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

- Internation	1.070/1.00					
Submis	ssion Identification Number (SID)			-		
Taxpayer	er's name		Social securit	y numb	er	
SUSH	HIL KUMAR DAYAPALLY		704-11-	-2418	3	
Spouse's	s name		Spouse's soc	ial secu	rity numbe	r
	ICA KOLANPAKA		117-61	-4848	3	
Part	Tax Return Information — Tax Year Ending December 31,	2023 (Enter	year you a	re aut	horizing.	.)
Enter v	whole dollars only on lines 1 through 5.					
Note: F	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income			1		,693.
	Total tax			2		,838.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	33	,266.
	Amount you want refunded to you			4		
	Amount you owe			5	Olik kotii	572.
Part	penalties of perjury, I declare that I have examined a copy of the income tax return (original transfer or perjury).	-				
return (of to send for any of Agent to payment authorize payment business taxes to personal	oviledge and belief, it is true, correct, and complete. I further declare that the amount original or amended) I am now authorizing. I consent to allow my intermediate service if my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt delay in processing the return or refund, and (c) the date of any refund. If applicable, to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut of my federal taxes owed on this return and/or a payment of estimated tax, and the fination is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment is days prior to the payment (settlement) date. I also authorize the financial institutions or receive confidential information necessary to answer inquiries and resolve issues all identification number (PIN) below is my signature for the income tax return (original)	provider, transmit or reason for reject I authorize the U.S. tion account indic financial institutior gent to terminate cancellation reques involved in the parelated to the parelated	ter, or electro- stion of the tro- treasury areated in the tander to debit the the authorizates asts must be processing of the turn of the tro- treasure area to the tro- sets must be processing of the tro- treasure area to the	enic reteansmise of its of ax prepentry testion. The receive the electrical control of the elect	urn origina sion, (b) the lesignated aration so this according to the lesignate of the lesi	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only					
X		er or generate m	N PINI 1	2 4	1 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authoriz	· ·	Ent		digits, but r all zeros	ao my
	I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.					
Your si	ignature ▶	Date ►				
Snous	se's PIN: check one box only					
X		er or generate m	nv PIN 1	4 8	4 8	as my
	ERO firm name	or or generate in	.,		digits, but	as my
	signature on the income tax return (original or amended) I am now authoriz	ing.	dor	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN and your return is filed using the Practiti below.					
Spouse	e's signature ►	Date ►				
	Practitioner PIN Method Returns Only—co	ntinue 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 l	PIN. 2 2	2 4 9 Don't ente	6 0 er all ze	8 2 7 ros	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file.	that I am submit	ting this retu	rn in a	ccordance	
ERO's	signature ►	Date ►				
	ERO Must Retain This Form — See In					
	Don't Submit This Form to the IRS Unless Re	quested To D	o So			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

