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

Internal nevenue Service					
Submission Identification Number (SID)					
Taxpayer's name		Social securi	ty number		
SRIDHAR REDDY CHITUKULA	767-77	-7697			
Spouse's name		Spouse's social security number			
		23 (Enter year you a	re authorizing.)		
Enter whole dollars only on lines 1 throu					
Note: Form 1040-SS filers use line 4 on	·		1 1		
				803.	
				262.	
	n Form(s) W-2 and Form(s) 1099			<u>495.</u>	
4 Amount you want refunded to yo				233.	
5 Amount you owe	and Signature Authorization (Be sure you	act and koon a con	5	<u>, </u>	
	and Signature Authorization (be sure you ave examined a copy of the income tax return (original of				
to send my return to the IRS and to receive for any delay in processing the return or refu Agent to initiate an ACH electronic funds with payment of my federal taxes owed on this reauthorization is to remain in full force and expayment, I must contact the U.S. Treasury business days prior to the payment (settlem taxes to receive confidential information needs	rizing. I consent to allow my intermediate service provifrom the IRS (a) an acknowledgement of receipt or realind, and (c) the date of any refund. If applicable, I authorized the constant of the financial institution are turn and/or a payment of estimated tax, and the financial frection till I notify the U.S. Treasury Financial Agent of Financial Agent at 1-888-353-4537. Payment cancelled the constant of the co	ason for rejection of the to norize the U.S. Treasury a account indicated in the to cial institution to debit the to terminate the authorizellation requests must be obved in the processing or ed to the payment. I fur	ransmission, (b) the nd its designated Fi ax preparation softw e entry to this accouration. To revoke (ca e received no later f the electronic payr ther acknowledge the	reason inancial vare for nt. This ancel) a than 2 ment of hat the	
Taxpayer's PIN: check one box only		Γ_			
▼ I authorize GLOBAL TAXES	S LLC to enter or	generate my PIN 7		as my	
	ERO firm name sturn (original or amended) I am now authorizing.	Š Én	ter five digits, but n't enter all zeros	y	
•	,	ad I am now outborisi	na Chaoli thia ha	v anhe	
	ature on the income tax return (original or amend PIN and your return is filed using the Practitioner				
Your signature ▶		Date ▶			
Spouse's PIN: check one box only					
☐ I authorize	to enter or	generate my PIN		as my	
	ERO firm name	• -	ter five digits, but	,	
signature on the income tax re	turn (original or amended) I am now authorizing.	do	n't enter all zeros		
	ature on the income tax return (original or amend PIN and your return is filed using the Practitioner				
Spouse's signature ▶		Date ►			
Pra	actitioner PIN Method Returns Only—contin	ue below			
Part III Certification and Author	entication — Practitioner PIN Method Only	/			
ERO's EFIN/PIN. Enter your six-digit E	FIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 0 8 2 7 er all zeros	1	
authorized to file for tax year indicated abo	PIN, which is my signature for the electronic individuative for the taxpayer(s) indicated above. I confirm that and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Pr	I am submitting this retu	urn in accordanće w		
ERO's signature ▶		Date ►			
	ERO Must Retain This Form — See Instru	ctions			
	ubmit This Form to the IRS Unless Reque				

