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	Social security	y number			
PAVAN KUMAR LOGAM	825-68-1431				
Spouse's name	Spouse's soci	al security number			
SHIRISHA GOUDI	675-21-	-2666			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	ter year you ar	re 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		1 54,54	0.		
2 Total tax		2 2,77	9.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 7,50	7.		
4 Amount you want refunded to you		4 4,72	8.		
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy	y of your return)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institut authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent.	smitter, or electro ejection of the tra U.S. Treasury ar ndicated in the taution to debit the authorizate the authorizate equests must be the processing of a payment. I furtle	nic return originator (E ansmission, (b) the rea and its designated Finar ix preparation software entry to this account. ition. To revoke (cance received no later tha the electronic paymer ther acknowledge that	ERO) ason ncial e for This el) a an 2 nt of		
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	1 4 3 1 as er five digits, but 't enter all zeros	my		
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.					
Your signature ▶ Date ▶					
Spouse's PIN: check one box only					
I authorize GLOBAL TAXES LLC to enter or generate 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	Entrodorizir	er five digits, but n't enter all zeros ng. Check this box c			
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue belo	W				
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 4 9 6 Don't ente	6 0 8 2 7 1 er all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sul requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	omitting this retu	rn in accordance with	now the		
ERO's signature ▶ Date ▶					
ERO Must Retain This Form — See Instructions					

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

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



1040		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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
PAVAN K	JMAR		LOGA	M							825	68	1431
		s first name and middle initial	Last na										security number
SHIRISH	Д		GOUD	Τ							675	21	2666
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaign
3230 FM	146	3 RD						-	12303	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c				0	jointly, want \$3
KATY						TX	ζ	774	194		0		nd. Checking a not change
Foreign countr	y name		F	Foreign pr	rovince/state/				gn postal c		your tax		•
													ou Spouse
Filing Status	s \Box	Single					Head of h	ouseh	old (HOI	<u>-</u> -			
Check only		Married filing jointly (even if only o	ne had i	ncome)						•			
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ving spo	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
		ıalifying person is a child but not you											
B: ::::	^+ o	mustime during 2002 did very (a) rea	oive (oo										
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										∏ Y€	es 🗵 No
		neone can claim: You as a de					a dependent	<i>i)</i> : (O	ee msuu	Ction	3.)		29 110
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•						
Deduction	<u> </u>	Spouse iternizes on a separate retur	ii or you	i weie a	uuai-status	allell	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959	ls	s blind
Dependent	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{nip} (4	1) Check t	he bo	x if quali	fies for ((see instructions):
If more	(1) F	1) First name Last name		number to you		Child tax of		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	ox 1 (se	e instruc	ctions) .						1a		62,428.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .						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				nstru	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, 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	ions) .								1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						
	z	Add lines 1a through 1h									1z		62,428.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b	4	
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b	4	
Name desired	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b	4	
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)			. [
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7		
jointly or	8	Additional income from Schedule	1, line 10	0							8		-7 , 888.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total ind	come	e				9		54,540.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, I	ine 26							10		
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		54,540.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)					12	1	27 , 700.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13		
Deduction,	14										14		27 , 700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	c ontor	O Thic ic v		tavabla inaam	•			15	1	26 840

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	2,779.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	2,779.	
	19	Child tax credit or credit for o	ther dependen	ts from Sched	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 or less,	enter -0				22	2,779.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	2,779.	
Payments	25	Federal income tax withheld f	from:							
-	а	Form(s) W-2				25a	7 , 507.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	7,507.	
If you have a	26	2023 estimated tax payments	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	Schedule 8812			28				
	29	American opportunity credit f	rom Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	7,507.	
Refund	34	If line 33 is more than line 24,	subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,728.	
	35a	Amount of line 34 you want re			is attached, chec	ck here	🗌	35a	4,728.	
Direct deposit?	b	Routing number 0 7 2				Checking	Savings			
See instructions.	d	Account number 3 7 5	0 1 4 2	9 9 5 1	1 6					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	_	-				37		
	38	Estimated tax penalty (see ins	structions) .			38				
Third Party		you want to allow another	•							
Designee		structions					•		⊠ No	
		esignee's me		Phone no.			sonal ident ber (PIN)	ification		
Sign	Un	nder penalties of perjury, I declare that	at I have examined	d this return and	accompanying sche	dules and statemer	its, and to	the best	of my knowledge and	
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.	
Here	Yo	our signature		Date Your occupation				If the IRS sent you an Identity		
					DIJATNIBAA AI		, '	tection P e inst.)	IN, enter it here	
Joint return? See instructions.		Service de administration of the desired materials for the desired materials and the desired mat		Date	BUSINESS SY Spouse's occupati		If the IRS sent your spouse a			
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign		Date	Spouse's occupan	on			ection PIN, enter it here	
your records.					HOME MAKER	2	(see	inst.)		
	Ph	ione no. (510) 320-8690		Email address	PAVANLOGAM	11@GMAIL.CO	MC			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM :	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/24/2024	P0208	2703	Self-employed	
Preparer	Fir	Firm's name GLOBAL TAXES LLC Pho						hone no. (678) 965-9522		
Use Only	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965	
<u> </u>	/=	4040 (= 1040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. **01** Your social security number

PAVA	N KUMAR LOGAM & SHIRISHA GOUDI		825-68	-143	31
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	ach Schedu	ule E .	5	-7,888.
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			
	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	r here and	on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-7,888.

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		24f			
g		24g			
_	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		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	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	Form 1040, 1040-ŠR, 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.

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 socia	al security	number
PAVA	N KUMAR LOGAM & SHIRISHA GOUDI						825-6	8-1431	L
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
	oid you make any payments in 2023 that would require you								
B If	"Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code))						
A	H NO:6-19-8, ADARSH NAGAR DUBBA, NIZAMAE	BAD T	ELANGA	NA II	1 503	3001			
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair					r Rental Days	Person Da		QJV
A	personal use days. Check the Q			Α		 355		0	
В	if you meet the requirements to f	ile as a	ı	В					
С	qualified joint venture. See instru	ictions.		С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya		-	Self-Rental Other (desc	ribe)		
						Propert	ies:		
Incom	e:			Α		В			С
3	Rents received	3		4	10.				
4	Royalties received	4							
Expen									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	47.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	22.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,0	15.				
15	Supplies	15		2,9	55.				
16	Taxes	16							
17	Utilities	17		1,0	59.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,2	98.				
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		-7, 8	88.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (7,88)	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		410.		
b	Total of all amounts reported on line 4 for all royalty prop				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	{	3,298.		
24	Income. Add positive amounts shown on line 21. Do not			sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter tot	al losses he		(7,888.)
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	Combir	ne lines :	24 and	25. Er	nter the res	ult		

26

-7,888.