£104 (artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		rn 20	23	OMB No. 1545-	0074 IRS Use	e Only-	-Do not w	rite or stapl	le in this space.
For the year Ja	ın. 1–Dec	. 31, 2023, or other tax year beginning		, 2023	B, ending	<u> </u>	, 20		See sep	oarate in	structions.
Your first nam	e and m	ddle initial	Last nam	ne					Your so	cial secu	rity number
SUSHIL	KUMAI	3	DAYAE	PALLY					704	11	2418
		first name and middle initial	Last nam								ecurity numbe
MONICA			KOLAN	IPAKA					117	61	4848
	s (numbe	er and street). If you have a P.O. box, see					Apt. no.		Preside		tion Campaig
8003 S	I-35	FRONTAGE RD					3221		Check h	ere if you	u, or your
		ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP code		•	0,	intly, want \$3
AUSTIN					T	ζ	78744		•		d. Checking a ot change
Foreign count	ry name		Fo	oreign province/s	tate/coun	ty	Foreign postal of	code		or refun	•
										You	Spous
Filing Statu	s	Single				Head of ho	usehold (HOI	—— Н)			
Check only		Married filing jointly (even if only o	ne had in	come)							
one box.		Married filing separately (MFS)				Qualifying :	surviving spo	use (0	QSS)		
	lf y	ou checked the MFS box, enter the	name of	your spouse. I	f you che	ecked the HOH	or QSS box,	enter	the chi	ld's nam	e if the
	qu	alifying person is a child but not you	ur depend	lent:							
District	Λ+ or	ny time during 2023, did you: (a) rec	oivo (00 0	roward award	d or pour	mont for proper	tu or contino). or ((b) coll		
Digital Assets		ange, or otherwise dispose of a dig	•				•			Yes	s ⊠ No
		eone can claim: You as a de				a dependent	y. (000 iiioti u		<u>.,</u>		
Standard Deduction	_	Spouse itemizes on a separate retur	•			-					
Deddotton	· <u> </u>		ii oi you	word a duar ste	atus alici	·					
Age/Blindnes	s You	Were born before January 2, 1	959	Are blind	Spouse	: U Was borr	n before Janu	ary 2	, 1959	Is I	blind
Dependent	ts (see	instructions):		(2) Social sec	curity	(3) Relationshi	P 1. 1			•	ee instructions)
If more	(1) F	rst name Last name		number to you			Child tax o		edit	Credit for	other dependent
than four											
dependents, see instruction	าร										
and check								<u>Ц</u>			<u> </u>
here L											
Income	1a	Total amount from Form(s) W-2, b	•	,					1a	2	241,950.
Attach Form(s)) b	Household employee wages not re							1b		
W-2 here. Also		Tip income not reported on line 1a	a (see inst	ructions) .					1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		. ,	see instru	uctions)			1d		
1099-R if tax	е	Taxable dependent care benefits t							1e		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line	e 29 .				1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	ctions)		<u>li</u>					241 050
	<u>z</u>	Add lines 1a through 1h							1z		241,950.
Attach Sch. B	2a	· –	2a		-	axable interest			2b		
if required.	3a_	_	3a		」 b C	Ordinary dividen					
	<i>'</i> .	IRA distributions	.						1 1h		
Standard	4a		4a		_	axable amount			4b		
Deduction for—	5a	Pensions and annuities	5a		b T	axable amount			5b		
Deduction for— Single or	5a 6a	Pensions and annuities Social security benefits	5a 6a		b T	axable amount axable amount					
Deduction for— Single or Married filing separately,	5a 6a c	Pensions and annuities Social security benefits	5a 6a election m	•	b T b T nere (see	axable amount axable amount instructions)			5b 6b		
Deduction for— Single or Married filing separately, \$13,850	5a 6a c 7	Pensions and annuities Social security benefits If you elect to use the lump-sum e Capital gain or (loss). Attach Sche	5a 6a election m dule D if r	required. If not	b T b T nere (see required	axable amount axable amount instructions) , check here			5b 6b		10.055
Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or	5a 6a c 7	Pensions and annuities Social security benefits If you elect to use the lump-sum e Capital gain or (loss). Attach Sche Additional income from Schedule	5a 6a election m dule D if r 1, line 10	required. If not	b T b T nere (see required	axable amount axable amount instructions) , check here			5b 6b 7 8		
Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse,	5a 6a c 7 8	Pensions and annuities Social security benefits	5a 6a election m dule D if r 1, line 10 , and 8. T	required. If not	b T b T nere (see required	axable amount axable amount instructions), check here			5b 6b 7 8 9		-18,257. 223,693.
Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700	5a 6a c 7 8 9	Pensions and annuities Social security benefits	6a election m dule D if 1 1, line 10 , and 8. T edule 1, lir	required. If not his is your tota	b T b T nere (see required	axable amount axable amount instructions) , check here 			5b 6b 7 8 9	2	223,693.
separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household,	5a 6a c 7 8 9 10	Pensions and annuities Social security benefits	6a election m dule D if 1 1, line 10 , and 8. T edule 1, lir s your adj	required. If not his is your tota ne 26 justed gross in	b T b T nere (see required al income	axable amount axable amount instructions) , check here e			5b 6b 7 8 9 10	2	223,693.
Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked	5a 6a c 7 8 9 10 11	Pensions and annuities Social security benefits If you elect to use the lump-sum e Capital gain or (loss). Attach Sche Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized	6a election m dule D if r 1, line 10 , and 8. T edule 1, lir s your adj	required. If not his is your tota ne 26 iusted gross in ons (from Sche	b T b T nere (see required al income ncome dule A)	axable amount axable amount instructions) , check here e			5b 6b 7 8 9 10 11	2	-18,257. 223,693. 223,693. 27,700.
Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800	5a 6a c 7 8 9 10	Pensions and annuities Social security benefits If you elect to use the lump-sum e Capital gain or (loss). Attach Sche Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized Qualified business income deduct	6a election module D if 1, line 10, and 8. Tedule 1, line s your adjudeduction from 1	required. If not his is your tota ne 26 justed gross ir ons (from Sche Form 8995 or F	b T b T nere (see required al income ncome dule A)	axable amount axable amount instructions) , check here e			5b 6b 7 8 9 10 11 12 13	2	223,693.

