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) Tatepayer's name MANDA SATYA SOMNITH KAKUMANU 159-06-8273 Social security number 159-06-8273 Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Finiter whole dollars only on lines 1 through 5. Note: Form 104-95 filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax . 2 14, 575. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 2, 2, 248. 4 Amount you want refunded to you . 4 7, 673. 5 Amount you want refunded to you. 1 Amount you want refunded to you for the income tax return (original or amended) I am now authorizing, and to the search of the processing the return or refund, and (g) he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Francisis for any delay in processing the return or refund, and (g) he date of any refund. If applicable, I authorize the U.S. Treasury and its designated Francisis on some for the remainded in number 40 place that the summortand tax and the financial institution to elect the entry to general taxes owed on this return and/or a payment of refunds a form the U.S. Treasury Financial Agent at 1-888-384-357. Payment cancellation requests must be received to later than 2 business of the processing of the designated for the income tax return (original or amended) I am now authorizing, lot place that the summortand tax and the financial institution to elect the entry to experience of the processing of the designated for any refund. If applicable, I authorize the U.S. Treasury financial (g) are acknowledgement of recept or reason for rejection of the transmission to electronic payment of the processing of the designation is to remain in full force and effect until I notify the U.S. Treasury financial Agent at 1-888-3457. Payment and cancellation requests must be received to later than 2 business days give				_		
NANDA SATYA SOMMITH KAKUMANU 159-06-8273 Spouse's social security number 988-97-9632 Fattl 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	Submis	ssion Identification Number (SID)				
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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, 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 authorizer, or electronic return or originator (FRO) 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 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 the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for repetion of the transmission, (b) the reason or any delay in the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for repetion of the transmission, (b) the reason or any delay in the IRS and to receive from the IRS (a) an acknowledgement of responsible to the IRS and to receive from the IRS and	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	22	,248.
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· ·	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	tting this ref	urn in a	accordance	
· ·	ERO's	signature ► Date ►				
ERO MUST RETAIN THIS FORM — See Instructions		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

