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 numbe	r			
APEKSHA SUKESH KALLUR	279-69-1749					
Spouse's name	Spouse's soci	Spouse's social security number				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	 Enter vear vou ar	e auth	orizina.)			
Enter whole dollars only on lines 1 through 5.			911_11191/			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income		1	100,	134.		
2 Total tax		2	14,	288.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,	905.		
4 Amount you want refunded to you		4	5,	617.		
5 Amount you owe		5		. \		
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accour payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tempayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved i taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	or rejection of the tra the U.S. Treasury ar nt indicated in the ta stitution to debit the minate the authoriza n requests must be in the processing of the payment. I furth	ansmiss and its de x prepa entry to tion. To receive the electors	ion, (b) the signated Fration software this account revoke (conditional decorption of the signal o	e reason Financial ware for unt. This ancel) a than 2 ment of that the		
Taxpayer's PIN: check one box only ☑ I authorize GLOBAL TAXES LLC to enter or gene	9	1 7	4 9	00 1001		
ERO firm name	Ent	er five di	gits, but	as my		
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 if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Your signature ▶ Date	· •					
Spouse's PIN: check one box only						
I authorize to enter or gene	arate my DINI			as my		
ERO firm name	,	er five di	aits. but	as my		
signature on the income tax return (original or amended) I am now authorizing.	don	't enter	all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.						
Spouse's signature ▶ Date	: :					
Practitioner PIN Method Returns Only—continue be	elow					
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.			8 2 7	1		
	Don't ente	ı an zero	13			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in ac	cordance			
ERO's signature ▶ Date	•					
ERO Must Retain This Form — See Instruction	าร					
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	n. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate in:	structions.
Your first name	and mi	iddle initial	Last na	ame					Your so	ocial secu	rity number
APEKSHA			SUKE	ESH KALLUR					279	69 1	1749
	pouse's	s first name and middle initial	Last na	ame							ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no		Preside	ential Elect	tion Campaign
681 S TV	VIN (OAKS VALLEY RD					380		1	here if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code			٠,	intly, want \$3
SAN MARC	cos				CA					low will no	I. Checking a of change
Foreign country name Foreign province/state/county Foreign postal code						al code	your ta	x or refund	d		
								You	Spouse		
Filing Status	; X	Single				Head of ho	ousehold (H	OH)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				Oualifying	surviving s	oouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS bo	x, ent	er the ch	ild's nam	e if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavr	nent for prope	rty or servic	es): o	r (b) sell.		
Assets		ange, or otherwise dispose of a digi					-			☐ Yes	i ⊠ No
Standard	Som	eone can claim: You as a de	penden	nt Your spouse	e as a	a dependent			-		
Deduction		Spouse itemizes on a separate return	•	•		•					
A ma /Dlindnasa		<u> </u>				□ Was bar	n bafara la		0 1050		aliad
		Were born before January 2, 19	959 [ouse:		n before Ja				blind
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationshi	יין קי	ld tax	•	1	ee instructions): other dependents
If more	(1)	rist name Last name		Hamber		10 you	Oili		orcan	Orcan for c	
than four dependents,								_ H			
see instructions	s —							$-\frac{\sqcup}{\sqcap}$		-	
and check here	1										\vdash
-	1a	Total amount from Form(s) W-2, bo	ov 1 (ec	e instructions)					. 1	1	L10,439.
Income	b		`	,					. 11		.10, 100.
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2									
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							. 16		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1		
If you did not	g g	Wages from Form 8919, line 6.							. 19		
get a Form	h	Other earned income (see instructi					•		. 11		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i					
	z	Add lines to through th							. 12	_ 1	L10,439.
Attach Sch. B	2a	1	2a		b Ta	axable interest	· · ·		. 21		
if required.	3a		3a			rdinary divider			. 31	5	
	4a		4a			axable amount			. 41		
Standard Deduction for—	5a		5a		b Ta	axable amount	t		. 5l	5	
Single or	6a	Social security benefits	6a			axable amount			. 6l	5	
Married filing separately,	С	If you elect to use the lump-sum el		method, check here							
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	if required. If not requ	ired,	check here					
 Married filing jointly or 	8	Additional income from Schedule							. 8	-	-10 , 305.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				. 9		100,134.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					. 10	ו	
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted gross incor	me				. 11	1 1	L00,134.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. 12		13,850.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 8995	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13							. 14	1	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t a	axable incom	e		. 15	5	86,284.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	14,288.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	14,288.
	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	14,288.
	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 total tax					24	14,288.
Payments	25	Federal income tax withheld	I from:						
-	а	Form(s) W-2				25a 19	,905.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,905.
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 to	tal payments				33	19,905.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	5,617.
	35a	Amount of line 34 you want			is attached, chec	k here		35a	5,617.
Direct deposit?	b	Routing number 1 2 1			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 6 9 3	3 2 5 7	3 4 4					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to www.irs.go	//Payments or	see instructions $. $			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				. LYes. C	omplete	below.	⋉ No
		signee's me		Phone no.			onal ident ber (PIN)	ification	
C:		der penalties of perjury, I declare t	hat I have evamine		accompanying sched		, ,	the heet	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yο	ur signature		Date	Your occupation		l If th	e IRS se	nt you an Identity
		a. o.g.tata.o			Tour occupation		Prot	ection P	PIN, enter it here
Joint return?					SOFTWARE E	NGINEER	(see	inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.									ection PIN, enter it here
		one no	<u> </u>	Email address		CII CMATI CO		inst.)	
		one no. (510) 676-315 eparer's name	Preparer's signat	Email address	APEKSHASUKE	Date Date	PTIN		Check if:
Paid		•	'		תת דו את החתווי			2702	Self-employed
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/22/2024 P0208							
Use Only		m's name GLOBAL TA	INIOUT OUT NO	2011 CT N T 0001 C			Phone no. (678) 965-9522		
•	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	η Παατρ		Firm	ı'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