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	33,838.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	33,838.	
	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	33,838.	
	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	33,838.	
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a 3	3,266			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	33,266.	
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				
allach Sch. ElC.	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	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	33,266.	
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		
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a		
Direct deposit?	b							:		
See instructions.	d									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24								
You Owe		For details on how to pay, g	•	•		1 1		37	572.	
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•			_	Camplata	halaur	₩ Na	
Designee		instructions				•	plete below. X No			
		Designee's name		Phone no.		rsonai iden mber (PIN)	tification			
Sign	Un	der penalties of perjury, I declare t	hat I have examined	d this return and	accompanying sche	edules and stateme	nts, and to	the best	of my knowledge and	
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							ch prepar	rer has any knowledge.	
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity		
								Protection PIN, enter it here		
Joint return? See instructions.				D-t-	SOFTWARE :			(see inst.)		
Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion			ent your spouse an ection PIN, enter it here	
your records.					SOFTWARE :	ENGINEER		e inst.)	,	
	———Ph	one no. (510)282-595	3	Email address		ALLY@GMAIL.(COM			
		eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	AR GUPTA	04/16/2024	P020	32703	Self-employed	
Preparer		m's name GLOBAL TA				1 / - 0 / 2 0 2 1			(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965	
	. "		_ 0_ 1 210					0 =1	<u> </u>	

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

SUSHIL KUMAR DAYAPALLY & MONICA KOLANPAKA

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
704-11-2418

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. Att	ach Schedule E .	5	-18,257.
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		
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	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 . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-18 257

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.

Your social security number

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

SUSI	HIL KUMAR DAYAPALLY & MONICA KOLANPAKA						704-1	1-2418	3	
Par										
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm	
_	rental income or loss from Form 4835 on page 2, line 40.		- () (2000						
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u> Y	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	SAI NAGAR HASTINAPURAM HYDERABAD TELAN	IGANA	1N 50	0079						
В										
С										
1b		2 For each rental real estate property listed above, report the number of fair rental and				ir Rental Days		nal Use ays	QJV	
Α	personal use days. Check the Qu	JV box	conly [Α		365		0		_
В	if you meet the requirements to fi			В						_
С	qualified joint venture. See instru	ctions	S.	С					\vdash \vdash \vdash	_
Tvpe	of Property:		ı							_
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descri	be)			
	•		,							
				_		Propertie	es:			
Incon				<u>A</u>	11.0	В			С	
3	Rents received	3		/	12.					
4	Royalties received	4								
Expe		_								
5	Advertising	5								
6	Auto and travel (see instructions)	7		2 4	1.0					
7	Cleaning and maintenance	8		۷,4	18.					
8 9		9								
10	Insurance	10								_
11	Management fees	11		1 0	65.					_
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0						_
13	Other interest	13								_
14	Repairs	14		3 1	27.					_
15	Supplies	15			44.					_
16	Taxes	16		3 7 3						_
17	Utilities	17		3.6	51.					_
18	Depreciation expense or depletion	18			64.					_
19	Other (list)	19								_
20	Total expenses. Add lines 5 through 19	20		18,9	69.					_
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	-	-18,2	257.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(18,25	57.)	(,)()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		712.			
b	Total of all amounts reported on line 4 for all royalty proper	erties			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	4 ,	,364.			
е	Total of all amounts reported on line 20 for all properties				23e	18,	,969.			
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any los	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(18,257.)
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						า			
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	mount	in the tot	al on li	ina /11	on nage 2	0.6	1	_10 257	