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	ocial security number			
VIJAYASIMHA BONAGIRY	270-23-	270-23-8891			
Spouse's name	Spouse's socia	al security number			
MANOGNYA KONUDULA	044-83-				
	r year you ar	e 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	4 60	201		
1 Adjusted gross income	L		321.		
 Total tax			489.		
4 Amount you want refunded to you	+	13/	934.		
5 Amount you owe	+	5	<u> </u>		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and le	keep a copy	of your retur	n)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requestions and support to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only	itter, or electron ection of the trails. Treasury an icated in the taxon to debit the eethe authorization uests must be processing of payment. I furth m now authorization.	nic return originate insmission, (b) the dist designated F k preparation softentry to this accountion. To revoke (c received no later the electronic payer acknowledgeing and, if applications in the property of the property	or (ERO) e reason inancial ware for unt. This ancel) a rethan 2 rement of that the		
	3	8 8 9 1			
X I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		must complete			
Your signature ► Date ► _	01/20/202				
Spouse's PIN: check one box only					
X I authorize GLOBAL TAXES LLC to enter or generate signature on the income tax return (original or amended) I am now authorizing.	Ente	6 9 2 3 er five digits, but 't enter all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		•	_		
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below	1				
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. 2 2	2 4 9 6 Don't ente		9		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	nitting this retur	n in accordance			
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions					

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	, 20	See sep	parate instructions.
Your first name	and m	iddle initial	Last na	ame			Your so	cial security number
VIJAYAS:	IMHA		BONA	AGIRY			270	23 8891
-		s first name and middle initial	Last na				Spouse's	s social security number
MANOGNY	A		KONU	JDULA			044	83 6923
		er and street). If you have a P.O. box, see				Apt. no.	Presider	ntial Election Campaig
11411 L	JNA I	RD.				16203	Check h	ere if you, or your
		ce. If you have a foreign address, also co	mplete s	spaces below.	State	ZIP code		if filing jointly, want \$3
FARMERS	BRAI	NCH			TX	75234		this fund. Checking a ow will not change
Foreign countr	y name			Foreign province/state/o	county	Foreign postal code		or refund.
								You Spous
Filing Status	s \square	Single	'		☐ Head of h	nousehold (HOH)	•	
Check only		Married filing jointly (even if only o	ne had	income)				
one box.		Married filing separately (MFS)			☐ Qualifying	g surviving spouse	(QSS)	
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	u checked the HO	H or QSS box, ent	er the chi	ld's name if the
	qu	ıalifying person is a child but not you	ır deper	ndent:				
Digital	Δt ar	ny time during 2023, did you: (a) rec	oivo (ac	a reward award or	navment for prop	erty or services): o	r (b) soll	
Digital Assets		nange, or otherwise dispose of a dig	•		. ,	• /-	. ,	☐ Yes ☒ No
Standard		neone can claim: You as a de		<u>_</u>	e as a dependent		,	
Deduction	_	Spouse itemizes on a separate retur	•	•	•			
Age/Blindnes	s You	: Were born before January 2, 1	959 [Are blind Spo	ouse: Was bo	orn before January		☐ Is blind
Dependent				(2) Social security	1 ' '	·P	1	fies for (see instructions)
If more	(1) F	irst name Last name		number	to you	Child tax	credit	Credit for other dependent
than four								
dependents, see instruction	s							<u> </u>
and check	, —							<u> </u>
here L								
Income	1a	Total amount from Form(s) W-2, b	,	•			. 1a	-
Attach Form(s)	b	Household employee wages not re	•	` '			. 1b	
W-2 here. Also	С.	Tip income not reported on line 1a	•	,			. <u>1c</u>	
attach Forms W-2G and	d	Medicaid waiver payments not rep		• • • • • • • • • • • • • • • • • • • •	nstructions)		. 1d	
1099-R if tax	e	Taxable dependent care benefits f		·			. <u>1e</u>	
was withheld.	f	Employer-provided adoption bene		•			. 1f	
If you did not get a Form	9	Wages from Form 8919, line 6 .					. 1g	
W-2, see	h :	Other earned income (see instruct	,				. 1h	0.
instructions.	<u> </u>	Nontaxable combat pay election (s	see inst	ructions)	<u> 1</u>	1	4-	85,035.
AH	<u>Z</u>	Add lines 1a through 1h Tax-exempt interest	 20	i			. 1z	05,055.
Attach Sch. B if required.	2a	· –	2a 3a		b Taxable interesb Ordinary divide		. 2b	
·	<u>3a</u> 4a	_	4a		b Taxable amoun		. 4b	
Standard	5a		ч а 5а		b Taxable amour		. 5b	
Deduction for— Single or	6a	_	6a		b Taxable amoun		. 6b	
Married filing	C	· -	use the lump-sum election method, check here (see instructions)				. 55	
separately, \$13,850	7	Capital gain or (loss). Attach Sche		·	` ,			
Married filing jointly or	8	Additional income from Schedule			•		. 8	-15,714.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7					. 9	69,321.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•			. 10	
Head of household,	11	Subtract line 10 from line 9. This is			ne .		. 11	69,321.
\$20,800	12	Standard deduction or itemized	-	-			. 12	
If you checked any box under	13	Qualified business income deduct		•	•		. 13	
Standard Deduction,	14						. 14	
see instructions.	15	Subtract line 14 from line 11. If zer			our tavable incor	 me	15	

