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 ne	evenue Service									
Submis	sion Identification Number (SID)									
Taxpayer'	's name	Social sec	urity numb	er						
CHAN	DAN CHOWDARY GHANTA	725-3	725-31-8769							
Spouse's			Spouse's social security number							
		-								
Part I	-	Enter year you	are au	thoriz	<u>zing.)</u>					
	hole dollars only on lines 1 through 5.									
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.4		1 4 0	400				
	Adjusted gross income		1			492.				
	Total tax					794.				
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					808.				
	Amount you want refunded to you				8,	014.				
Part I	Amount you owe	and keen a co	nny of v	our	retur	n)				
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or am									
to send of for any of Agent to payment authorized payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, the my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to text, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related to identification number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent.	for rejection of the the U.S. Treasury ant indicated in the astitution to debit to minate the author on requests must in the processing to the payment. I to	e transmise and its of and its of the entry rization. The receing of the elurther acceing and the elurther acceing a supplication and the elurither acceing a supplication and the elurither acceing a supplication and the elurither access access access and the elurither access access access and the elurither access	ssion, design paration to this o revived ne ectron	(b) the lated Fon software account oke (can be later being b	e reason inancial ware for int. This ancel) a than 2 ment of that the				
	rer's PIN: check one box only	Г								
X	I authorize GLOBAL TAXES LLC to enter or gen	erate my PIN	1 8 7	7 6	9	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	-	Enter five don't ente		but	ao my				
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.									
Your sig	gnature ► Dat	e▶								
Snouse	e's PIN: check one box only									
Spouse	I authorize to enter or gen	orata my DINI				00 1001				
	ERO firm name	, _	 Enter five	digits.		as my				
	signature on the income tax return (original or amended) I am now authorizing.		don't ente							
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.									
Spouse	's signature ▶ Dat	e ▶								
	Practitioner PIN Method Returns Only—continue b	elow								
Part II	Certification and Authentication — Practitioner PIN Method Only									
EDO's	EFIN/DIN Enter your eix digit EFIN followed by your five digit cell colected DIN	2 2 2 4 9	6 0	8	2 7	1				
ERUS	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		nter all ze		<u> </u>					
		Don't	inci ali Ze	03						
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual inc ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	n submitting this r	eturn in a	accord	lanće v					
ERO's s	signature ► Dat	e ▶								
	ERO Must Retain This Form — See Instructio									
	Don't Submit This Form to the IRS Unless Requested									

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending , 2				<u></u>	See separate instructio			structions.		
Your first name	and m	iddle initial	Last name					Your social security number					
CHANDAN	CHO	WDARY	GHAN	JTA						725	31 8	8769	
If joint return, s	pouse's	s first name and middle initial	Last na	ame					5	Spouse'	s social s	ecurity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt	. no.	F	Preside	ntial Elec	tion Campaign	
_1821 SOT	JTH I	MILPITAS BLVD					44	8		Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP cod	Э		spouse if filing jointly, want \$3 to go to this fund. Checking a			
MILPITAS	3				CA	Δ	9503	5	k	box below will not change			
Foreign country	y name			Foreign province/state/o	count	y	Foreign _I	ostal c	ode \	our tax	c or refund		
											You	Spouse	
Filing Status	3 <u>×</u>	Single				☐ Head of he	ousehol	1OH) k	H)				
Check only	L	Married filing jointly (even if only or	ne had	income)									
one box.	L	Married filing separately (MFS)				☐ Qualifying							
		you checked the MFS box, enter the			u che	ecked the HOH	l or QSS	box,	enter	the chi	ld's nam	e if the	
	qu	alifying person is a child but not you	ır aeper	naent:									
Digital		ny time during 2023, did you: (a) rece										_	
Assets	exch	nange, or otherwise dispose of a digi		_ <u>_</u>	est ir	n a digital asse	t)? (See	instru	ctions	s.)	Yes	i ⊠ No	
Standard	_	neone can claim:		•		•							
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien								
Age/Blindness	s You	: Were born before January 2, 1	959 [Are blind Spo	ouse	: Was bor	n before	Janua	ary 2,	1959	☐ Is t	blind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) (heck th	he box	if quali	fies for (se	ee instructions):	
If more	(1) F	irst name Last name		number		to you		Child to	ax cre	dit	Credit for c	other dependents	
than four								[
dependents, see instruction	s ——							[
and check	, —							[<u> </u>	<u> </u>	
here L]												
Income	1a	Total amount from Form(s) W-2, be	,	,						1a		L61,722.	
Attach Form(s)	b									1b			
W-2 here. Also	С.	Tip income not reported on line 1a		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d 1e			
1099-R if tax	e	•	Taxable dependent care benefits from Form 2441, line 26										
was withheld. If you did not	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
get a Form	g h								1g 1h		0.		
W-2, see	i	Other earned income (see instructions)											
instructions.	z	Add lines to through th		140110113)						1z	. 1	L61,722.	
Attach Sch. B	 2a	1	2a		Ь Та	axable interest	 t .			2b			
if required.	3a		3a			rdinary divider				3b			
	4a		4a			axable amount				4b			
Standard Deduction for—	5a		5a			axable amount				5b	,		
Single or	6a	Social security benefits	6a			axable amount				6b	,		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	, check here				7			
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						8	_	-21,230.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	come	e				9	1	L40,492.	
\$27,700 Head of	10	Adjustments to income from Sche	dule 1,	line 26						10			
household,	11	Subtract line 10 from line 9. This is	-	-						11	1	L40,492.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		13,850.	
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-A				13	<u> </u>		
Deduction,	14	Add lines 12 and 13								14 15		13,850. L26,642.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income									