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	−Do not v	write or staple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20						See separate instructions.						
Your first name and middle initial Last name										Your social security number		
SRIDHAR	REDI	DY	CHI	TUKULA	A					767	77 7697	
							Spouse's social security numbe					
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				P	Apt. no.	Preside	ential Election Campaigr	
_4777 MEI	MORIZ	AL DR						7	773		here if you, or your	
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		e if filing jointly, want \$3 this fund. Checking a	
THE COLO	YNC				TX 7.			750	56		low will not change	
Foreign country name					oreign province/state/county Foreign postal co				n postal code	your ta	x or refund. You Spouse	
Filing Status	s X	Single					Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)					,			
one box.		Married filing separately (MFS)		,			Qualifying:	surviv	ing spouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che					ild's name if the	
		alifying person is a child but not you										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for proper	ty or	services); or	(b) sell,		
Assets		nange, or otherwise dispose of a dig						:)? (Se	ee instructio	ns.)	☐ Yes ⊠ No	
Standard Deduction		leone can claim:	•		•		a dependent					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	s (see	instructions):		(2)	Social security		(3) Relationshi	p (4	-		lifies for (see instructions)	
If more	(1) F	(1) First name Last name		number		to you	to you Child tax of		redit	Credit for other dependents		
than four							<u> </u>					
dependents, see instruction	s											
and check	· —											
here L												
Income	1a	Total amount from Form(s) W-2, b								. 1	,	
Attach Form(s)	b	Household employee wages not re								. 11		
W-2 here. Also	C	Tip income not reported on line 1a	,		•					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep								. 10		
1099-R if tax	e	Taxable dependent care benefits f								. 16		
was withheld.	f	Employer-provided adoption bene	etits troi	m Form 8	3839, line 29					. 11		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 19		
W-2, see	h :	Other earned income (see instruct	,				· · · · ·	i ·		. 11	0.	
instructions.	i -	Nontaxable combat pay election (s	see ms	ructions)			<u>li</u>			- 4-	96,520.	
Attack Cal D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	ьт	axable interest			. 12		
Attach Sch. B if required.		· ·	3a				axable interest Irdinary dividen			. 21		
	<u>3a</u> 4a	_	3a 4a				axable amount			. 31 . 41		
Standard	5a	_	4a 5a				axable amount			. 41		
• Single or	6a		6a				axable amount			. 6l		
Married filing	C	If you elect to use the lump-sum e		method					 			
separately, \$13,850	7											
 Married filing jointly or 	Married filing				_ <u> </u>							
Qualifying Q Add lines 17 2h 3h 4h 5h 6h 7 and 8 This is your total income								. 9				
\$27,700 10 Adjustments to income from Schedule 1, line 26												
• Head of household,												
\$20,800	12	Standard deduction or itemized	-							. 12		
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13		
Standard Deduction,	14	A 1 1 1 4 0 1 4 0								. 14		
see instructions.	15	Subtract line 14 from line 11. If zer				our t	taxable incom	е.				

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	10,262.
Credits	17	Amount from Schedule 2, lir	ne 3					. 17	
	18	Add lines 16 and 17						. 18	10,262.
	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	10,262.
	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	10,262.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	13,49	5.	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						. 25d	13,495.
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			
attach Sch. ElC.	28	Additional child tax credit fro	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	ındable cred	its .	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	13,495.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpa	aid .	. 34	3,233.
	35a	Amount of line 34 you want			is attached, che	ck here .		☐ 35a	3,233.
Direct deposit?	b								
See instructions.	d	Account number 4 8 8	0 4 6 5	0 5 8 0) 6				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			. 37	
	38	Estimated tax penalty (see i	nstructions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee		structions	ete below.	⊠ No					
		Designee's Phone Personal ide name no. number (PIN							
Cian		der penalties of perjury, I declare t	hat I have examine		accompanying sche		,		of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		1	If the IRS se	nt you an Identity
				·				PIN, enter it here	
Joint return?			SOFTWARE ENGINEER				(see inst.)		
See instructions. Keep a copy for				Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see inst.)	cotion in the citics it here	
	——Ph	Phone no. (339) 499-8449 Email address SRIDHARREDDY7689@GMAIL.COM							
		eparer's name	Preparer's signat			Date	PTI	V	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/20	24 P02	2082703	Self-employed
Preparer		m's name GLOBAL TA	1			1 1 1 1 1 1			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965

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

SRIDHAR REDDY CHITUKULA

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

767-77-7697

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. Att	ach Schedule E .	5	-14,717.
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		
I	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			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,717.

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			
0 -					
25 26	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, Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

Your social security number

OMB No. 1545-0074

SRIDHAR REDDY CHITUKULA 767-77-7697 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) 2-2-161/20, MADHURA NAGAR SECUNDERABAD TELANGANA IN 500010 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** 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. C 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: 3 Rents received . 3 658. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,986. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,455. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,796. Repairs 2,543. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,971. 18 2,624. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 15,375. 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 -14,717.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,717.) 658. 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 2,624. 23d Total of all amounts reported on line 18 for all properties 23e 15,375. Total of all amounts reported on line 20 for all properties 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 14,717. 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 . -14,717.