## 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 del vide								
Submis	sion Identification Number (SID)								
Taxpayer'	's name	Se	ocial securit	y numbe	er				
RAKE	SH MUNIGANTI		026-53-3556						
Spouse's			pouse's soc			er			
Dout I	Toy Deturn Information Toy Very Ending December 21	2 (Entary)	2011/01/0	الدر مراجلا	o rizio.	~ \			
Part I	<u> </u>	3 (Enter ye	ear you a	re autr	ioriziri	g.)			
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
	Adjusted gross income			1 <b>1</b> 1	8	1.6	527.		
	Total tax			2			18.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3			80.		
	Amount you want refunded to you			4			62.		
	Amount you owe			5		J, 1	.02.		
Part I		et and kee	ep a cop		our ret	urn	)		
my know return (o to send for any o Agent to payment authoriza payment business taxes to personal Electroni	enalties of perjury, I declare that I have examined a copy of the income tax return (original or wledge and belief, it is true, correct, and complete. I further declare that the amounts in Furiginal or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reast delay in processing the return or refund, and (c) the date of any refund. If applicable, I author is initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the J. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancells adays prior to the payment (settlement) date. I also authorize the financial institutions involved to the payment (settlement) date. I also authorize the financial institutions involved to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related it identification number (PIN) below is my signature for the income tax return (original or americal Financial Agent at Taxes and the income tax return (original or americal authorize and 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.	Part I above a er, transmitte son for rejectic rize the U.S. count indicat al institution to terminate the lation request wed in the product d to the payrended) I am in generate my	are the amor, or electron of the trace of th	bunts fromic return ansmiss and its deax prepare entry to ation. To a receive the ele her ack zing and a sign of the electric ation. To a receive the electric and a sign of the electr	om the irrn origin origin (b) essignate irration so this ac revoked no lactronic in nowled, if app	incornator the restriction of th	me tax (ERO) reason nancial are for t. This ncel) a than 2 nent of lat the le, my		
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Fibelow.								
Your siç	gnature ►	Date ►							
Spouse	e's PIN: check one box only					7			
	I authorize to enter or o	generate my	PIN			l a	s my		
	ERO firm name	, ,		er five d	igits, but	_	,		
	signature on the income tax return (original or amended) I am now authorizing.		do	n't enter	all zeros	•			
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN <b>and</b> your return is filed using the Practitioner Fibelow.								
Spouse	e's signature ► I	Date ►							
	Practitioner PIN Method Returns Only—continu	e below							
Part II	Certification and Authentication — Practitioner PIN Method Only								
FRO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2	4 9	6 0	8 2	7	1		
	= 1107 Int Enter your old aight Entertainment by your into dight con colocida into		Don't ent	er all zer					
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I nents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Provents	am submittir	eturn (origi ng this retu	nal or a ırn in ac	mended cordan	će w			
ERO's	signature ▶ I	Date ►							
	ERO Must Retain This Form — See Instruc								
	Don't Submit This Form to the IRS Unless Reques		So						

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



<b>1040</b>		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.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	parate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
RAKESH			MUNI	GANTI							026	53	3556
	pouse's	s first name and middle initial	Last na										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaign
3 S PIN									105	- 1			ou, or your
		ce. If you have a foreign address, also co	mplete s	paces bel	OW.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
FORT LA	JDER	DALE				FI		333	24		•		nd. Checking a not change
Foreign countr			F	oreign pr	ovince/state/				n postal c		your tax		•
												Yo	ou Spouse
Filing Status	s 🗵	Single					☐ Head of h	ouseh	old (HOI	<del> </del> )			
Check only	L	Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOH	l or Q	SS box,	enter	the chi	ld's na	me if the
	qu	lalifying person is a child but not you	ır depen	ident:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig						t)? (Se	ee instru	ction	s.)	Y	es 🗵 No
Standard	_	neone can claim:   You as a de	•		-		a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind <b>Sp</b> o	ouse:	: Was bor	n befo	ore Janua	ary 2,	1959	l:	s blind
Dependent	s (see	instructions):		<b>(2)</b> S	Social security	,	(3) Relationsh	ip (4	(4) Check the b		x if quali	fies for	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	e —												
and check	. —												
here L												_	
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		96,000.
Attach Form(s)	b	Household employee wages not re									1b		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)							1c				
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d		
1099-R if tax	e	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	etits from	1 Form 8	839, line 29	•					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g	- 1	
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>						96,000.
Au / 2 : =	Z	Add lines 1a through 1h			· · i	 					1z		90,000.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b		
	3a_		3a				rdinary divide				3b		
Standard	4a		4a 5a				axable amoun axable amoun				4b 5b		
Deduction for—	5a	_	6a				axable amoun				6b		
Single or Married filing	6a	Social security benefits If you elect to use the lump-sum e		nethod :	check hara			ι		· .	]   00	'	
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		`	,				7		
Married filing	8	Additional income from Schedule								. ∟	8		-14,373.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		81,627.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•							10	_	01,027.
Head of	11	Subtract line 10 from line 9. This is								• •	11		81,627.
household, \$20,800	12	Standard deduction or itemized	•	-	-						12		13,850.
If you checked any box under	13	Qualified business income deduct									13		
Standard	14										14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15		67 777

