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

- Internal	versing Selvice						
Subm	ission Identification Number (SID)						
Taxpay	er's name	Social securi	ty numb	er			
CHE	TAN KARAHALLI SRINIVASA	667-74	-6447	7			
Spouse	o's name	Spouse's social security number					
Par	, , ,	year you a	re aut	horizing.)		
	whole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		ایرا	Γ.0	202		
1	Adjusted gross income		1		,383.		
2 3	Total tax		3		<u>,157.</u>		
4			4		,129.		
4 5	Amount you want refunded to you		5		<u>,972.</u>		
Part	·			our retu	rn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the public ferridge withdrawal Consent.	ction of the to S. Treasury a cated in the to to debit the the authorizests must be processing or ayment. I fur	ransmis nd its c ax prep entry t ation. T e receive f the elector	ssion, (b) the designated paration soft of this according to the following the sectonic particles are	ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the		
	onic Funds Withdrawal Consent. Bayer's PIN: check one box only						
Тахра		m, DIN 4	6 4	4 7	00 1001		
	I authorize GLOBAL TAXES LLC to enter or generate r	ř En		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n t ente	r 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 and your return is filed using the Practitioner PIN method below.) must				
Your	signature ► Date ►						
Spou	se's PIN: check one box only						
• г	I authorize to enter or generate r	nv PIN			as my		
	ERO <mark>firm</mark> name		ter five	digits, but	,		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Spous	se'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 4 9	6 0	8 2 7	1		
		Don't ent	er all Ze	105			
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	urn in a	ccordance			
FRO'	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan.	1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding _			, 20		See se	parate in	nstructions.
Your first name	and m	iddle initial	Last n	ame						Your so	ocial secu	ırity number
CHETAN			KAR	AHALLI SRINIV	7AS7	Δ				667	74	6447
	ouse's	s first name and middle initial	Last n									security number
Home address	numbe	er and street). If you have a P.O. box, see	instruct	tions.				Apt. no.		Preside	ntial Elec	ction Campaign
4314 16T	H S'	T						27	l	Check	here if yo	u, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP	code				ointly, want \$3
LUBBOCK					T	<	79	, , , , , , , , , , , ,				d. Checking a ot change
Foreign country	name			Foreign province/state/	coun	ty	Forei	ign postal o	code		x or refun	0
											You	ı 🗌 Spouse
Filing Status	X	Single				☐ Head of he	ousel	nold (HOI	H)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ving spo	use (QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOF	d or C	SS box,	ente	the ch	ild's nam	ne if the
	qu	ıalifying person is a child but not you	ır depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward, award, or	pavr	ment for prope	rtv or	services	a): or ((b) sell.		
Assets		nange, or otherwise dispose of a dig					-				☐ Yes	s 🗵 No
Standard	Som	neone can claim:	pender	nt Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	u were a dual-status	alier	1						
Age/Blindness	Vou	: Were born before January 2, 1	050	Are blind Spo	ouse	. Was bor	rn haf	ore Janu	anı 2	1050		blind
		•	333	<u> </u>								ee instructions):
Dependents		irst name Last name		(2) Social security number	/	(3) Relationsh to you	Child tax				1	other dependents
If more than four	()								П			
dependents,									Ħ			
see instructions and check	. —								$\overline{\Box}$			
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .						1a		61,024.
	b	Household employee wages not re	eported	d on Form(s) W-2.						1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							10	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	Taxable dependent care benefits from Form 2441, line 26							16	÷	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f	i L	
If you did not	g	Wages from Form 8919, line 6 .								10	j	
get a Form W-2, see	h	Other earned income (see instruct	ions)				ή.			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		1i						
	z		· ;	· · · · · ;						1z	<u>:</u>	61,024.
Attach Sch. B	2a		2a	7.4		axable interest				2b)	135.
if required.	<u>3a</u>		3a	74.		Ordinary divider				3b		74.
Standard	4a		4a			axable amoun				4b		
Deduction for—	5a	-	5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amoun	t		٠ -	6b	,	
separately, \$13,850	_C	If you elect to use the lump-sum election method, check here (see instructions)										
Married filing	7	Capital gain or (loss). Attach Sche							. L	J 7		_10 050
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-							8		<u>-10,850.</u>
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						9		50,383.
Head of	10	Adjustments to income from Sche								10		50 202
household, \$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	•	- -			•			12		50,383.
If you checked any box under	13	Qualified business income deducti		•	,	 15-Δ				13		13,850.
Standard	14	Add lines 12 and 13	1011 1101	11 1 Juli 1 Jogo Of 1 Offi	. 033					14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	 ss enter-0- This is v	our	taxable incom	 ne			15		36.533.

