## 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

IIILEIIIAII	leveritie 3ervice							
Submis	ssion Identification Number (SID)							
Taxpaye	r's name	Social secur	ity numl	oer				
VAMS	I MALLIKARJUNA KALAKUNTLA	844-77	-773	8				
Spouse's		Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you a	are au	thoriz	ing.)			
	hole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		ı	ı				
	Adjusted gross income		1	-		344.		
2	Total tax		2			992.		
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			142.		
	Amount you want refunded to you		5		5,	150.		
Part			-	our r	eturr	<u></u>		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended							
to send for any Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Up initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account industry to the financial institution account industry in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution 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 required so days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment cancellation necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I and the first transfer of the income tax return (original or amended) I are the first transfer or the income tax return (original or amended) I are the first transfer or the income tax return (original or amended) I are the first transfer or the income tax return (original or amended).	ection of the factor of the factor of the control o	ransmistand its cax preperently entry ation. The receipt of the electric receipt of the action and the receipt of the electric	ssion, (designation to this for revolute to the control of the con	(b) the ated Fin softwaccouple (capacitate) accouple (capacitate) accoupled accoupled (capacitate) accoupled (capa	reason inancial vare for nt. This ancel) a than 2 ment of hat the		
	iic Funds Withdrawal Consent.				_			
	yer's PIN: check one box only	DIN	7   7	7   3	8			
×	I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	. Ei	ter five		but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	a	n't ente	r all ze	ros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN methoelow.							
Your si	gnature ► Date ► _							
Spaulo	o'a PINi abaak ana bay aniy							
Spous	e's PIN: check one box only I authorize to enter or generate	my DIN				00 mv		
	I authorize to enter or generate to enter or generate	· _	iter five	digits.		as my		
	signature on the income tax return (original or amended) I am now authorizing.		n't ente					
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methoelow.		_			_		
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	1						
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	6 6	1 9	8	9		
	, , , , , , , , , , , , , , , , , , , ,	Don't en	ter all ze	eros				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this ret	urn in a	accorda	anće v			
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	Do 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		$ \mathbf{r}_{\mathbf{n}} ^2$	<b>023</b>	OMB No. 1545	5-0074	IRS Use	Only—	Do not w	rite or sta	aple in this spac	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2	2023, ending	<u> </u>		, 20		See sep	oarate i	instructions	
Your first name	and m	niddle initial	Last nam	ne					,	Your so	cial sec	urity numbe	r
VAMSI M	ALLI	KARJUNA	KALA	KUNTLA						844	77	7738	
If joint return, s	pouse'	s first name and middle initial	Last nam	пе					•	Spouse'	s social	security nun	nbei
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ns.			A	Apt. no.	١	Preside	ntial Ele	ection Camp	aign
6235 MA	IN S	TREET					2	2081	(	Check h	nere if y	ou, or your	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete sp	aces below.	S	tate	ZIP c	ode		•	•	jointly, want	
Frisco					T	ĽΧ	750	34		•		nd. Checking not change	jа
Foreign countr	y name		Fo	oreign provinc	ce/state/cou	nty	Forei	gn postal co		your tax		ınd.	use
Filing Status Check only one box.	If y	Single  Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name of ur depend	your spous dent:			g surviv	ving spou SS box, e	ıse (C enter	the chi	ld's na	me if the	
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig									□ Ye	es 🗵 No	
Standard Deduction	_	neone can claim:	•		•	s a dependent en							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind	Spous	e: Was bo	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	<b>s</b> (see	instructions):		<b>(2)</b> Socia	I security	(3) Relations	hip (4	) Check th	ne box	c if quali	fies for (	see instructio	ıns):
If more	(1) F	First name Last name		num	nber	to you		Child ta	ax cre	dit	Credit fo	or other depend	lents
than four													
dependents, see instruction	s —												
and check here	] —												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions	s)					1a		123,554	4.
	b	Household employee wages not re	eported o	n Form(s) V	V-2					1b			
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	(see inst	tructions)						1c			
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s) W-	2 (see insti	ructions)				1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6.								1g			
get a Form	h	Other earned income (see instruct	ions) .							1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instru	ictions) .		1	i						
	z	Add lines 1a through 1h								1z		123,554	4.
Attach Sch. B	2a	·	2a		b	Taxable interes	st .			2b			
if required.	3a		3a			Ordinary divide				3b			
	4a	·	4a			Taxable amour				4b			
Standard	5a		5a			Taxable amour				5b			
Deduction for— Single or	6a		6a			Taxable amour				6b			_
Married filing separately,	C	If you elect to use the lump-sum e		ethod. ched					. n				
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing jointly or	8	Additional income from Schedule		•	•	· ·				8		-20,210	J.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-							9		103,34	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-						10			
Head of household,	11	Subtract line 10 from line 9. This is								11		103,344	4.
\$20,800	12	Standard deduction or itemized	•	_						12		13,850	
If you checked any box under	13	Qualified business income deduct		,	•					13			<u>·</u>
Standard Deduction,	14									14		13,850	
see instructions.	15	Subtract line 14 from line 11. If zer					no.		•	15		80 404	

