8879 Form

(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

Internal Revenue Service Control of the latest information.	•		
Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
CHANDRAMATHI BOLLA	-3522		
Spouse's name		al security number	
	nter year you ar	e 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.	I		
1 Adjusted gross income	-	1 83,412.	
2 Total tax	<u> </u>	2 10,614.	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	_	3 17,749.	
4 Amount you want refunded to you		4 7,135.	
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get as Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen			
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in 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 Electronic Funds Withdrawal Consent.	he U.S. Treasury and tindicated in the taxitution to debit the coincate the authorizate requests must be the processing of the payment. I furth	d its designated Financial of preparation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of per acknowledge that the	
Taxpayer's PIN: check one box only	. 50. 9	3 5 2 2	
X I authorize GLOBAL TAXES LLC to enter or gener	ř Ente	er five digits, but	
signature on the income tax return (original or amended) I am now authorizing.	don	t enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Your signature ► Date			
Spouse's PIN: check one box only			
I authorize to enter or gener	-	as my	
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Construction b	_		
Spouse's signature Date			
Practitioner PIN Method Returns Only—continue be Part III Certification and Authentication — Practitioner PIN Method Only	iow		
Part III 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 6 Don't enter		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incompation authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am strequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retur	n 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

20**23** OMB No. 1545-0074

						0.11.2 . 10. 10.10		J, 20		pio iii ano opacoi		
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See	separate i	nstructions.		
Your first name	st name and middle initial Last name					Your	Your social security number					
CHANDRAMATHI BOLLA				12	121 59 3522							
-		s first name and middle initial	Last na							security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Presi	dential Ele	ction Campaign		
17805 5	7TH 2	AVE N								ou, or your		
City, town, or p	oost offi	ce. If you have a foreign address, also co	mplete	mplete spaces below. State ZIF			ZIP code			jointly, want \$3		
MINNEAPO	OLIS				MN		55446		to go to this fund. Checking a box below will not change			
Foreign countr	y name	ne		Foreign province/state/county Fo		Foreign postal co	de your	tax or refu	nd			
									∐ Yo	u Spouse		
Filing Status	s 🗵	Single				Head of he	ousehold (HOH))				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				Qualifying	surviving spous	se (QSS)				
		ou checked the MFS box, enter the			u ched	ked the HOH	l or QSS box, e	nter the	child's nar	ne if the		
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	paym	ent for prope	rty or services);	or (b) se				
Assets		lange, or otherwise dispose of a digi					-		Ye	es 🛛 No		
Standard	Som	eone can claim: You as a de	pender	nt Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	•								
A a.a./Dlinda.aa	- V	Ware have before January 0. 1	050	Arablind Cod		□ Wee bear	m before leave	m. 0. 10E	0 🗆	اماناما		
		: Were born before January 2, 1	959 [<u> </u>	ouse:	was bor	n before Januar	-		blind		
Dependent		s (see instructions):		(2) Social security number	<i>'</i>	(3) Relationsh to you	ip (4) Check the	•	١ `	see instructions): r other dependents		
If more	(1) F	irst name Last name		Tiurnber	-	to you	Offilia ta		Orean Ioi			
than four dependents,					-			<u></u>				
see instruction	s						<u> </u>	<u></u>	_			
and check here [1 —							<u></u>	_			
	12	Total amount from Form(s) W-2, b	ov 1 (c	oo inetructions)					1a	95 , 802.		
Income	1a b	, ,	•	*				_	1b	95,002.		
Attach Form(s)		Household employee wages not reported on Form(s) W-2							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and	и Д		able dependent care benefits from Form 2441, line 26									
1099-R if tax was withheld.	f	•	-provided adoption benefits from Form 8839, line 29						1e 1f			
If you did not	g g								1g			
get a Form	9 h	Other earned income (see instructi							1h	0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i						
	z	Add lines 1a through 1h				· · <u> </u>			1z	95,802.		
Attach Sch. B			2a		b Ta	xable interest	t		2b			
if required.	3a	Qualified dividends	3a		b Or	dinary divider	nds		3b			
	4a	IRA distributions	4a			xable amoun		🗔	4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	xable amoun	t		5b			
Single or	6a	Social security benefits	6a		b Ta	xable amoun	t	🗔	6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see ir	nstructions)						
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7			
Married filing jointly or	8	Additional income from Schedule	dditional income from Schedule 1, line 10						8	-12,390.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	d lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9	83,412.		
\$27,700	10	Adjustments to income from Schedule 1, line 26							10			
Head of household,	11	Subtract line 10 from line 9. This is	is your adjusted gross income						11	83,412.		
\$20,800 If you checked	12	Standard deduction or itemized	ed deductions (from Schedule A)						12	13,850.		
any box under	13	Qualified business income deduct	ion fror	n Form 8995 or Form	8995	-A			13	·		
Standard Deduction,	14	Add lines 12 and 13						. [14	13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t a	xable incom	ie	. [15	69,562.		