Form 1040 (202	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from	m Form(s): 1 881	4 2 4972	3 🗌		16	23,794.
Credits	17						17	
	18	Add lines 16 and 17					18	23,794.
	19	Child tax credit or credit for other dep	endents from Schedu	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 of	or less, enter -0				22	23,794.
	23	Other taxes, including self-employme	nt tax. from Schedule	2. line 21			23	0.
	24	Add lines 22 and 23. This is your tota	•	•			24	23,794.
Payments	25	Federal income tax withheld from:						
. aymonto	а	Form(s) W-2			25a 31	,808.		
	b	Form(s) 1099			25b			
	c	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	31,808.
16	26	2023 estimated tax payments and am					26	, , , , , , , , , , , , , , , , , , , ,
If you have a qualifying child,	27	Earned income credit (EIC)			27			
attach Sch. EIC.	28	Additional child tax credit from Schedu		_	28			
	29	American opportunity credit from For			29			
	30	Reserved for future use	•		30			
	31	Amount from Schedule 3, line 15 .			31			
	32	Add lines 27, 28, 29, and 31. These a					32	
	33	Add lines 25d, 26, and 32. These are					33	31,808.
Refund	34	If line 33 is more than line 24, subtract					34	8,014.
riciana	35a	Amount of line 34 you want refunded			•		35a	8,014.
Direct deposit?	b	Routing number 1 0 3 0 0	•	•	_	Savings		
See instructions		Account number 6 9 5 2 3				9-		
	36	Amount of line 34 you want applied to		ed tax	36			
Amount	37	Subtract line 33 from line 24. This is t						
You Owe	0.	For details on how to pay, go to www					37	
	38	Estimated tax penalty (see instruction			38			
Third Party Designee		you want to allow another person	to discuss this retur			mplete be	elow.	⊠ No
	De	signee's	Phone		Perso	nal identifi	cation	
	na	me	no.		numb	er (PIN)		
Sign Here		der penalties of perjury, I declare that I have e ief, they are true, correct, and complete. Decl						, ,
11010	Yo	ur signature	Date	Your occupation		1		nt you an Identity
				CA CILLED		(see ir		IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must	sign. Date	CASHIER Spouse's occupation	on.			at vour enquee an
Keep a copy for your records.	opouse s signature. If a joint return, both must sign. Date opouse s occupation				ווכ	If the IRS sent your spouse ar Identity Protection PIN, enter (see inst.)		
	Ph	one no. (402)505-2915	Email address	GHANTACHAND	ANA@GMAIL.CO	M		
Doid	Pre	parer's name Preparer'	's signature		Date	PTIN		Check if:
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM P	RIYA RAM SAGAR	GUPTA TALLAM	01/31/2024	P02082	703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES LI	ıC		-	Phone	e no. (678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E	BRUNSWICK NO	J 08816		Firm's	EIN	84-3171965
Go to www.irs.o	ov/Form	a1040 for instructions and the latest informat	tion.	DAA	DEV 04/24/24 DDO			Form 1040 (2023)

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

CHANDAN CHOWDARY GHANTA

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
725-31-8769

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	-21,230.
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 ()	
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	-21 230

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-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	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<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

