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

IIILEITIAIT	levellue del vice								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secu	rity numl	er					
NAV:	YARAMYASIRISHA PILLALA	755-53	3-891	7					
Spouse'		Spouse's social security number							
Part		year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		Ι.	ı .		- 40			
1	Adjusted gross income		1			$\frac{140.}{200}$			
2	Total tax		2			986.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			133.			
4 5	Amount you want refunded to you		5		3,	147.			
Part		een a co		our r	eturi	<u> </u>			
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)								
to send for any Agent t paymer authoriz paymer busines taxes t persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. o initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the indicated at the indicate	ction of the S. Treasury cated in the n to debit the the authoritests must be processing ayment. I further the functions of the categorian cate	transmis and its of tax preperently e entry zation. To be receing of the elerther ac	ssion, designation this to this for revolved no ectron	(b) the ated Fin softwaccoupke (cap later ic payredge t	reason inancial vare for nt. This ancel) a than 2 ment of hat the			
	nic Funds Withdrawal Consent.								
· ·	yer's PIN: check one box only	5	8 8	9 1	7				
×	I authorize GLOBAL TAXES LLC to enter or generate in the state of the	· E	nter five		but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	r all ze	ros				
	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 methology.								
Your s	ignature ▶ Date ▶								
Spous	e's PIN: check one box only								
Spous	I authorize to enter or generate	my DINI				ac my			
	ERO firm name		nter five	digits.		as my			
	signature on the income tax return (original or amended) I am now authorizing.		on't ente	•					
	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.		_			-			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	Certification and Authentication — Practitioner PIN Method Only								
FRO'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	$2 \mid 7 \mid$	1			
			iter all ze						
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this re	turn in a	accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To D	o 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 Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instructi	ons.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity nur	mber
NAVYARAI	MYAS	IRISHA	PILL	ALA							755	53	8917	,
		s first name and middle initial	Last nar										security	
Home address	(numbe	er and street). If you have a P.O. box, see	inetructio	one					Apt. no.		Dussida	ntial Ele		
1208 HII			HISTIUCIIC	JI15.					2036	- 1			ection Ca ou, or yo	
		ice. If you have a foreign address, also co	mplete si	paces bel	low.	Sta	te	ZIP c			spouse	if filing	jointly, w	vant \$3
IRVING		,,,	,			TX		750			0		nd. Chec	0
Foreign country	v name		F	oreign pr	rovince/state/				n postal c	ode	your tax		not chan ınd.	ige
							•				,			Spouse
Filing Status	<u>, X</u>	Single					Head of he	ouseh	old (HOH	H)				
Check only		Married filing jointly (even if only or	ne had ii	ncome)			_							
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spou	use (0	QSS)			
		you checked the MFS box, enter the			pouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	е
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)	□ Ye	es 🛚	No
Standard	Som	neone can claim: You as a de	pendent	t 🗆	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	ore Janua	ary 2	, 1959		s blind	
Dependent	s (see	(see instructions):			(2) Social security (3) Relationship			(4) Check the b			x if quali	fies for (see instru	uctions):
If more		(1) First name Last name		num			to you	Child ta		ax cre	edit	Credit fo	r other de	pendents
than four														
dependents, see instruction	e ——													
and check	- —													
here														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	_	125,	<u>594.</u>
Attach Form(s)	b	Household employee wages not re	•								1b	_		
W-2 here. Also	C	Tip income not reported on line 1a	•		•						1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	_		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e	_			
was withheld.	f	Employer-provided adoption bene	fits from	ı Form 8	839, 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	,					i ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						105	F O 4
	<u>z</u>	Add lines 1a through 1h			· · i						1z	_	125,	J74.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b	_		
roquirou.	3a_		3a				rdinary divide				3b	_		
Standard	4a		4a				axable amoun				4b	_		
Deduction for—	5a	-	5a				axable amoun				5b	_		
Single or Married filing	6a	,	6a	n a th a al	abaala bassa		axable amoun	τ			6b			
separately, \$13,850	C]				
Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7	-	1 2	1 = 1		
jointly or Qualifying	8		•								8	+	-13,4	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9	_	112,	± 4 ∪.
Head of	10	Adjustments to income from Sche									10		110	1.4.0
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		112,	
If you checked	12	Standard deduction or itemized				-					12		13,	850.
any box under Standard	13	Qualified business income deduct									13		1 2	0 5 0
Deduction, see instructions.	14	Add lines 12 and 13									14			850. 290

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	16,986.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	16,986.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,986.	
	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	16,986.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	20	,133.			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	20,133.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 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	8, line 8 . .		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable	credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	20,133.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you c	verpaid		34	3,147.	
	35a	Amount of line 34 you want			is attached, che	ck here			35a	3,147.	
Direct deposit?	b	Routing number 1 1 1				Check	ing 🔲	Savings			
See instructions.	d	Account number 4 8 8	0 8 9 1	7 9 9 3	3 0						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g		•					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party Designee		you want to allow another	•		rn with the IRS?		Yes. Co	omplete	below.	X No	
Doolgiloo	Designee's								identification		
	naı	me		no.			numl	oer (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com								,	
TICIC	Your signature			Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?					JAVA DEVE	LOPER		(see	inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat	tion	Ider	f the IRS sent your spouse an dentity Protection PIN, enter it here (see inst.)			
	Ph	one no. (816)277-409	6	Email address	NAVYAP995	@GMAI	L.COM				
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:	
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/3	0/2024	P0208	2703	Self-employed	
Use Only	Fir	m's name GLOBAL TA	XES LLC					Pho	ne no. (678)965-9522	
USE UIIIY	Firm's address 2530 Pebble Creek Ln Cumming GA 30041 Firm						's EIN	84-3171965			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NAVYARAMYASIRISHA PILLALA