APEKSHA SUKESH KALLUR

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.

Your social security number 279-69-1749

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. Atta	ich Schedule E .	5	-10,305.
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		
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		
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	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	<u> </u>	10	-10,305.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	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			
0 -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	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

APEKSHA SUKESH KALLUR							279-6	9-1749	9	
Pai	Income or Loss From Rental Real Estate an 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 S		C. See	instruc	ctions. If you	are an indi	vidual, rep	oort farm	
A	Did you make any payments in 2023 that would require you		orm(s) 1	099? S	ee ins	tructions .		. \(\) Y	es 🗵 No	
В	If "Yes," did you or will you file required Form(s) 1099?								es 🗌 No	
1a										
								F7001	^	
_ <u>A</u>	57/A, 2ND CROSS, KALIDASA ROAD, JAYAL	AKSHM.	LPURAM	I MYSC	JRE,	KARNAT.	AKA IN	5/001		
B										
<u>C</u>	T (D) 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_				T	
1b	71	2 For each rental real estate property lists above, report the number of fair rental a			Fa	ir Rental Days	Personal Use Days		QJV	
A	gersonal use days. Check the Q			Α		365		0		
$\frac{\Delta}{B}$	if you meet the requirements to	file as a		В		303		0		
	qualified joint venture. See instru	uctions.		С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rer	ntal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial	rea.	6 Roya			Other (desc	ribe)			
				_		Propert	ies:			
Inco				<u>A</u> _	F 0	В			С	
3 4	Rents received	3 4		5	50.					
	Royalties received	4								
5	enses: Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		9	58.					
8	Commissions	8			30.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,8	54.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		, _						
13	Other interest	13								
14	Repairs	14		2,4	11.					
15	Supplies	15		3,7	48.					
16	Taxes	16								
17	Utilities	17		1,8	84.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,8	55.					
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			10 2	<u> </u>					
	file Form 6198	21		-10, 3	05.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,30	5.)	·)	(
23 a	·				23a		550.			
b	, , , , ,				23b					
С					23c					
d					23d					
е					23e	10	855.			
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	1	40.00=	
25	Losses. Add royalty losses from line 21 and rental real esta							(10,305.	
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								-10,305.	