## 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 number
ARAVIND SRI SARAVANA SEVVILAM PARITHI	855-78-8584
Spouse's name	Spouse's social security number
Part I 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 1
1 Adjusted gross income	
2 Total tax	<del> </del>
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transm to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indipayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutic authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requirements and payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	tter, or electronic return originator (ERO) action of the transmission, <b>(b)</b> the reason S. Treasury and its designated Financial cated in the tax preparation software for to debit the entry to this account. This the authorization. To revoke (cancel) a lests must be received no later than 2 processing of the electronic payment of ayment. I further acknowledge that the
Taxpayer's PIN: check one box only	
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN 8 8 5 8 4 as my
ERO firm name	Enter five digits, but don't enter all zeros
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 am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.	
Your signature ► Date ►	
Spouse's PIN: check one box only	
I authorize to enter or generate	
<b>ERO firm name</b> signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter 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 <b>and</b> your return is filed using the Practitioner PIN meth below.	
Spouse's signature ▶ Date ▶	
Practitioner PIN Method Returns Only—continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 6 0 8 2 7 1  Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Ir	itting this return in accordance with the
ERO's signature ▶ Date ▶	
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



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	ling			, 20		See se	parate ir	nstructions.
Your first name	our first name and middle initial Last name				Your so	cial secu	urity number					
ARAVIND	SRI	SARAVANA	SEVV	/ILAM PARITHI						855	78	8584
		s first name and middle initial	Last na									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			А	pt. no.		Preside	ntial Elec	ction Campaign
_717 W AT	HER:	ION DR, UNIT 159										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP co	de				ointly, want \$3 d. Checking a
MANTECA					CF	Ą	953	95337 b			ow will n	ot change
Foreign country	name			Foreign province/state/o	count	ty	Foreig	Foreign postal code		your tax	x or refun	
											You	u Spouse
Filing Status	; <u>×</u>	Single				☐ Head of ho	ouseho	old (HOF	<del>1</del> )			
Check only	L	Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying						
		you checked the MFS box, enter the			u che	ecked the HOH	or QS	SS box,	enter	the ch	ild's nan	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	payr	ment for prope	rty or s	services	); or (	b) sell,		
Assets	exch	ange, or otherwise dispose of a digi	tal asse	et (or a financial intere	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)	☐ Yes	s 🛛 No
Standard	Som	eone can claim: 🗌 You as a dep	penden	t	e as	a dependent						
Deduction		Spouse itemizes on a separate returr	n or you	u were a dual-status a	alien	1						
Age/Blindness	You:	: Were born before January 2, 19	959 F	Are blind Spo	ouse	: Was bor	n befo	re Janua	arv 2.	1959	□ Is	blind
Dependents				(2) Social security		(3) Relationsh	(4)		_			ee instructions):
If more		irst name Last name		number	'	to you	"P	Child tax of		-		other dependents
than four												
dependents,												
see instructions and check	s —											
here								[				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)						1a	1	132,731.
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2						1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)						10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	n Form(s) W-2 (see ir	nstru	uctions)				1d	1	
1099-R if tax	е	Taxable dependent care benefits fi	rom Fo	rm 2441, line 26 .						1e	,	
was withheld.	f	Employer-provided adoption benef	fits fron	n Form 8839, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .								<b>1</b> g		
W-2, see	h	Other earned income (see instructi	,				· ·			1h	4—	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>l 1i</u>					4	120 721
	<u>z</u>	<u> </u>			 . <del>.</del>					1z		132,731.
Attach Sch. B if required.	2a	· –	2a			axable interest				2b	_	
	3a	· —	3a			ordinary divider				3b	_	
Standard	4a		4a 5a			axable amount axable amount				4b 5b	_	
Deduction for— Single or	5a 6a	_	6a			axable amount				6b	_	
Married filing	C	If you elect to use the lump-sum el	_						· .	1		
separately, \$13,850	7	Capital gain or (loss). Attach Sched		·	•	•			· _	7	7	
Married filing jointly or	8	Additional income from Schedule 1				•			. –	8	+	-19,180.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•							9		113,551.
surviving spouse, \$27,700	10	Adjustments to income from Sched		•						10		
Head of household,	11	Subtract line 10 from line 9. This is								11		113,551.
\$20,800	12	Standard deduction or itemized	-	-						12		13,850.
If you checked any box under	13	Qualified business income deducti				5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zero	o or les	s, enter -0 This is y	our t	taxable incom	ne .			15	5	99,701.