2023

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

For the year Jar	า. 1–Ded	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See sep	parate instru	uctions.
Your first name	and m	iddle initial	Last na	ıme				,	Your so	cial security	number
NANDA SA	ATYA	SOWMITH	KAKU	JMANU					159	06 82	73
		s first name and middle initial	Last na					:		s social secu	
KAVYA PENDELA 98								988	97 96	32	
	(numb	er and street). If you have a P.O. box, see					Apt. no.			ntial Election	
3201 CR	NWC	JEWEL CIRCLE						- 1.	Check h	nere if you, o	r your
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code		•	if filing jointly	•
O FALLO	N				MC		63366		•	this fund. C ow will not c	•
Foreign country	y name			Foreign province/state/o	count	ty	Foreign postal of			or refund.	nango
										You	Spouse
Filing Status	s [Single				Head of ho	ousehold (HO	— Н)			
Check only	_	Married filing jointly (even if only or	ne had i	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS box,	enter	the chi	ld's name if	f the
	qι	alifying person is a child but not you	ır deper	ndent:							
District	Λ+ o	ny time during 2023, did you: (a) rece	oivo (oo								
Digital Assets		ny time during 2023, aid you: (a) rece nange, or otherwise dispose of a digi								Yes	⊠ No
				_ <u>`</u>			it): (See Illistic	ictions	o. <i>)</i>		<u> </u>
Standard Deduction	_			•		•					
Deduction	ш	Spouse itemizes on a separate return	n or you	u were a dual-status a	allen						
Age/Blindness	s You	: Were born before January 2, 1	959 [Are blind Spo	ouse	: Was bor	n before Janu	ary 2,	1959	☐ Is blin	ıd
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the box	k if qualit	fies for (see ir	nstructions):
If more	(1) F	irst name Last name		number		to you	Child	tax cre	dit	Credit for othe	r dependents
than four]
dependents, see instruction	e —]
and check]
here L											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)					1a	13!	5,320.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									
W-2 here. Also	С										
attach Forms W-2G and	d										
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									
was withheld.	f	Employer-provided adoption bene	fits fron	n 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 instructi	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)		<u>li</u>					
	z	<u> </u>							1z		5,320.
Attach Sch. B	2a	'	2a			axable interest			2b		1,289.
if required.	3a_		3a			ordinary divider			3b		
Standard	4a		4a			axable amount			4b		
Deduction for—	5a	-	5a			axable amount			5b		
Single or Married filing	6a	,	6a			axable amount	t	٠ ـ	6b	_	
separately,	С	If you elect to use the lump-sum el		•	•	,					
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L	7		
jointly or Qualifying	8	Additional income from Schedule	-						8	1	0.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					9		6,609.
\$27,700 • Head of	10	Adjustments to income from Sche							10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-					11		<u>6,609.</u>
If you checked	12	Standard deduction or itemized							12		7,700.
any box under Standard	13	Qualified business income deducti		n Form 8995 or Form	899	5-A			13		
Deduction, see instructions.	14	Add lines 12 and 13							14		7,700.
occ monucions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ie		15	108	8,909.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	14,575.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	14,575.
	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	14,575.
	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	14,575.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2							
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	22,248.
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)				27			
attach Sch. EIC.	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	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	22,248.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,673.
	35a	Amount of line 34 you want	35a	7,673.					
Direct deposit?	b	Routing number 0 6 3							
See instructions.	d	Account number 2 2 9							
	36	Amount of line 34 you want							
Amount	37	Subtract line 33 from line 24							
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			
Third Party		you want to allow another	•			_			
Designee		structions	below.	⊠ No					
		signee's me	ification						
Sign		der penalties of perjury, I declare t	hat I have examined	no. d this return and	accompanying sche		nber (PIN) nts. and to	the best	of my knowledge and
_		lief, they are true, correct, and com							,
Here	Yo	ur signature		Date	Your occupation	If th	e IRS se	nt you an Identity	
					·			IN, enter it here	
Joint return?				Date	SOFTWARE I			e inst.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat			nt your spouse an ection PIN, enter it here	
your records.					HOME MAKEI	I	inst.)	collott iiv, chici it neic	
	——Ph	one no. (813)434-873	8	Email address	SOWMITH.NAI	OM	•		
		eparer's name	Preparer's signat		COMPLETITIONAL	Date Date	PTIN		Check if:
Paid		·	'		GUPTA TALLAM	02/04/2024		2703	Self-employed
Preparer									678)965-9522
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965
				2 011 111			1		0 1 01/1/00

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

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.

NANI	A SATYA SOWMITH KAKUMANU & KAVYA PENDELA		159-06	-827	13
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		7	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			5	0.
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		

10

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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	the state of the s	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

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.

2023 Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

NAND	A SATYA SOWMITH KAKUMANU & KAVYA PENDEI	ĹΑ					159-0	6-8273	
Part	Income or Loss From Rental Real Estate an	d Ro	valties				ļ		
	Note: If you are in the business of renting personal proper			C . See	instru	ctions. If you	are an indi	vidual, repo	ort farm
	rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you		` '						
B I	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	ode	e)						
A	IN								
B									
C									
	Type of Property 2 For each rental real estate prope	rty liet	tod		Ea	ir Rental	Person	al Hea	QJV
10									
A	personal use days. Check the Qu			Α		Days 365	Da	0	
B	if you meet the requirements to f	ile as	a	В		303		0	
	qualified joint venture. See instru	ictions	3.	С					
	of Property:			U					
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	lai					ribo)		
	Multi-Family Residence 4 Commercial		6 Roya	แแยร	0	Other (desc	nbe)		
						Propert	ies:		
Incom	e:			Α		В			С
3	Rents received	3		6	00.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	00.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1.2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		<u>, , , , , , , , , , , , , , , , , , , </u>					
13	Other interest	13							
14	Repairs	14		2,3	85.				
15	Supplies	15			65.				
16	Taxes	16		, -					
17	Utilities	17		3.2	05.				
18	Depreciation expense or depletion	18		- , -					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,6	55.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-10,0	55.				
22	Deductible rental real estate loss after limitation, if any,			- , -					
	on Form 8582 (see instructions)	22	(0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope		-		23a	1	600.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	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				
e	Total of all amounts reported on line 20 for all properties				23e	1 (0,655.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add positive amounts shown on line 21: Bo hot		-		nter to	tal losses he	-	(0.)
26	Total rental real estate and royalty income or (loss).							1	<u> </u>
20	Total relital real estate and royalty income of (1088).		1116 111162	∠ + aπ0	∠∪. ⊏	111G1 111G 1G2	uit		