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	10,218.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	10,218.	
	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	10,218.	
	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 <b>total tax</b>					24	10,218.	
<b>Payments</b>	25	Federal income tax withheld	I from:							
_	а	Form(s) W-2				<b>25a</b> 13	3,380			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	13,380.	
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 <b>to</b>	tal payments				33	13,380.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	3,162.	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	3,162.	
Direct deposit?	b	Routing number 0 7 4			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 7 1 8	2 6 1 7	9 0						
	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.	<b>⋈</b> No	
J		Designee's					entification			
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here									, ,	
	YO	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?				SOFTWARE DEVELOPER				see inst.)		
See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation		on			nt your spouse an			
Keep a copy for your records.					Identity Protection PIN, enter it (see inst.)					
	Ph	one no. (551) 283-292	9	Email address	RAKESHMUNIGA	NTII@GMAIL.C	MC			
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2024	P0208	<u>327</u> 03	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no.	(678) 965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n'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

RAKESH MUNIGANTI

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
026-53-3556

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	ch Schedule E .	5	-14,373.
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		10	-14,373.

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-basis governr	nent		
	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		9a	
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter here and			
	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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number RAKESH MUNIGANTI 026-53-3556

Part	Note: If you are in the business of renting personal proper			C. See	instru	ctions. If you a	re an indiv	idual, repo	ort farm		
	rental income or loss from <b>Form 4835</b> on page 2, line 40.		- () (						57.		
		vou 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, ZIF										
Α	H NO 3-2-128 & 129/1 RAIPURA HANAMKOND	A, TI	ELANGAN	A IN	506	001					
В											
C											
1b											
Α		personal use days. Check the QJV box only  A 365									
В	if you meet the requirements to f			В		303		0	$ \dashv$		
C	qualified joint venture. See instru	ctions	S	C							
	of Property:										
Type of Property:         1 Single Family Residence       3 Vacation/Short-Term Rental       5 Land       7 Self-Rental         2 Multi-Family Residence       4 Commercial       6 Royalties       8 Other (describe)											
						Properti	es:				
ncon				Α		В			С		
3	Rents received	3		8	50.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance										
8	Commissions										
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,8	55.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3,1	52.						
15	Supplies	15		3,8							
16	Taxes	16									
17	Utilities	17		2,4	11.						
18	Depreciation expense or depletion	18		3,0							
19		19		-, -							
20	Other (list)  Total expenses. Add lines 5 through 19	20		15,2	23						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			10,2							
21	result is a (loss), see instructions to find out if you must file <b>Form 6198</b>	21	_	-14,3	73.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22		14,37		(	)(				
23a	Total of all amounts reported on line 3 for all rental proper				23a		850.				
b	Total of all amounts reported on line 4 for all royalty prope				23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d	3	,091.				
e	Total of all amounts reported on line 20 for all properties				23e		,223.				
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b>						. 24				
25	Losses. Add royalty losses from line 21 and rental real estate		-		 nter t∩	tal losses her		, 1	L4,37	3. 1	
26	Total rental real estate and royalty income or (loss).								<b>,</b> - , - ,	J . ,	
20	here. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar	t app	ly to you,	also e	nter tl	nis amount c		_	-14 <b>,</b> 3	73	
				5 11			20		, _		