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

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	Internal Revenue Service Go to www.irs.gov/rormos/9 for the latest information	1.	
Spouse's name Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	Submission Identification Number (SID)		
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	Taxpayer's name	Social security	y number
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	RAHUL DUMPALA	877-68-	-3189
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	Spouse's name	Spouse's soci	al security number
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	Part I Tay Poturn Information Tay Voor Ending December 21 2022 (6	= Entor your you as	co authorizina \
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income		Enter year you ar	e authorizing.)
Adjusted gross income Adjusted gross income Adjusted gross income tax withheld from Form(s) W-2 and Form(s) 1099 Amount you want refunded to you Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best or return (original or amended) I am now authorizing, and to the best or return (original or amended) I am now authorizing, and to the best or return (original or amended) I am now authorizing in core and delight in the force and belief it is true, correct, and one plet in the force and belief it is true, correct, and one plet in the force and belief it is true, correct, and one plet in the force and belief it is true, correct, and correct to slow my intermediate service provider, transmitter, or electroin return originator (ERO for any delay in processing the return originator (ERO for any delay in processing the return originator (ERO for any delay in processing) the return originated Flancial Agent to initiate an ACH electronic funds withdrawal client delay in the force and effect until I notify the U.S. Treasury Financial Agent to Instinction account indicated in the tax preparation software for payment, I must contact the U.S. Treasury Financial Agent to Instinction and the processing of the electronic payment, I must be received not later than 2 has a substancial delay for the payment of the electronic payment of the inscored that the force and the force and the processing of the electronic payment of the payment of the electronic payment of the payment of t	·		
2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 23,918. 4 Amount you want refunded to you 4 5,028. 5 Amount you owe 5 Amount you owe 5 Sent I Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best orny knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best orny knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best orny knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best orny knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of the processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorizate to remain the unitorize and in the current or payment to the authorization. To revoke (cancel) payment, I must contact the U.S. Treasury Financial Agent at 1-888-383-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to a	· · · · · · · · · · · · · · · · · · ·		120 053
Amount you want refunded to you Amount you we Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of any (notward) and to be left, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or processing the return or refund, and (c) the date of any refund if applicable, I authorize the U.S reasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software fo payment of my refure to the U.S. Treasury Financial agent to initiate an ACH electronic funds withdrawal (direct debt) entry to the financial institution account indicated in the tax preparation software for payment, in the state of the transparent of estimated tax, and the financial institution account indicated in the tax preparation software for payment, in the state of the payment of the payment of the state of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment of the payment of the payment of the state of the payment o	, -		
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I authorize	Your signature ▶ Date	· • •	
I authorize	Spouse's PIN: check one box only		
ERO firm name signature on the income tax return (original or amended) I am now authorizing. ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below. Spouse's signature ➤ Practitioner PIN Method Returns Only—continue below 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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the		erate my PIN	as my
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part II below. Spouse's signature ▶ Date ▶ Practitioner PIN Method Returns Only—continue below 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. Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the		Ent	er five digits, but
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	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am	submitting this retu	rn in accordance with the
ERO's signature ▶ Date ▶	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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20		See se	parate ir	nstructions.	
Your first name	and m	iddle initial	Last na	ıme					Your so	cial secu	urity number	
RAHUL			DUME	Δτ.Δ					877	68	3189	
	pouse's	s first name and middle initial	Last na								security number	
•										1 1	•	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no		Preside	ntial Elec	ction Campaign	
20065 S	ILVE	R CREEK TERRACE					308		Check I	Check here if you, or your		
		ce. If you have a foreign address, also co	mplete s	paces below.	Stat	te	ZIP code			pouse if filing jointly, want \$3		
ASHBURN					VA	.	20147		to go to this fund. Checking a box below will not change			
Foreign countr	y name			Foreign province/state/o			Foreign post	al code		your tax or refund.		
										You		
Filing Status	s X	Single				Head of ho	ousehold (H	IOH)				
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving s	oouse	(QSS)			
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	cked the HOH	l or QSS bo	x, ente	er the ch	ild's nar	ne if the	
		alifying person is a child but not you		adant.								
District	Λ+ o	ny time during 2023, did you: (a) rece	oivo (oo									
Digital Assets		nange, or otherwise dispose of a digi								∏Ye	s 🛚 No	
Standard		neone can claim: You as a de		_ <u>_</u>			ny: (000 iii0		110.)			
Deduction	_	Spouse itemizes on a separate return		•		a dependent						
		<u> </u>		_	unon							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	use:	: Was bor	n before Ja	nuary :	2, 1959	Is	blind	
Dependent	s (see	instructions):		(2) Social security		(3) Relationsh	. i d			. `	see instructions):	
If more	(1) F	irst name Last name		number		to you	Chi	ld tax c	redit	Credit for	other dependents	
than four								_ <u>U</u>				
dependents, see instruction	s							_ <u>U</u>				
and check	_							<u>Ц</u>		<u> </u>		
here L												
Income	1a	Total amount from Form(s) W-2, bo	•	,					. 1a		141,150.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1b	_		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	_		
1099-R if tax	е								. 1e	_		
was withheld.	f	Employer-provided adoption bene							. 1f			
If you did not get a Form	g	Wages from Form 8919, line 6.							. 1g			
W-2, see	h	Other earned income (see instructi	,				· · ·		. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		<u>l 1i</u>					141 150	
	Z	<u> </u>	. i						. 1z		141,150.	
Attach Sch. B if required.	2a	'	2a			axable interest			. 2b	_		
ii required.	3a_		3a			rdinary divider			. 3b	_		
Standard	4a		4a			axable amount			. 4b	_	1.2	
Deduction for—	5a		5a			axable amount			. 5b	_	13.	
 Single or Married filing 	6a	,	6a			axable amount	t		. 6b			
separately, \$13,850	C -	If you elect to use the lump-sum el		·	`	,		L	╡┞╸			
Married filing	7	Capital gain or (loss). Attach Sched									21 110	
jointly or Qualifying	8	Additional income from Schedule	•						. 8		-21,110.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					. 9		120,053.	
Head of	10	Adjustments to income from Sche							. 10		100 050	
household, \$20,800	11	Subtract line 10 from line 9. This is	•						. 11		120,053.	
If you checked	12	Standard deduction or itemized							. 12		13,850.	
any box under Standard	13	Qualified business income deducti		1 FORM 8995 OF FORM	899	o-A			. 13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13		ontor O. Think		ovoble in			. 14		13,850.	
	15	Subtract line 14 from line 11. If zer	o or les	s, enter -u This is y	our t	axable incom	ie		. 15	,	106,203.	