CHA							725-31-8769			
Pa	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 a	are an in	dividual, rep	port farm	
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions									
В	If "Yes," did you or will you file required Form(s) 1099? .								es 🗌 No	
1a										
		,	ATDIID	7 DD7	V DEI CI	T TNT FOO	0.07			
A B		AWADA, F	ANDHR.	A PRE	ADES.	H IN 5200	007			
C										
		rty lieted			Fo	ir Rental	Doro	onal Use	T	
11.	 Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair 				га	Days		Days	QJV	
A	personal use days. Check the Qu	JV box or		Α		365		0	+	
В	if you meet the requirements to f		t	В						
С	auglitied joint venture. See instru	ictions.	Ī	С						
Туре	e of Property:		-							
1	Single Family Residence 3 Vacation/Short-Term Ren	tal 5	Land		7	Self-Rental				
2	Multi-Family Residence 4 Commercial	6	Roya	lties	8	Other (desc	ribe)			
						Properti				
Inco	me:			Α		В	103.		С	
3	Rents received	3			70.					
4	Royalties received	4								
Exp	enses:									
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		1,3	65.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		5,5						
15	Supplies	15		4,9	81.					
16	Taxes	16		F 0	0.6					
17	Utilities	17		5,2						
18	Depreciation expense or depletion	18		2,9	3⊥.					
19 20	Other (list) Total expenses. Add lines 5 through 19	19		21,9	00					
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		Z1,9	00.					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21	_	21,2	30.					
22	Deductible rental real estate loss after limitation, if any,			•						
	on Form 8582 (see instructions)	22 (2	21,23	0.)	()()	
238		<u>`</u>			23a		670			
k					23b					
c					23c					
C	Total of all amounts reported on line 18 for all properties				23d	2	2,931			
6	, , ,			. [23e	21	,900			
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	_		
25	Losses. Add royalty losses from line 21 and rental real estate							5 (21,230.)	
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 ar								-21,230.	
	Concade I (Loin 10-0), line 3. Otherwise, include this at	HOURIL III	THE LOL	ui Uii III	10 41	on page 2	. 26)	∠⊥,∠⊃∪.	

Form **4562**

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.

OMB No. 1545-0172

2023

Attachment
Sequence No. 179

Department of the Treasury Internal Revenue Service

CHANDAN CHOWDARY GHANTA

Business or activity to which this form relates

Sch E FLAT: 304, A BLOCK, JR NEST

Identifying number 725-31-8769

Pa			rtain Property Und ed property, comple			omplete Part I.				
1	Maximum amount	(see instruction	s)				1	1,160,000.		
2	Total cost of section		2							
3	Threshold cost of s	ions)	3	2,890,000.						
4	Reduction in limita		4							
5	Dollar limitation fo	or tax year. Sul	otract line 4 from lin	ne 1. If zero	or less, ente	er -0 If married filing				
	separately, see ins	tructions					5			
6	(a) D	escription of proper		(b) Cost (busi		(c) Elected cost				
7			from line 29							
8			property. Add amount				8			
9			aller of line 5 or line 8				9			
10	•		from line 13 of your				10			
11						or line 5. See instructions	11			
12						ne 11	12			
	<u> </u>		to 2024. Add lines 9			13				
			for listed property. Ir			I . I . P. I . I				
		•			•	nclude listed property	<u>. See</u>	instructions.)		
14						erty) placed in service	ا مدا			
4-							14			
							15			
	Other depreciation	(including ACR	5)				16			
Par	t III MACRS De	epreciation (D	on't include listed	Section A	e instructio	115.)				
17	MACDS doduction	a for apporta pla	and in convice in tax :		ag boforo 20		17			
						23	17			
10										
						e General Depreciation	Syst	em		
(a)	Classification of property	(b) Month and year	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention		(g) Depreciation deduction			
19a	3-year property									
b	5-year property									
C	7-year property									
d	10-year property									
	15-year property									
1	20-year property									
	25-year property			25 yrs.		S/L				
h	Residential rental	01/23	84,100.	27.5 yrs.	MM	S/L		2,931.		
	property			27.5 yrs.	MM	S/L				
İ	i Nonresidential rea			39 yrs.	MM	S/L	<u> </u>			
	property				MM	S/L				
	Section C – Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System									
	Class life					S/L				
	12-year			12 yrs.		S/L				
	: 30-year			30 yrs.	MM	S/L				
	40-year	(0) : 1 ::		40 yrs.	MM	S/L				
Par		(See instructio	<u> </u>				T .	I		
	Listed property. Er						21			
22			lines 14 through 17, of your return. Partne			n (g), and line 21. Enter —see instructions	22	2,931.		
23		•	ed in service during t section 263A costs.	•		23				