Form 1040 (202)	3)								Page 2		
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	4,157.		
Credits	17	Amount from Schedule 2, line 3	3					17			
	18	Add lines 16 and 17						18	4,157.		
	19	Child tax credit or credit for oth	ner dependent	s 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, e	enter -0				22	4,157.		
	23	Other taxes, including self-emp	oloyment tax, t	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is yo	ur total tax					24	4,157.		
Payments	25	Federal income tax withheld from	om:								
•	а	Form(s) W-2				25a	7,129.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	7 , 129.		
If you have a	26	2023 estimated tax payments	and amount a	oplied from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC) .			No	27					
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28					
	29	American opportunity credit fro	om Form 8863	, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line				31					
	32	Add lines 27, 28, 29, and 31. T				ındable credits		32			
	33	Add lines 25d, 26, and 32. The	•	-	-			33	7,129.		
Refund	34	If line 33 is more than line 24, s						34	2,972.		
	35a	Amount of line 34 you want ref	funded to you	ı. If Form 8888	is attached, ched	ck here	🗆	35a	2,972.		
Direct deposit?	b	Routing number 1 1 1 1 0				Checking	Savings				
See instructions.	d	Account number 6 7 5 6	8 0 5	8 8			Ü				
	36	Amount of line 34 you want ap			ed tax	36					
Amount	37	Subtract line 33 from line 24. T	his is the amo	ount vou owe		'					
You Owe		For details on how to pay, go t						37			
	38	Estimated tax penalty (see inst	ructions) .			38					
Third Party	Do	you want to allow another p	erson to disc	uss this retu	n with the IRS?	See					
Designee	ins	structions				. Yes. C	omplete	below.	X No		
		signee's me		Phone no.			sonal identi ber (PIN)	ification			
0:		ider penalties of perjury, I declare that	I have examined		accompanying scho		. ,	the best	of my knowledge and		
Sign		lief, they are true, correct, and comple									
Here	Υo	Your signature Date Your occupation					l If the	e IRS sei	nt you an Identity		
		ar olgridad		Juio	. ca. cccapac		Prot	ection P	IN, enter it here		
Joint return?					PROGRAMMER	ANALYST I	II (see	inst.)	nst.)		
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, bot	t h must sign.	Date	Spouse's occupati	on	Iden		nt your spouse an ection PIN, enter it here		
	——Ph	one no. (806) 283-3558		Email address	KSCHETAN92	QGMAIL.CO	 M				
	Pre		reparer's signati			Date Date	PTIN		Check if:		
Paid	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/03/2024	P0208	2703	Self-employed		
Preparer		m's name GLOBAL TAXE				1			678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			ı's EIN	84-3171965		
		10105		202. 10			1		- 4040		

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

CHETAN KARAHALLI SRINIVASA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
667-74	-6447

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 Schedule E .	5	-10,850.
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	4	
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:			
_	Table the Course Add Course to 0	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	nere and on Form	40	10 050
	1040, 1040-SR, or 1040-NR, line 8		10	-10,850.

Page **2** Schedule 1 (Form 1040) 2023

Par	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			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	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	041			
	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J Ia	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

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

CHET	TAN KARAHALLI SRINIVASA						667-7	4-6447	<u>' </u>
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you								
В								Ye	es U No
1a	Physical address of each property (street, city, state, ZIF	P code)							
Α	NO. 21 KUMBESHWARA NILAYA, SHETTY LAYOUT	GARU	DACHAE	RPALY	A,MA	HADEVPURA	, BANGA	LORE I	N 560048
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair			Fair Rental Days				nal Use nys	QJΛ
Α	g personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	actions.		С					
Туре	of Property:		•						
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	be)		
	·								
l		-		Α		Propertie B	981		С
Incon 3	Rents received	3			85.	В			<u> </u>
4	Royalties received	4		0	05.				
	nses:	+-+							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,1	5.0				
8	Commissions	8			30.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	01.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			-				
13	Other interest	13							
14	Repairs	14		2,9	48.				
15	Supplies	15		3,4					
16	Taxes	16							
17	Utilities	17		1,6	54.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,5	35.				
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		-10,8	50.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (10,85	0.)	()	()
23 a	Total of all amounts reported on line 3 for all rental prope				23a		685.		
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	11,	535.		
24	Income. Add positive amounts shown on line 21. Do not		•				24		
25	Losses. Add royalty losses from line 21 and rental real estate							(10,850.)
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 at								-10,850.