# 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

Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secur	ty numl	per			
YASH	WANTH REDDY MAYREDDY	182-45	-318	5			
Spouse's	name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	are au	thorizina.	.)		
	hole dollars only on lines 1 through 5.	<i>y</i> = a <i>y</i> = a c	0 0.0.		·/		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 .	Adjusted gross income		1	79	,986.		
2	Total tax		2	9	,855.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,999.		
4	Amount you want refunded to you		4	3	,144.		
5	Amount you owe		5				
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retu	ırn)		
to send for any of Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the paying constitution number (PIN) below is my signature for the income tax return (original or amended) I and its Funda Withdrawal Concept.	ction of the the stated in the the to debit the the authorizests must be brocessing cayment. I fur	ransmister ax preper entry ation. The receipt of the elements	ssion, (b) the designated paration so to this according revoke (ved no late ectronic packnowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	ic Funds Withdrawal Consent.						
	yer's PIN: check one box only	5 DIN	3 3	1   8   5			
X	I authorize GLOBAL TAXES LLC to enter or generate r	ř Er		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	ac	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.						
Your sig	gnature ▶ Date ▶						
Spouse	e's PIN: check one box only						
Ороцо	I authorize to enter or generate r	ov PINI			as my		
	ERO firm name	-	ter five	digits, but	asiny		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't en	6 0 ter all ze	8 2 7 eros	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta- ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit nents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Incomparison.	tting this ret	urn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o 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		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructio	ons.
Your first name	and m	iddle initial	Last nam	ne							Your so	cial sec	urity num	nber
YASHWANT	TH R	EDDY	MAYRI	EDDY							182	45	3185	
		s first name and middle initial	Last nam										security	
	•	er and street). If you have a P.O. box, see	instruction	ns.				P	Apt. no.	- 1			ection Car	
		RIDGE CT SW				0.		710					ou, or you jointly, wa	
	ost offi	ice. If you have a foreign address, also co	mplete sp	aces belo	OW.	Sta		ZIP c			•	_	nd. Check	
CONCORD			1.5		do (-4-4- /	NC		280		- 1			not chang	ge
Foreign country	y name		F	oreign pr	ovince/state/o	count	:y	Foreig	ın postal c	ode	your tax	or refu	_	Spouse
Filing Status	, X	Single					Head of he	L ouseh	old (HOH	— ∃)				
_	, _	Married filing jointly (even if only o	ne had in	ncome)						-,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
0.10 2011	lf v	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	<del>)</del>
		, ialifying person is a child but not you			•									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	payr	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Ye	es ⊠ l	No
Standard	Son	neone can claim:	pendent		Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindness	s You	: Were born before January 2, 1	959	Are bli	nd <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	iip (4	) Check t	he bo	x if quali	fies for (	see instru	ıctions):
If more		irst name Last name		(-, -	number		to you		Child t	ax cre	dit	Credit fo	r other dep	pendents
than four									[				me if the	
dependents,									[					
see instruction and check	S								[					
here	]								[					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions)						1a		94,2	265.
Attach Form(s)	b	Household employee wages not re									1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		-						10			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, 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	_		υ.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>li</u>						0.4.6	265
	<u>z</u>	Add lines 1a through 1h	. ; ·		· · · ·						1z		94,2	465.
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	<del>-</del>	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠	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		11.	270
jointly or Qualifying	8	Additional income from Schedule	-								8		-14,2	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		79,9	186.
\$27,700 Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11			986.
If you checked	12	Standard deduction or itemized				,					12		13,8	850.
any box under Standard	13	Qualified business income deduct									13		12 (	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,8	350. 136

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	9,855.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	9,855.	
	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	. If zero or less,	enter -0				22	9,855.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	9,855.	
<b>Payments</b>	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				<b>25a</b> 13	2,999			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	12,999.	
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	2		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	12,999.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	3,144.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	3,144.	
Direct deposit?	b	Routing number 0 5 3			,, <u> </u>	Checking	Savings	3		
See instructions.	d	Account number 2 3 7	0 4 5 3	5 2 1 2	L 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	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		,	•			_	omplete	e below.	<b>⋈</b> No	
	Designee's Phone Personal ic name no. number (Pl									
				no.	. ,		ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		,	
Here		our signature	,	Date	Your occupation				nt you an Identity	
	10	our signature		Date	Tour occupation				PIN, enter it here	
Joint return?					IT- PROJEC	T LEAD		e inst.)		
See instructions.		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.					Identity Protection PIN, (see inst.)					
	Ph	Phone no. (669)242-6768 Email address YASHWANTH6850@GMAIL.COM								
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/15/2024	P020	82703	Self-employed	
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Ph	one no. (	(678)965-9522	
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m'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

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

YASHWANTH REDDY MAYREDDY

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 182-45-3185

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	ach Schedule E .	5	-14,279.
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 <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-14 279

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 <b>adjustments to income</b> 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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number 100 45 2105

	HWANTH REDDY MAYREDDY						182-4	5-3185	)	
Par				• •						
	Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	erty, use <b>S</b>	chedule	C. See	ınstru	ctions. If you a	are an indi	vidual, rep	ort farm	1
Α	Did you make any payments in 2023 that would require you		orm(s) 1	1997 S	See in	structions			25 X	Nο
										No
1a	Physical address of each property (street, city, state, ZI			• •	• •			· _ · ·		110
				0000						
<u>A</u> _	MIRYALGUDA MIRYALGUDA, NALGONDA TELANO	GANA	IN 50	8207						
В										
C	Two of Dunastry O. E				_		_			
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair					ir Rentai Days		nal Use ays	QJV	
Α	personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to		·	В		303				┪
C	qualified joint venture. See instru	uctions.	<u> </u>	C						╗
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Royal	ties	8	Other (desc	ribe)			
	,,									
						Properti	es:			
Incon				<u>A</u>	60.	В			С	
3 4	Rents received	3		О	60.					
Expe	Royalties received	++								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	60.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,4	50.					
15	Supplies	15		4,1	50.					
16	Taxes	16								
17	Utilities	17		1,6						
18	Depreciation expense or depletion	18		3,3	09.					
19	Other (list)									
20	Total expenses. Add lines 5 through 19	20		14,9	39.					
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	_	14,2	79					
22	Deductible rental real estate loss after limitation, if any,	21		,2	, , ,					
~~	on <b>Form 8582</b> (see instructions)	22 (	1	4,27	9 1	(	١	(		
23a	Total of all amounts reported on line 3 for all rental prope	, ·			23a	\	660.	(		
b	Total of all amounts reported on line 4 for all royalty prop				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	3,309.			
е	Total of all amounts reported on line 20 for all properties				23e		,939.			
24	Income. Add positive amounts shown on line 21. Do no		any los	ses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from line	22. Er	nter to	tal losses her	e <b>25</b>	(	14,27	19.
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						on			
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amount in	the tota	al on li	ne 41	on page 2	. 26		-14,2	279.