## 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

Submission Identification Number (SID)  Taxpayer's name  SAI DEEPTHI PRIYA YALLA  Spouse's name  Spouse's social security number  Spouse's social security number
SAI DEEPTHI PRIYA YALLA 786-52-7512
- 1000 (1000) (1000) (1000) (1000) (1000) (1000)
Spouse's name Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.
1 Adjusted gross income
2 Total tax
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099
4 Amount you want refunded to you
5 Amount you owe
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my ERO firm name signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III
below.
Your signature ▶ Date ▶
Spouse's PIN: check one box only  I authorize  ERO firm name signature on 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
Spouse's signature ▶ Date ▶
Practitioner PIN Method Returns Only—continue below
Part III Certification 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 0 8 2 7 1  Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.
ERO's signature ▶ Date ▶
ERO Must Retain This Form — See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 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 , 20					See separate instructions.		
Your first name	and mi	iddle initial	Last na	ame			Yo	our so	cial security number		
SAI DEEI	PTHI	PRIYA	YAL	LA			-	786	52 7512		
		s first name and middle initial					s social security number				
Home address	esider	ntial Election Campaign									
6020 KI	heck h	ere if you, or your									
City, town, or p	spouse if filing jointly, want \$3										
CHARLOT	ΓE				NC	28213		to go to this fund. Checking box below will not change			
Foreign country	y name			Foreign province/state/o	county	Foreign postal c			or refund.		
									You Spouse		
Filing Status	5 X	Single	•		☐ Head of he	ousehold (HOI	1)				
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.		Married filing separately (MFS)			Qualifying	surviving spor	use (QS	SS)			
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	checked the HOF	or QSS box,	enter th	ne chil	d's name if the		
	qu	alifying person is a child but not you	ır depe	ndent:							
District	At ar	ny time during 2023, did you: (a) rec	oivo (ac	a roward award or	payment for prope	rty or sorvices	1. or (b)	coll			
Digital Assets		ange, or otherwise dispose of a dig		The state of the s					☐ Yes ☒ No		
		eone can claim: You as a de			e as a dependent	it): (OCC III)Stru	0110110.)				
Standard Deduction	-	Spouse itemizes on a separate retur									
					alleri						
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are blind Spo	ouse: Was bor	n before Janua	ary 2, 1	959	☐ Is blind		
Dependent	s (see	instructions):		(2) Social security	(3) Relationsh	ip (4) Check t	he box i	f qualif	ies for (see instructions):		
If more	(1) F	irst name Last name		number	Child t	ax credi	t	Credit for other dependents			
than four						[					
dependents, see instruction	s ——										
and check											
here L											
Income	1a	Total amount from Form(s) W-2, b						1a	96,898.		
Attach Form(s)	b	Household employee wages not re		1.7				1b			
W-2 here. Also	С	Tip income not reported on line 1a	1c								
attach Forms W-2G and	d	Medicaid waiver payments not rep	1d								
1099-R if tax	е	Taxable dependent care benefits f	1e								
was withheld.	f	Employer-provided adoption bene	fits from	m Form 8839, line 29			•	1f			
If you did not get a Form	g	Wages from Form 8919, line 6.					• •	1g			
W-2, see	h	Other earned income (see instruct		/		7 * * *		1h	0.		
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)	<u>1</u> 1						
	Z	Add lines 1a through 1h						1z	96,898.		
Attach Sch. B	2a		2a		<b>b</b> Taxable interest			2b			
if required.	3a		3a		<b>b</b> Ordinary divide			3b	-		
Standard	4a		4a		<b>b</b> Taxable amoun			4b			
Deduction for—	5a	Contraction of the contraction o	5a		<b>b</b> Taxable amoun		•	5b			
Single or Married filing	6a		6a		<b>b</b> Taxable amoun	t		6b			
separately,	С	If you elect to use the lump-sum e					. 📙	_	4		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche					. $\Box$	7	0 011		
jointly or Qualifying	8	Additional income from Schedule						8	-8,311.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7			come	7		9	88,587.		
\$27,700 • Head of	10	Adjustments to income from Sche	10	88,587.							
household, \$20,800	11		btract line 10 from line 9. This is your <b>adjusted gross income</b>								
If you checked	12	Standard deduction or itemized deductions (from Schedule A)							13,850.		
any box under Standard	13		ion fror	n Form 8995 or Form	8995-A			13	12.050		
Deduction, see instructions.	14	Add lines 12 and 13						14	· · · · · · · · · · · · · · · · · · ·		
- 30	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -U This is y	our <b>taxable incom</b>	ie		15	74,737.		