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	14,992.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	14,992.
	19	Child tax credit or credit for	other dependent	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	14,992.
	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	14,992.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	20	,142.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	20,142.
If you have a	26	2023 estimated tax paymen	ts 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	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	ındable	credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	20,142.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>o</b> v	erpaid		34	5,150.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here			35a	5,150.
Direct deposit?	b	Routing number 1 1 1			<b>c</b> Type:	Checkir	ıg 🗌 S	avings		
See instructions.	d	Account number 3 7 2	9 8 0 8	0 2						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36	-			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions .				37	
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See				_
Designee	ins	instructions							oelow.	<b>⊠</b> No
		Designee's Phone Personal ider name no. number (PIN)							fication	
<u>C:</u>			hat I have examine		accompanying sche	dules and			ha hast	of my knowledge and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to t belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								, ,	
Here	Υo	ur signature		Date	Your occupation			If the	IRS se	nt you an Identity
	10	ar orginaturo		Date	Tour occupation					IN, enter it here
Joint return?				SOFTWARE ENGINEER				(see	inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's occupation					tity Prot	nt your spouse an ection PIN, enter it here
, 501 1000103.		/055555		1000			(see	inst.)		
		one no. (979)739-421		Email address	vmk3991@gr		om	DTIN		Charle if
Paid		eparer's name	Preparer's signat		.p. p.:.p.=====	Date		PTIN	0000	Check if:
Preparer	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247							Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC						_		678)965-9522	
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Firm	's EIN	88-2145487

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VAMSI MALLIKARJUNA KALAKUNTLA 844-77-7738 Part 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. Att	ach Schedule E .	5	-20,210.
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. Ente	r here and on Form		
	1040 1040-SR or 1040-NR line 8		10	-20 210

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

VAMS	SI MALLIKARJUNA KALAKUNTLA						844-7	7-7738	i			
Par	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.	rtv. use		C. See	instru	ctions. If you are	e an indiv	vidual, rep	ort farm			
	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? .							. 🗌 Ye	es 🗌 No			
1a	Physical address of each property (street, city, state, ZII	P code	)									
Α	H.NO 6-2-804, THUMMALABASTI KHAIRTABAD	HYDE	RABAD	TN 50	0000	4						
В												
c												
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental a	and		Fa	ir Rental Days	Person Da		QJV			
Α	personal use days. Check the Q			Α		365		0				
В	if you meet the requirements to a qualified joint venture. See instru			В								
С	quaimed joint venture. Gee institu	JOHOHS.		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						
		L				Propertie	s:					
Incon	ne:			Α		В			С			
3	Rents received	3		5	80.							
4	Royalties received	4										
-	nses:	_					-					
5	Advertising	5										
6	Auto and travel (see instructions)	6		1 /	ГΛ							
7	Cleaning and maintenance	7		1,4	50.							
8	Commissions	8										
9 10	Insurance	10										
11	Legal and other professional fees	11		1,1	4.0							
12	Mortgage interest paid to banks, etc. (see instructions)	12		⊥,⊥	40.							
13	Other interest	13										
14	Repairs	14		6,8	40							
15	Supplies	15		5,7								
16	Taxes	16		<u> </u>								
17	Utilities	17		5,6	60.							
18	Depreciation expense or depletion	18		<u> </u>								
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		20,7	90.							
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 <b>Form 6198</b>	21	-	-20,2	10.							
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (	( :	20,21	.0.)	(	)	(	,			
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		580.					
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b							
С	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							
е	Total of all amounts reported on line 20 for all properties				23e	20,	790.					
24	Income. Add positive amounts shown on line 21. Do not		-				24					
25	Losses. Add royalty losses from line 21 and rental real estat						25	(	20,210.			
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 a						26		-20,210.			