(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 Identifi	ication Number (SID)				
Taxpayer's name	<u>'</u>	Social security	y number		
BINDHUJA CHI	699-99-	-5146			
Spouse's name	ial security number				
Part I Tax R	Return Information — Tax Year Ending December 31, 2023 (Enter	 ryear you ai	re autho	rizing.)	
	s only on lines 1 through 5.	, ,			
	SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	oss income		1	48,	290.
2 Total tax .			2	3,	911.
3 Federal inco	ome tax withheld from Form(s) W-2 and Form(s) 1099		3	7,	968.
4 Amount you	u want refunded to you		4	4,	057.
	Jowe		5		
Part II Taxpa	ayer Declaration and Signature Authorization (Be sure you get and I	keep a copy	y of you	r retur	n)
return (original or ame to send my return to for any delay in proce Agent to initiate an Argayment of my federa authorization is to repayment, I must corbusiness days prior to taxes to receive conpersonal identification Electronic Funds With Taxpayer's PIN: cl	pelief, it is true, correct, and complete. I further declare that the amounts in Part I above ended) I am now authorizing. I consent to allow my intermediate service provider, transmouthe IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectives in the return or refund, and (c) the date of any refund. If applicable, I authorize the UCH electronic funds withdrawal (direct debit) entry to the financial institution account induct at taxes owed on this return and/or a payment of estimated tax, and the financial institution main in full force and effect until I notify the U.S. Treasury Financial Agent to terminate that the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requives the payment (settlement) date. I also authorize the financial institutions involved in the fidential information necessary to answer inquiries and resolve issues related to the production of the product of the pro	itter, or electro ection of the trans. Treasury are cated in the tax cated in tax cated in the tax cated in the tax cated in the tax cated in tax cated in the tax cated in the tax cated in the tax cated in tax cated in the tax cated in the tax cated in the tax cated in tax cated in the tax cated in the tax cated in the tax cated in tax cated in the tax cated in the tax cated in tax cated in the tax cated in the tax cated in t	nic return ansmission of its desi ix prepara entry to the tition. To received the electronic ber acknown zing and,	originato on, (b) the ignated F ittion softwhis accou- revoke (c no later ronic pay owledge if applica	or (ERO) e reason Financial ware for unt. This rancel) a r than 2 ment of that the
	r my PIN as my signature on the income tax return (original or amended) I am n entering your own PIN and your return is filed using the Practitioner PIN meth				
Your signature ► _	Date ▶ _				
Spouse's PIN: che	and and hav anly				
authorize	-	my DIN			00 m)/
signature	erro firm name on the income tax return (original or amended) I am now authorizing.	Ent dor	er five digi	zeros	as my
	r my PIN as my signature on the income tax return (original or amended) I am n entering your own PIN and your return is filed using the Practitioner PIN meth				
Spouse's signature	Date ►				
	Practitioner PIN Method Returns Only—continue below				
Part III Certif	ication 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	6 0 8 er all zeros	2 7	1
authorized to file for	we numeric entry is my PIN, which is my signature for the electronic individual income to tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submoractitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this retu	rn in acco	ordance	
ERO's signature ▶	Date ▶				
Li 10 3 Signature	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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate i	instructions.	_
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity number	
BINDHUJA	A		CHIM	MULA							699	99	5146	
		s first name and middle initial	Last nar										security num	ıbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					pt. no.		Preside	ntial Ele	ection Campa	aign
3315 159	ЭТН	STREET SW								- 1			ou, or your	٠
		ice. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c	ode			•	jointly, want	
LYNNWOOI)					WA	1	980	87		•		nd. Checking not change	a
Foreign country	y name		F	oreign pr	ovince/state/	count	У	Foreig	ın postal c		your tax		ınd.	use
Filing Status	s ×	Single					Head of he	ouseh	old (HOH					
Check only		Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Yee □	es 🛛 No	
Standard	Son	neone can claim: 🔲 You as a de	pendent		Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse	: Was bor	n befo	re Janua	arv 2.	1959		s blind	
Dependent				(2) S	Social security		(3) Relationsh	14		•		fies for (see instruction	ns):
If more		(1) First name Last name			number to you				Child tax cr		edit	Credit fo	r other depende	ents
than four									[
dependents,									[
see instruction	S								[
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		56,712	2.
Attach Form(s)	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					, .			1h	_	0).
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>							
	z	Add lines 1a through 1h			· · ;						1z		56,712	٠.
Attach Sch. B	2a		2a				axable interest				2b			
if required.	<u>3a</u>		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e		-		•	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			_
jointly or Qualifying	8	Additional income from Schedule									8		-8,422	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		48,290	٠.
\$27,700 Head of	10	•	Adjustments to income from Schedule 1, line 26								10		40.000	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		48,290	
If you checked	12	Standard deduction or itemized		•		-					12		13,850	١.
any box under Standard	13	Qualified business income deduct									13		12 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	3,911.	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	3,911.	
	19	Child tax credit or credit for c	other dependent	ts from Sched	ule 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	3,911.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	3,911.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7,968			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	7,968.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit t	from Form 8863	3, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.				ndable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments	·			33	7,968.	
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	4,057.	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	4,057.	
Direct deposit?	b	Routing number 0 4 1	0 0 0 1	2 4	c Type:	Checking	Savings			
See instructions.	d	Account number 4 1 8	4 0 1 1	0 2 7						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.						
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•			_				
Designee		structions					•		⋉ No	
		signee's me		Phone no.			sonal ider ber (PIN)	itification		
Sign		der penalties of perjury, I declare th	at I have examined		accompanying sche		, ,	the best	of my knowledge and	
_		lief, they are true, correct, and comp							, ,	
Here	Yo	Your signature		Date Your occupation			lf t	he IRS se	nt you an Identity	
					1;			IN, enter it here		
Joint return?					SOFTWARE E	NGINEEK .		e inst.)		
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation			Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (216)352-9254	1	Email address		MIII NACMATI C				
		eparer's name	Preparer's signat		BINDHUJACHIM	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	,		מווסיים ייאד.ד.אווי	02/12/2024	P020	82702	Self-employed	
Preparer				אאטאט ויואזו	OUFIA TALLIAM	02/12/2024				
Use Only				MCMTOV M	J 08816			Phone no. (678)965-9522 Firm's EIN 84-3171965		
	/F	m's address 245 ROONEY		TADATON IN	3 00010		FII	III S EIIN	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

BINDHUJA CHIMMULA

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.

Your social security number 699-99-5146

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. Atta	ach Schedule E .	5	-8,422.
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 (<u>)</u>	
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			0.400
	1040, 1040-SR, or 1040-NR, line 8		10	-8,422.

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	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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	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	e. Enter	here and on	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

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 699-99-5146 BINDHUJA CHIMMULA 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) 8-71/12, SAI NAGAR COLONY BALAPUR, KV RANGAREDDY TELANGANA IN 500005 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 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 480. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,463. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,160. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,840. 14 Repairs 15 Supplies 15 2,113. 16 16 Taxes 17 Utilities 17 2,326. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 8,902. 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 -8,422. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 8.422.480. 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 8,902. 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 8,422. 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

26

-8,422.