		Page 2
2 4972 3	16	10,614.
· · · · · · · · · · · · · · · · · · ·	17	
	18	10,614.
le 8812	19	
	20	
	21	
	22	10,614.
2, line 21	23	0.
	24	10,614.
25a 17 , 749.		
25b		
25c		
	25d	17,749.
2 return	26	
No . 27		
28		
29		
30		
31		
yments and refundable credits	32	
	33	17,749.
Γhis is the amount you overpaid	34	7,135.
is attached, check here	35a	7,135.
c Type: ☒ Checking ☐ Savings		
[6]		
d tax 36		
ee instructions	37	
38		
with the IRS? See	-1-	₩.
Yes. Complete b		⊠ No
Personal identifi number (PIN)	ication	
ccompanying schedules and statements, and to the	ne best o	of my knowledge and

19 Child tax credit or credit for other dependents from Schedu 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- . 23 Other taxes, including self-employment tax, from Schedule 24 Add lines 22 and 23. This is your total tax Federal income tax withheld from: **Payments** 25 Form(s) W-2 . а Form(s) 1099 b Other forms (see instructions) С d Add lines 25a through 25c 26 2023 estimated tax payments and amount applied from 202 If you have a qualifying child 27 Earned income credit (EIC) attach Sch. EIC. 28 Additional child tax credit from Schedule 8812 29 American opportunity credit from Form 8863, line 8. . . 30 Reserved for future use 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other pay 33 Add lines 25d, 26, and 32. These are your total payments 34 If line 33 is more than line 24, subtract line 24 from line 33. Refund Amount of line 34 you want refunded to you. If Form 8888 35a Routing number | 0 | 8 | 1 | 9 | 0 | 4 | 8 | 0 | 8 Direct deposit? b See instructions. Account number 2 9 1 0 1 8 0 7 3 8 9 d 36 Amount of line 34 you want applied to your 2024 estimated Amount 37 Subtract line 33 from line 24. This is the amount you owe. You Owe For details on how to pay, go to www.irs.gov/Payments or s Estimated tax penalty (see instructions) **Third Party** Do you want to allow another person to discuss this return instructions Designee Designee's Phone Under penalties of perjury, I declare that I have examined this return and a Sign belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Here If the IRS sent you an Identity Your signature Date Your occupation Protection PIN, enter it here (see inst.) SOFTWARE ENGINEER Joint return? See instructions. If the IRS sent your spouse an Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Keep a copy for Identity Protection PIN, enter it here your records. (see inst.) Phone no. (618) 917-5288 Email address CHANDUEC19@GMAIL.COM Preparer's name PTIN Check if: Preparer's signature Date Paid Self-employed SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/16/2024 P02082703 **Preparer** Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name **Use Only** 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's address Firm's EIN

Tax (see instructions). Check if any from Form(s): **1** 8814

Add lines 16 and 17

Amount from Schedule 2, line 3

Form 1040 (2023)

16

17

18

Tax and

Credits

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment

Department of the Treasury Internal Revenue Service

CHANDRAMATHI

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

BOLLA

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

121-59-3522

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. Atta	ach Schedule E .	5	-12,390.
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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-12 , 390.

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	basis government		
	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	The state of the s			
		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		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	· · · · · · · · · · · · · · · · · · ·	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		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

2023

Attachment
Seguence No. 13

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

CHAI	NDRAMATHI BOLLA						121-5	9-3522	
Par	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use	yalties e Schedul	e C. See	instruc	ctions. If you	are an indiv	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .						Yes 🛛 No		
В	If "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state,	ZIP cod	e)						
Α	DREAM HOME APTS, KORITEPADU GUNTUR AN	IDHRA	PRADESI	H IN	52200)7			
В									
С									
1b	(from list below) above, report the number of fa	above, report the number of fair renta			Fair Rental Days			Personal Use Days	
A	g personal use days. Check the if you meet the requirements	QJV bo	x only	B		365	0		
B	qualified joint venture. See ins	struction	S.						
<u>C</u>				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term F Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya			Self-Rental Other (desc			
						Propert	ies:		
Incor				Α	F.0	В			С
3	Rents received	3		6	50.				
4 Evna	Royalties received	4							
Expe	nses: Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	25.				
8	Commissions	8		-, -					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	65.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest	13							
14	Repairs	14		3,8	88.				
15	Supplies	15		3,8	65.				
16	Taxes	16							
17	Utilities	17		2,8	97.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19			13,0	40.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mu file Form 6198	st		-12,3	90.				
22	Deductible rental real estate loss after limitation, if an on Form 8582 (see instructions)		(12,39	00.)	,)	()
23a	Total of all amounts reported on line 3 for all rental pro	perties			23a		650.		
b	Total of all amounts reported on line 4 for all royalty pr	•			23b				
С	Total of all amounts reported on line 12 for all properti	es			23c				
d	Total of all amounts reported on line 18 for all properti				23d				
е	Total of all amounts reported on line 20 for all properti				23e	13	3,040.		
24	Income. Add positive amounts shown on line 21. Do		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real es							(12,390.)
26									
	here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include this						on 26	-	-12 , 390.