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	18,889.	
Credits	17	Amount from Schedule 2, lir	ne3					17		
	18	Add lines 16 and 17						18	18,889.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	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	18,889.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	1.	
	24	Add lines 22 and 23. This is	your total tax					24	18,890.	
Payments	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a 23	3,918			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	23,918.	
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	8, 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	23,918.	
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	5,028.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	5,028.	
Direct deposit?	b	Routing number 0 5 1			,	Checking	Savings			
See instructions.	d	Account number 4 3 5	0 4 5 1	7 2 9 3	3 7					
	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 iden	tification		
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here			.proto. 2 colaration	· · · ·		504 011 4.1 111011114.1			, ,	
	YC	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					SOFTWARE D		e 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. (757)632-298	2	Email address	RAHULDUMPALA	001@GMAIL.C	MC			
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN	-	Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/15/2024	P0208	<u>327</u> 03	Self-employed	
Preparer	Fir							one no. (678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Firr	rm'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

RAHUL DUMPALA

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 social security number
877-68-3189

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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		5	-21,110.
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		
- 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:			
		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	r here and on Form	10	-21 110

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

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	· <u> </u>			
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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i		-	
j	Housing deduction from Form 2555	24j		-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
05		24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10			06	
				26	1 4 (5 4040) 2222
	BAA	REV 02/	11/24 PRO	Scnedu	ile 1 (Form 1040) 2023

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR RAHUL DUMPALA

Your social security number 877-68-3189

Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	1.
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinue	ed on page 2)

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

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
- 1	Tax on accumulation distribution of trusts	17 I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 18	
19	Reserved for future use		 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		21	1.

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.

Attachment Sequence No. 13

Your social security number

RAHU	JL DUMPALA						877-6	8-3189	
Part	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 are	e an indiv	vidual, rep	ort farm
A [Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .								s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099?								s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	H.NO.11-6-291/A/303FLAT303 SAROORNAGAF	R . HYI	DERABAD) TEL	ANGA	NA IN 5000)35		
В		,							
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	al and Days			_	Person Da	QJV	
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descril			
_						Propertie	s:		
Incon				Α	40.	В			С
3 4	Rents received	3		О	40.				
Expe	Royalties received	+							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	20.				
8	Commissions	8		· ·					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	55.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			40.				
15	Supplies	15		5,2	73.				
16	Taxes	16			0.0				
17	Utilities	17			00. 62.				
18 19	Depreciation expense or depletion	18 19		۷,9	02.				
20	Total expenses. Add lines 5 through 19	20		21,7	50				
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	20		21,7	50.				
	file Form 6198	21	-	-21,1	10.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(21,11	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		640.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c	_	266		
d	Total of all amounts reported on line 18 for all properties				23d		962.		
e	Total of all amounts reported on line 20 for all properties				23e	21,	750.		
24 25	Income. Add positive amounts shown on line 21. Do not		-			tal lacace hare	24	(21 110 \
25	Losses. Add royalty losses from line 21 and rental real estat						25		21,110.)
26	Total rental real estate and royalty income or (loss). 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						26		-21.110

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2023 Attachment Sequence No. 179

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number RAHUL DUMPALA Sch E H.NO.11-6-291/A/303FLAT303 877-68-3189 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 85,000. 2,962 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,962. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.