Form 1040 (2023	3)			Page <b>2</b>			
Tax and	16	Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	16	11,747.			
Credits	17	Amount from Schedule 2, line 3	17				
	18	Add lines 16 and 17	18	11,747.			
	19	Child tax credit or credit for other dependents from Schedule 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	11,747.			
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.			
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,747.			
Payments	25	Federal income tax withheld from:		<u>-</u>			
- c. <b>y</b>	а	Form(s) W-2					
	b	Form(s) 1099					
	C	Other forms (see instructions)					
	d	Add lines 25a through 25c	25d	15,481.			
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26				
qualifying child,	27	Earned income credit (EIC)					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812					
	29	American opportunity credit from Form 8863, line 8					
	30	Reserved for future use					
	31	Amount from Schedule 3, line 15	7				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32				
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	15,481.			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	3,734.			
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here	35a	3,734.			
Direct deposit?	b	Routing number 0 5 3 0 0 0 1 9 6 c Type: ★ Checking Savings	,				
See instructions.	d	Account number 2 3 7 0 4 8 5 5 9 9 2 0					
	36	Amount of line 34 you want applied to your 2024 estimated tax					
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .  For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions	37				
	38	Estimated tax penalty (see instructions)					
Third Party	Do	you want to allow another person to discuss this return with the IRS? See					
Designee	ins	structions	below.	<b>⋉</b> No			
		signee's Phone Personal iden me no. number (PIN)	tification				
0:		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to	the best	of my knowledge and			
Sign		tief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					
Here	Yo	ur signature Date Your occupation If the	ne IRS ser	nt you an Identity			
	10	9		IN, enter it here			
Joint return?		SOFTWARE DEVELOPER (See	e inst.)				
See instructions. Keep a copy for your records.		Ide	the IRS sent your spouse an entity Protection PIN, enter it here see inst.)				
	Ph	one no. (312)539-2611 Email address SAIDEEPTHI4U@GMAIL.COM					
D-:-I	Pre	eparer's name Preparer's signature Date PTIN		Check if:			
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/17/2024 P0208	32703	Self-employed			
Preparer			Phone no. (678) 965-9				
Use Only		A and add to prove the second control of the	m's FIN	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

SAI DEEPTHI PRIYA YALLA

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 786-52-7512

Par	t I 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	tach So	chedule E		5	<del>-</del> 8,311.
6	Farm income or (loss). Attach Schedule F				6	
7	Unemployment compensation				7	
8	Other income:	1 4				
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	7			
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k		8k				
I	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		$\overline{}$		
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						
_	T. I.					
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	er here	and on I	-orm		0 211
	1040, 1040-SR, or 1040-NR, line 8				10	-8,311.

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	government		
	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		23	
23 24	Other adjustments:	W	23	
	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8I from the			
D	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			
h	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 <b>adjustments to income</b> . Ente			
	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.

OMB No. 1545-0074

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

Your social security number

SAI	DEEPTHI PRIYA YALLA								786-52-7512			
Part	Note: If you ar	re in the I	rom Rental Real Estate a pusiness of renting personal proporm Form 4835 on page 2, line 4	perty, use		e C. See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm	
	Did you make any pa	ayments	in 2023 that would require yofile required Form(s) 1099?	ou to file								
			property (street, city, state,								<u></u>	
									(2)/ ===		TV 505000	
_ <u>A</u>	FLAT NO: 404,	C-BTOC	K, LOTUS HEAVEN APARTMI	EN OPP:	RAJPAT	'H FUNC	CTION	HALL, KHAMI	MAM, TEL	ANGANA	IN 507002	
B_										$\overline{}$		
C	T (D )						_	1	_			
1b	Type of Property (from list below)	a	or each rental real estate pro bove, report the number of fa ersonal use days. Check the	air rental	and		Fa	ir Rental Days	Person Da	ys	ĞΊΛ	
_ <u>A</u>	3		you meet the requirements t			A		365		0		
B			ualified joint venture. See ins			В					<u> </u>	
C	- ( D + -					C						
1	of Property: Single Family Resident Multi-Family Resident		3 Vacation/Short-Term R 4 Commercial	ental	5 Land 6 Roy			Self-Rental Other (descr	ibe)			
								Propertie	es:			
Incon						Α		В			С	
3				3		5	10.					
4		<u> t</u>		4								
Exper												
5				5								
6			ictions)	6								
7	•		9	7		8	50.					
8				8								
9				9								
10	•		nal fees	10		4 5	1.0					
11	-			11		1,5	42.					
12			banks, etc. (see instructions)									
13			,	13		0 7	4 -					
14				14		2,1	45.					
15				15 16		∠,⊥	42.					
16				17		1 5	12					
17 18			depletion	18		1,5	42.					
19	Other (list)	ense or c	depletion	19								
20		dd lines	5 through 19	20		8,8	21					
21	•		3 (rents) and/or 4 (royalties).			0,0	21.					
21			uctions to find out if you mus									
	file <b>Form 6198</b> .			21		-8,3	<sub>11</sub> .					
22	Deductible rental	real esta	ate loss after limitation, if any	_	(	8,31		(	)	(		
23a			ted on line 3 for all rental pro		IV.	0,01	23a	1	510.	\		
20a b			ted on line 4 for all royalty pro				23b					
C			ted on line 12 for all propertie			1	23c					
d			ted on line 18 for all propertie				23d					
e			ted on line 20 for all propertie				23e	8	,821.			
24		-	ounts shown on line 21. <b>Do r</b>			sses			. 24			
25	-		from line 21 and rental real est		-		nter to	tal losses here		(	8,311.)	
26	-	-	and royalty income or (loss								· ,	
			, and line 40 on page 2 do									
	Schedule 1 (Form	1040)	ing 5 Otherwise include this	amount	in the to	tal on li	na /11	on nage 2	06		_0 311	