Form 1040 (202	3)						Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any fr	rom Form(s): 1  8814	<b>1 2</b> □ 4972 :	3 🗌	16	17,334.		
Credits	17					17			
	18					18	17,334.		
	19	Child tax credit or credit for other de	ependents from Schedu	ıle 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, enter -0			22	17,334.		
	23	Other taxes, including self-employm	*			23			
	24	Add lines 22 and 23. This is your to	•	•		24			
Payments	25	Federal income tax withheld from:					,		
. aymome	а	Form(s) W-2			<b>25a</b> 18,	331.			
	b	Form(s) 1099		İ	25b				
	C	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				250	18,331.		
16	26	2023 estimated tax payments and a				26			
If you have a qualifying child,	27	Earned income credit (EIC)	• • • • • • • • • • • • • • • • • • • •	1	27				
attach Sch. EIC.	28	Additional child tax credit from Scheo		-	28				
	29	American opportunity credit from Fo		· · · · · · · · · · · · · · · · · · ·	29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15 .		-	31				
	32	Add lines 27, 28, 29, and 31. These				32			
	33	Add lines 25d, 26, and 32. These are				<del></del>	10 001		
Refund	34	If line 33 is more than line 24, subtra	· · · · ·			34			
riciana	35a	Amount of line 34 you want <b>refunde</b>			•				
Direct deposit?	b	Routing number 1 0 1 1 0		_		avings			
See instructions.		Account number 5 1 8 0 0				95			
	36	Amount of line 34 you want applied			36				
Amount	37	Subtract line 33 from line 24. This is							
You Owe	0.	For details on how to pay, go to ww		see instructions .		37			
	38	Estimated tax penalty (see instruction		1	38				
Third Party		you want to allow another persor		'					
Designee		tructions				nplete below			
	De na	signee's ne	Phone no.		Person numbe	al identificatio r (PIN)	n		
Sign	Un	der penalties of perjury, I declare that I have	e examined this return and a	, , ,	ules and statements,	and to the bes	, ,		
Here	be	ief, they are true, correct, and complete. De	eclaration of preparer (other	than taxpayer) is bas	ed on all information	of which prep	arer has any knowledge.		
	Yo	ur signature	Date	Your occupation			sent you an Identity		
l-i-t0				E∪IIIDMENT '	ENCTNEED	(see inst.)	PIN, enter it here		
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> mus	st sign. Date	EQUIFMENT ENGINEER			ent your spouse an		
Keep a copy for your records.				· · ·   Id			entity Protection PIN, enter it here ee inst.)		
	Ph	one no. (316)519-6648	Email address	ARAVINDSRISARAVAN	NAN14295@GMAIL.COM				
Doid	Pre	parer's name Prepare	er's signature		Date	PTIN	Check if:		
Paid	SYAN	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGAR (	GUPTA TALLAM	02/18/2024 F	02082703	Self-employed		
Preparer	Fir	m's name GLOBAL TAXES L	ıLC		<u>'</u>	Phone no.	(678)965-9522		
Use Only	Fir	n's address 245 ROONEY CT	E BRUNSWICK NJ	л 08816		Firm's EIN	84-3171965		
Go to www irs o	ov/Forr	21040 for instructions and the latest inform	nation	DAA	DEV 02/11/24 DDO		Form 1040 (2023)		

# SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

2023
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

ARAVIND SRI SARAVANA SEVVILAM PARITHI

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 social security number 855-78-8584

Par	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	-19,180.
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	4	
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n	4	
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	0- /	\	
	1040, line 1a or 1d	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente		9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-19,180.
	1010, 1010 011, 01 1070 1111, 11110 0		10	

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				
	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				
	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0-	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 02/	11/24 PRO	ocnedu	le 1 (Form 1040) 2023

#### **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.

2023	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

ARAVIND SRI SARAVANA SEVVILAM PARITHI 855-78-8584 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) BYPASS ROAD KHAMMAM TELANGANA IN 507002 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 600. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,815. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,600. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 4,785. 14 Repairs . . . . 14 15 Supplies 15 4,462. 16 16 Taxes 17 Utilities . . . . . . . 17 5,291. 18 1,827. 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 19,780. Total expenses. Add lines 5 through 19 . . . . . 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 -19,180. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 19,180.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 1,827. 23d Total of all amounts reported on line 18 for all properties 19,780. Total of all amounts reported on line 20 for all properties 23e Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 19,180. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -19,180.

### 4562

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number ARAVIND SRI SARAVANA SEVVILAM PARITHI Sch E BYPASS ROAD 855-78-8584 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 08/23 134,000. 1,827. S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 1,827.

portion of the basis attributable to section 263A costs.

23 For assets shown above and placed in service during the current year, enter the