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 soci	ial security number
755 52	0017

ble refunds, credits, or offsets of state and local income taxes only received		 chedule E	. 2a . 3 . 4 . 5	-13,454
of original divorce or separation agreement (see instructions):ness income or (loss). Attach Schedule C	 tach S	chedule E	. 3 . 4 . 5	-13,454
ness income or (loss). Attach Schedule C	 tach S	chedule E	. 3 . 4 . 5	-13,454
ness income or (loss). Attach Schedule C	 tach S	chedule E	. 3 . 4 . 5	-13,454
al real estate, royalties, partnerships, S corporations, trusts, etc. At income or (loss). Attach Schedule F	tach S	chedule E	. 5	-13,454
income or (loss). Attach Schedule F				-13,454
nployment compensation			. 6	
r income:				
			. 7	
perating loss				
	8a (()	
bling	8b			
ellation of debt	8c			
gn earned income exclusion from Form 2555	8d ()	
ne from Form 8853	8e			
ne from Form 8889	8f			
a Permanent Fund dividends	8g			
duty pay	8h			
s and awards	8i			
ity not engaged in for profit income	8j			
coptions	8k			
ne from the rental of personal property if you engaged in the rental				
ofit but were not in the business of renting such property	81			
pic and Paralympic medals and USOC prize money (see				
ictions)	8m			
on 951(a) inclusion (see instructions)	8n			
on 951A(a) inclusion (see instructions)	80			
on 461(I) excess business loss adjustment	8p			
ble distributions from an ABLE account (see instructions)	8q			
larship and fellowship grants not reported on Form W-2	8r			
axable amount of Medicaid waiver payments included on Form				
, line 1a or 1d	8s (()	
ion or annuity from a nongualifed deferred compensation plan or		-		
	8t			
	8u			
r income. List type and amount:				
	0-			
			. 9	
ic ng es	on or annuity from a nonqualifed deferred compensation plan or governmental section 457 plan	on or annuity from a nonqualifed deferred compensation plan or governmental section 457 plan	on or annuity from a nonqualifed deferred compensation plan or governmental section 457 plan	on or annuity from a nonqualifed deferred compensation plan or governmental section 457 plan

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			_	1
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					
	<u>-</u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)) shown on return					Y	our socia	al sec	urity nun	nber
NAVY	YARAMYASIRISHA PILLALA					-	755-53	3-89	917	
Part						· ·				
	Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 40	erty, use).	Schedule	e C . See	instru	ctions. If you are	an indiv	ridual	, report	farm
	Did you make any payments in 2023 that would require yo									⊠ No
B I	f "Yes," did you or will you file required Form(s) 1099?							. [Yes	☐ No
1a	Physical address of each property (street, city, state, Z	ZIP code	e)							
A	SRIHARIPURAM MALKAPURAM POST VISHAKA	APATNZ	NT MA	5300	11					
1b	Type of Property 2 For each rental real estate prop	erty list	ted		Fa	nir Rental	Personal Use Days			QJV
	(from list below) above, report the number of fai					Days				GOV
A	personal use days. Check the (0		
В		if you meet the requirements to file as qualified joint venture. See instructions								
C				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Re	ental	5 Lanc	-		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)			
						Properties	S:			
Incom	ne:			Α		В			С	
3	Rents received	3		6	00.					
4	Royalties received	4								
Exper	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,5	48.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	45.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13		0 4	4.77					
14	Repairs	14			47.					
15	Supplies	15		1,9	52.					
16 17	Taxes	16 17		2 0	76.					
18	Utilities	18			86.					
19	Other (list)	10		4,1	.00.					
20	Total expenses. Add lines 5 through 19	20		14,0	54					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	-		11,0	J 1 .					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-13,4	54.					
22	Deductible rental real estate loss after limitation, if any,	_								
	on Form 8582 (see instructions)	22	(13,45	54.)	()((
23a	Total of all amounts reported on line 3 for all rental prop	erties			23a		600.			
b	Total of all amounts reported on line 4 for all royalty pro				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		186.			
е	Total of all amounts reported on line 20 for all properties				23e	14,	054.			
24	Income. Add positive amounts shown on line 21. Do no		-				24			
25	Losses. Add royalty losses from line 21 and rental real esta						25	(13	,454.
26	Total rental real estate and royalty income or (loss)									
	here. If Parts II, III, and IV, and line 40 on page 2 do n								1	2 4 5 4
	Schedule 1 (Form 1040), line 5. Otherwise, include this	amount		ıaı UII I	1116 4 I	un paye 2 .	26		-1	3,454.