our return)			
Under penalties of perjury, I declare that I have examined a copy of the incomy knowledge and belief, it is true, correct, and complete. I further decla return (original or amended) I am now authorizing. I consent to allow my into send my return to the IRS and to receive from the IRS (a) an acknowledge for any delay in processing the return or refund, and (c) the date of any refundate in the initiate an ACH electronic funds withdrawal (direct debit) entry to the payment of my federal taxes owed on this return and/or a payment of estima authorization is to remain in full force and effect until I notify the U.S. Trepayment, I must contact the U.S. Treasury Financial Agent at 1-888-353 business days prior to the payment (settlement) date. I also authorize the fitaxes to receive confidential information necessary to answer inquiries an personal identification number (PIN) below is my signature for the income telectronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC	re that the amounts in Part I above are the tremediate service provider, transmitter, or gement of receipt or reason for rejection ound. If applicable, I authorize the U.S. Treathe financial institution account indicated in ated tax, and the financial institution to deasury Financial Agent to terminate the authorized in a service and institutions involved in the process of resolve issues related to the payment.	he amounts of electronic ref the transmissury and its sury and its in the tax preposition the entry of the entry in the entry in the electronic sing of the electronic authorizing a	from the income tax turn originator (ERO) ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) aived no later than 2 lectronic payment of cknowledge that the nd, if applicable, my			
X I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate my PIN	Enter five	digits, but as my			
signature on the income tax return (original or amended) I	am now authorizing.	don't ente	er all zeros			
I will enter my PIN as my signature on the income tax retu if you are entering your own PIN and your return is filed u below.	rn (original or amended) I am now aut					
Your signature ▶	Date ▶					
Spouse's PIN: check one box only						
I authorize	to enter or generate my PIN		as my			
ERO firm name	to enter or generate my r in		digits, but			
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 retu if you are entering your own PIN and your return is filed u below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Re	turns Only—continue below					
Part III Certification and Authentication — Practitione	r PIN Method Only					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig		9 6 0 on't enter all ze	8 2 7 1 eros			
I certify that the above numeric entry is my PIN, which is my signature for authorized to file for tax year indicated above for the taxpayer(s) indicated requirements of the Practitioner PIN method and Pub. 1345 , Handbook for A	d above. I confirm that I am submitting the	nis return in a	accordance with the			
ERO's signature ▶	Date ►					
ERO Must Retain This F						
	RS 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		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
SINDHU			KAVU	IRT									3443
	pouse's	s first name and middle initial	Last na										security number
•	•										753	177	9745
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.			_	ection Campaigr
8226 GRI	EEN	PARROT RD						Ţ	J 207		Check h	nere if y	ou, or your
		ice. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP c				0	jointly, want \$3
JACKSON	VILL:	E				FI		322	:56		U		nd. Checking a not change
Foreign countr	y name		F	Foreign pro	vince/state/	count	ty	Foreig	gn postal c		your tax		•
												Yo	ou 🗌 Spouse
Filing Status	s [Single					Head of h	ouseh	old (HOI	 			
Check only		Married filing jointly (even if only or	ne had i	ncome)									
one box.	×	Married filing separately (MFS)					☐ Qualifying	surviv	/ing spoi	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	ouse. If yoι	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır deper	ndent: A	NIL KUM	IAR	RAVURI						
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a reward	award or	navn	ment for prope	rty or	services). or (h) sell		
Assets		nange, or otherwise dispose of a digi						-				ΠYe	es 🛛 No
Standard		neone can claim: You as a de					a dependent	, (-			- /		
Deduction	_	Spouse itemizes on a separate retur	•		•		•						
. (DI)											1050		
		: Were born before January 2, 1	959 _	_ Are blir □	na Spo	ouse	: U Was bor						s blind
Dependent		(see instructions):			(2) Social security (3) Relationship number to you		iip (4	Check t) Child t				(see instructions) or other dependents	
If more	(1) F	First name Last name		Hamber to you			Offilia tax c			Juil	Credit id		
than four dependents,									[
see instruction	s								[
and check here [1 —								l				
-	10	Total amount from Form(s) W 2 h	ov 1 (co	o inetruet	ions)				l		10		135,740.
Income	1a b	Total amount from Form(s) W-2, b	,		,						1a 1b		133,740.
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2								1c			
W-2 here. Also attach Forms	d									1d			
W-2G and	e	Taxable 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 g	Wages from Form 8919, line 6 .	,1113 11011	11 01111 00	00, III C 20	•					1g		
get a Form	9 h	Other earned income (see instructi	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1 _{1i}	i.					
instructions.	Z	Add lines 1a through 1h					· · <u> </u>				1z		135,740.
Attach Sch. B	 2a	1	2a			b Та	axable interes	t .			2b		
if required.	3a	· —	3a				ordinary divide						
	4a	·	4a				axable amoun						
Standard	5a	Pensions and annuities	5a				axable amoun						
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, c	heck here					. [
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required						uired,	, check here			. [7		
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	0							8		-10,563.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		125,177.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a c	djusted g	ross incor	ne					11		125,177.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fron	n Schedule	A)					12		13,850.
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 , 850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or les	e antar -() This is w	Our t	avabla incom				15		111 327

