(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

	1							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
HIMA	AJA JOGINIPALLY	812-62-2057						
Spouse's	s name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear voll a	re au	thorizina	1			
	whole dollars only on lines 1 through 5.	year you a	iic au	ti ionzing.	·)			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	81	,817.			
2	Total tax		2		,262.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,008.			
4	Amount you want refunded to you		4		,746.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сор	y of y	our retu	rn)			
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U originate in ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transfer of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment in Europe Withdrawer (PIN) below is my signature for the income tax return (original or amended) I as in Europe Withdrawer (PIN) below is my signature for the income tax return (original or amended) I as in Europe Withdrawer (PIN) below is my signature for the income tax return (original or amended) I as in Europe Withdrawer (PIN) below is my signature for the income tax return (original or amended) I as in Europe Withdrawer (PIN) below is my signature for the income tax return (original or amended) I as income tax return (original or	e are the ame itter, or electro ection of the to S. Treasury a icated in the to on to debit the the authoriza- uests must be processing of ayment. I fur	ounts for the counts of the co	from the inturn original ssion, (b) the designated paration so to this according to the following part of the control of the c	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the			
	nic Funds Withdrawal Consent. yer's PIN: check one box only							
X		my PIN 2	2 (0 5 7	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	aomy			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.							
Your s	ignature ▶ Date ▶ _							
Spous	e's PIN: check one box only							
	I authorize to enter or generate	my PIN			as my			
	ERO firm name	-	ter five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	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	2 4 9 Don't ent	6 0 er all 76	8 2 7	1			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the text 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 <i>e-file</i> Providers of In	ax return (origi litting this retu	inal or urn in a	amended) accordance				
FRO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	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 S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Only	/—Do not v	vrite or sta	aple in this space.
For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last n	ame						Your so	ocial sec	curity number
HIMAJA		INIPAI	LLY					812	62	2057		
If joint return, s	pouse's	s first name and middle initial	Last n	ame						Spouse	's social	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				А	pt. no.	Preside	ntial Ele	ection Campaigr
804 MEAI	WOO	CREEK DRIVE						3	014	1		ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	te	ZIP co	ode	1 '	_	jointly, want \$3 nd. Checking a
IRVING						TX	ζ	750	38	"		not change
Foreign country	/ name			Foreign p	orovince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	
Filing Status	<u>, X</u>	Single					Head of ho	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital		ny time during 2023, did you: (a) rec										es 🗵 No
Assets								1)? (56	e instructio	ns.)	Y•	38 🔼 NO
Standard Deduction		neone can claim:	•		•		a dependent					
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	use	: U Was bor	n befo	re January	2, 1959	l:	s blind
Dependent	s (see	instructions):		(2)	Social security	,	(3) Relationshi	ip (4) Check the b	ox if qual	ifies for ((see instructions)
If more	(1) F	irst name Last name			number		to you		Child tax o	redit	Credit fo	or other dependents
than four												
dependents, see instruction	s ——											
and check	, —								<u> </u>			
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	•		,					. 1a	1	91,227.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							. 1k			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. <u>1c</u>		
1099-R if tax	е	Taxable dependent care benefits f			•					. 16		
was withheld.	f	Employer-provided adoption bene	tits tro	m Form 8	3839, line 29	•				. 11		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		
W-2, see	h :	Other earned income (see instruct	,					i ·		. 1h	1	0.
instructions.	i -	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>			4-		91,227.
A#	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · · ·	 h T	 axable interest			. 1z		
Attach Sch. B if required.		'										
	<u>3a</u> 4a	_	3a 4a				rdinary divider axable amount					
Standard	ч а 5а	_	ч а 5а				axable amount					
Deduction for— • Single or	6a	_	6a				axable amount					
Married filing	C	If you elect to use the lump-sum e	_	method								
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,		[
 Married filing jointly or 	8	Additional income from Schedule		•						_ <u> </u>		-9,410.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		81,817.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		- ,
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		81,817.
\$20,800	12	Standard deduction or itemized	-	-	_					. 12		13,850.
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	е.				67,967.

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	10,262.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,262.
	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	10,262.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0
	24	Add lines 22 and 23. This is	your total tax					24	10,262.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 12	2,008.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,008.
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	2		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	12,008.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	1,746.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	1,746.
Direct deposit?	b	Routing number 0 8 1			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 3 5 5	0 0 4 7	1 8 0 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	_	-		38		0.	
Third Party		you want to allow another							
Designee		,	•				omplete	below.	⋉ No
	De						dentification		
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							,
Here		•	ipiete. Deciaration (sed on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	irt, onto it nois
See instructions.		ouse's signature. If a joint return, I	Date Spouse's occupation				ne IRS se	nt your spouse an	
Keep a copy for your records.						- 1	lentity Protection PIN, enter it here ee inst.)		
	Ph	Phone no. (551)232-3527 Email address J.HIMAJA29@GMAIL.COM							
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/13/2024	P0208	32703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•	<u>' </u>		678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n'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 Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	Your s	ocial s	security number	
HIMA	AJA JOGINIPALLY		812-	62-20)57
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. Attach Schedu			5	-9,410.
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss)	
b	Gambling				
С	Cancellation of debt				
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends 8g				
h	Jury duty pay				
i	Prizes and awards				
j	Activity not engaged in for profit income				
k	Stock options				
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 8I				
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)				

8n

80

8p

8q

8r

8s

8t

8u

8z

Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

10

Other income. List type and amount:

Section 951A(a) inclusion (see instructions)

Section 461(I) excess business loss adjustment

Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

-9,410.

9

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			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	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				
	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	Housing deduction from Form 2555	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			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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

HIMA	JA JOGINIPALLY						812-6	2-2057	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use		c . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	e)						
Α	BHAGATH NAGAR KARIMNAGAR ANDHRA PRADES	SH II	1 50500)1					
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair	rental	and	ind Days			Person Da	QJV	
Α	gersonal use days. Check the Quif you meet the requirements to			Α		365		0	
В	qualified joint venture. See instru			В					
_ C				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya	-		Self-Rental Other (descri			
						Propertie	es:	1	
Incon				Α	1.0	В			С
3 4	Rents received	3			16.				
Exper	Royalties received	-							
5 5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	34.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		7	12.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			12.				
15	Supplies	15		1,3	27.				
16	Taxes	16			1.0				
17	Utilities	17		3,6	13.				
18 19	Depreciation expense or depletion	18		3,0	۷٥.				
20	Total expenses. Add lines 5 through 19	20		9,9	26				
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	20		<u> </u>	20.				
	file Form 6198	21		-9,4	10.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,41	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		516.		
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		600		
d	Total of all amounts reported on line 18 for all properties				23d		628.	-	
e	Total of all amounts reported on line 20 for all properties				23e	9	,926.		
24 25	Income. Add positive amounts shown on line 21. Do not		-		· ·	tal lacace harr	24	(0 /10 \
25	Losses. Add royalty losses from line 21 and rental real estat							(9,410.)
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						ˈ ₂₆		-9.410