26

0.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment
Sequence No. 858

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

NANI	OA SATYA SOWMITH KAKUMANU 8	& KAVYA PENDI	ELA		159	-06	-8273				
Par	t I 2023 Passive Activity Los	S			•						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.								
	Il Real Estate Activities With Active Pance for Rental Real Estate Activities	•		ive participation, s	ee Special						
1a	Activities with net income (enter the a	mount from Part I	V, column (a)) .	1a							
b											
С											
d	1d										
All Ot	her Passive Activities										
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a	0.						
b	Activities with net loss (enter the amo				10,055.)						
C	Prior years' unallowed losses (enter the)						
d	Combine lines 2a, 2b, and 2c					2d	-10,055.				
3	Combine lines 1d and 2d and subtra						•				
3	zero or more, stop here and include										
	prior year unallowed losses entered										
	normally used					3	-10,055.				
	If line 3 is a loss and: • Line 1d is a	loss, go to Part II.			'		·				
		loss (and line 1d is	zero or more), sk	ip Part II and go to	line 10.						
Cauti	on: If your filing status is married filing	•	•	•		year,	do not complete				
	. Instead, go to line 10.	. , ,	Ť		J		•				
Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Particip	ation						
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.						
4	Enter the smaller of the loss on line 1	d or the loss on lir	те 3			4					
5	Enter \$150,000. If married filing separ	rately, see instruct	ions	5							
6	Enter modified adjusted gross income	e, but not less thar	n zero. See instruc	tions 6							
	Note: If line 6 is greater than or equal	l to line 5, skip line	s 7 and 8 and ent	er -0-							
	on line 9. Otherwise, go to line 7.										
7	Subtract line 6 from line 5			7							
8	Multiply line 7 by 50% (0.50). Do not e	nter more than \$25	,000. If married fili	ng separately, see	instructions	8					
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	y CRD, see instruc	ctions		9	0.				
Par	Total Losses Allowed										
10	Add the income, if any, on lines 1a an	nd 2a and enter the	e total			10	0.				
11	Total losses allowed from all passiv	e activities for 20	23. Add lines 9 ar	nd 10. See instruct	ions to find						
	out how to report the losses on your t					11	0.				
Par	IV Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.							
		Currei	nt year	Prior years	Ove	rall ga	ain or loss				
	Name of activity			•							
	,	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	1	(e) Loss				
		(line 1a)	(line 1b)	loss (line 1c)	, , ,		, ,				

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

	-,									. ago 🗕	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			,	
	Name of activity		Currer	nt year		Prior ye	ears Overa			all gain or loss	
			(a) Net income (line 2a)		(b) Net loss (line 2b)		owed e 2c)	(d) Gain		(e) Loss	
			0.	:	10,055.	,				10,055.	
	on Part I, lines 2a, 2b, and 2c		0.		10,055.						
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.			I	
	Name of activity	an to	Form or schedule and line number to be reported on (see instructions)) Loss (b) F		itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00)				
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	s.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio		(c) Unallowed loss	
			E Ln 2	2		10,055.	1.0	0000000		10,055.	
						·				•	
Total]	10,055.		1.00		10,055.	
Part VIII	Allowed Losses. See instr	ucti	ons.		1						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	(a) Loss		allowed loss	((c) Allowed loss	
			E Ln 2	2	-	10,055.		10,055.		0.	
Total					:	10,055.		10,055.		0.	

REV 01/27/24 PRO