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	20,118.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	20,118.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	20,118.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	our total tax					24	20,118.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 22	2,925.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	22,925.	
If you have a	26	2023 estimated tax payment	s 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	n 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, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				33	22,925.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,807.	
	35a	Amount of line 34 you want	efunded to you	ı. If Form 8888	3 is attached, chec	ck here	🗆	35a	2,807.	
Direct deposit?	b	Routing number 0 4 4			c Type:	Checking	Savings			
See instructions.	d	Account number 3 6 5	6 7 0 1	0 5						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	to www.irs.go	//Payments or	see instructions.			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•						N	
Designee							omplete		⊠ No	
		signee's me		Phone no.			onal ident ber (PIN)	ification		
Sign		der penalties of perjury, I declare th								
Here	be	pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
11010	Yo	ur signature		Date	Your occupation				nt you an Identity	
								ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for		ouse's signature. If a joint return, b	otti must sign.	Date	Spouse's occupan	OH			ection PIN, enter it here	
your records.							(see	inst.)		
	Ph	one no. (510) 298-712	5	Email address	ANILKUMAR80	459@GMAIL.C	MC			
Poid	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	01/27/2024	P0208	2703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TAX	KES LLC				Pho	ne no.	(678) 965-9522	
	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965	
<u> </u>	/-	4040 (')							= 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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Attachment Sequence No. **01**

Your social security number

SINI	HU KAVURI		120-59-34	43
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	E . 5	-10,563.
6	Farm income or (loss). Attach Schedule F			
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:			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on	Form	

1040, 1040-SR, or 1040-NR, line 8 . .

-10,563.

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				
	' ' '	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g		24g			
_	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		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	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	Form 1040, 1040-ŠR, 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.

Your social security number

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

OMB No. 1545-0074

SIN	DHU KAVURI						120-5	9-3443	<u> </u>
Pai	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.			C. See	instruc	ctions. If you	are an indi	vidual, rep	oort farm
A	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							Ye	es U No
1a	Physical address of each property (street, city, state, ZIP	code)							
Α	1-80 , MAIN ROAD CHENNUPALLI POST BALL	JIKURA	VA (M	ID) PF	RAKAS	SAM ANDHE	RA PRAD	ESH I	N 523303
В									
С									
1b	(from list below) above, report the number of fair r	ental an	d	Fair Rental Days			Person Da	QJV	
Α	personal use days. Check the QJ		nly	Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instruc			В					
С	qualified joint venture. See instru	0110110.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial		Land Roya		-	Self-Rental Other (desc			
				_		Propert	ies:		
Inco				Α		В			С
3	Rents received	3		6	41.				
_ 4	Royalties received	4							
-	nses:	_							
5	Advertising	5 6							
6	Auto and travel (see instructions)	7		2,3	E 0				
7 8	Cleaning and maintenance	8		2,3	30.				
9		9							
10	Insurance	10							
11	Legal and other professional fees	11		2 0	40				
12	Mortgage interest paid to banks, etc. (see instructions)	12		2,0	40.				
13	Other interest	13							
14	Repairs	14		2,6	50				
15	Supplies	15		2,2					
16	Taxes	16		2,2	11.				
17	Utilities	17		1,9	50				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,2	04.				
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								
00	file Form 6198	21		-10, 5	03.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,56)	()
23a	Total of all amounts reported on line 3 for all rental proper				23a		641.		
b	1 , 31 1				23b				
C	Total of all amounts reported on line 12 for all properties				23c				
d					23d			-	
е	Total of all amounts reported on line 20 for all properties				23e	11	L,204.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24	,	10 500
25	Losses. Add royalty losses from line 21 and rental real estate							(10,563.
26	Total rental real estate and royalty income or (loss). Onere. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this and	t apply t	o you,	also er	nter th	is amount o	on		-10,563.
	Total to the rest of the state	uiit III		الدانات بد.	10 71	on page 2	. 20	1	± 0,000.

Form **8960**

Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service

Name(s) shown on your tax return

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023
Attachment
Sequence No. 72

Your social security number or EIN

OMB No. 1545-2227

SINDHU KAVURI 120-59-3443 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -10,563.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) 4b -10,563. 4c Net gain or loss from disposition of property (see instructions) 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. 8 -10,563 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) 9b Miscellaneous investment expenses (see instructions) . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) 13 125,177. 14 125,000. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** 18a Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

BAA