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	4,555.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	4,555.
	19	Child tax credit or credit for	other dependent	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	. If zero or less,	enter -0				22	4,555.
	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	4,555.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 15	5,489		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,489.
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			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	15,489.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	10,934.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a	10,934.
Direct deposit?	b	Routing number 1 1 1			,, <u> </u>	Checking	Saving	s	
See instructions.	d	Account number 4 8 8	0 8 2 3	3 9 4 8	3 9				
	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	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		•	•				omplete	e below.	⋉ No
		signee's		Phone				ntification	
		me		no.			ber (PIN		
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		,
Here		ur signature	,	Date	Your occupation		1		nt you an Identity
	10	ur signature		Date	rour occupation				PIN, enter it here
Joint return?		SOFTWARE B			NGINEER		(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.				HOME MAKER		Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (480)702-852	7	Email address	vbonagiry@				
D-:-I	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer		<u> </u>							(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			m's EIN	88-2145487
	- "		= = ====	- ::			1		

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 VIJAYASIMHA BONAGIRY & MANOGNYA KONUDULA

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
270-23	-8891

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		5	-15,714.
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 ($\overline{)}$	
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 . Ente	r here and on Form		15 51 6
	1040, 1040-SR, or 1040-NR, line 8		10	-15,714.

Schedule 1 (Form 1040) 2023 Page **2**

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee-b				
	officials. Attach Form 2106			 12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans			16	<u> </u>
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			19a	
b	Recipient's SSN				1
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				1
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				1
	·	24c			
d	' '	24d			1
е	Repayment of supplemental unemployment benefits under the Trade				
		24e		-	
f		24f		-	1
g	· · · · · · · · · · · · · · · · · · ·	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	,	24h		-	1
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				
	<u>-</u>	24i		-	1
j		24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	A1-			
_	,	24k		-	1
Z	Other adjustments. List type and amount:				
25		4z		25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E Form 1040, 1040-SR, or 1040-NR, line 10			26	
	101111 1070, 1070 011, 01 1070 1111, IIIIC 10		<u> </u>	 20	<u> </u>

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

VIJA	AYASIMHA BONAGIRY & MANOGNYA KONUDULA						270-2	3-8891		
Par										
	Note: If you are in the business of renting personal propertial income or loss from Form 4835 on page 2, line 4	perty, use	Schedule	c . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm	
ΑΙ	Did you make any payments in 2023 that would require you		Form(s)	10002 5	Saa ing	etructions		□ Ve	se 🛛 No	_
				• •	• •				,	_
1a	Physical address of each property (street, city, state,		•							
Α	ARAVIND NAGAR KADAPA ANDHRA PRADESH	IN 516	5001							_
В										_
С									T	_
1b						ir Rental		nal Use	QJV	
_	(from list below) above, report the number of fa			_		Days	Da	ays		_
A_	gersonal use days. Check the if you meet the requirements t			A		365		0		_
B	qualified joint venture. See ins			B						_
	of Duomoutus			C						_
	of Property: Single Family Residence 3 Vacation/Short-Term R	ontal	5 Lanc	1	7	Self-Rental				
	Multi-Family Residence 4 Commercial	entai	6 Roya				ha)			
	Willing Residence 4 Confinercial		O HOya	aities	0	Other (descri				
						Propertie	es:			
Incon				Α		В			С	_
3	Rents received	3		5	20.					_
4	Royalties received	4								_
Expe		_								
5	Advertising	5								_
6	Auto and travel (see instructions)	6		1 -	20					_
7	Cleaning and maintenance	7		1,5	∠∪.					_
8 9	Commissions	8								_
10	Insurance	10								_
11	Management fees	11		1,2	70					_
12	Mortgage interest paid to banks, etc. (see instructions)			1,2	70.					-
13	Other interest	13								-
14	Repairs	14		4.8	40.					_
15	Supplies	15			50.					_
16	Taxes	16		, ,						_
17	Utilities	17		3,9	54.					_
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		16,2	34.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).									
	result is a (loss), see instructions to find out if you mus									
	file Form 6198	21		-15,7	14.					_
22	Deductible rental real estate loss after limitation, if any	· ·								
	on Form 8582 (see instructions)	22	(15,71		()	(_)
23a	Total of all amounts reported on line 3 for all rental pro				23a		520.			
b	Total of all amounts reported on line 4 for all royalty pro			•	23b					
C	Total of all amounts reported on line 12 for all propertie			•	23c			-		
d	Total of all amounts reported on line 18 for all properties			•	23d	1.6	224			
е 24	Total of all amounts reported on line 20 for all propertie Income. Add positive amounts shown on line 21. Do r		do any la		23e	16	, 234 . 24			
24 25	Losses. Add royalty losses from line 21 and rental real est		-		 nter to	tal losses hard		(15,714.	_
	Total rental real estate and royalty income or (loss							(10,/1 1 .	_
26	here. If Parts II, III, and IV, and line 40 on page 2 do									
	Schedule 1 (Form 1040), line 5. Otherwise, include this						26		-15.714	