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

- Internal neverior	s del vice							
Submission	Identification Number (SID)							
Taxpayer's nan	ne '	Social securi	ty numb	er				
NIKESH	SAI SRIRAM BACHINA	816-66-3660						
Spouse's name		Spouse's so			mber			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thoriz	ing.)			
	dollars only on lines 1 through 5.							
	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		Ι.					
	sted gross income		1			915.		
	tax		2			424.		
	ral income tax withheld from Form(s) W-2 and Form(s) 1099		3			209.		
	unt you want refunded to you		5		3,	785.		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop		our r	eturr	<u>n)</u>		
	es of perjury, I declare that I have examined a copy of the income tax return (original or amended)							
to send my refor any delay Agent to initial payment of mauthorization payment, I mbusiness day taxes to recepersonal iden	If or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejein processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. the an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiciple for the interval of the int	ction of the t S. Treasury a cated in the t in to debit the the authoriz ests must b processing o ayment. I fur	ransmis ax prep e entry ation. The receif of the el ther ac	ssion, (designation to this revoluted no designation to the section in the section is the sectio	(b) the ated Fin softwaccouple (capacitate) accouple (capacitate)	reason mancial vare for nt. This ancel) a than 2 ment of hat the		
	nds Withdrawal Consent.				_			
	PIN: check one box only	6	3 6	5 6	0			
X I aı	uthorize GLOBAL TAXES LLC to enter or generate r	ř En	ter five		but	as my		
sig	nature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zei	os			
if y	ill enter my PIN as my signature on the income tax return (original or amended) I am no ou are entering your own PIN and your return is filed using the Practitioner PIN metho ow.							
Your signate	ure ▶ Date ▶							
Spausa's B	IN: check one box only							
· —	Ithorize to enter or generate r	ny DINI				ac my		
	ERO firm name		ter five	diaits. I		as my		
sig	nature on the income tax return (original or amended) I am now authorizing.		n't ente					
if y	ill enter my PIN as my signature on the income tax return (original or amended) I am no ou are entering your own PIN and your return is filed using the Practitioner PIN metho ow.		_			-		
Spouse's si	gnature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part III	Certification and Authentication — Practitioner PIN Method Only							
FRO's FFIN	I/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9	6 0	8 2	2 7	1		
	2 2	Don't ent			14			
authorized to	he above numeric entry is my PIN, which is my signature for the electronic individual income ta file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	x return (orig tting this ret	inal or urn in a	amend	anće v			
ERO's signa	ture ▶ Date ▶							
s s signic	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		ırn	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	oarate	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
NIKESH S	SAI	SRIRAM	BACH	INA							816	66	3660
		s first name and middle initial	Last nar										security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				Α	Apt. no.		Preside	ntial Ele	ection Campaig
13390 SI									302	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP co			•	_	jointly, want \$3
HERNDON						VA	.	201	71	- 1	•		nd. Checking a not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	ın postal c	- 1	your tax		ınd.
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name o	f your sp dent:				surviv	ving spou	use (C enter	the chi	ld's na	me if the
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir	n a digital asse					□ Ye	es 🗵 No
Standard Deduction	_	neone can claim:	•		-		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	1959	l:	s blind
Dependent	s (see	instructions):		(2) S	ocial security	curity (3) Relationship		_{ip} (4	(4) Check the bo		x if quali	fies for ((see instructions)
If more	(1) F	irst name Last name		number to you			Child tax cr		dit	Credit fo	or other dependent		
than four													
dependents, see instruction	s									<u></u>			
and check here	1 —									<u> </u>			
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions)				L		1a		86,130.
Income	b	Household employee wages not re	,		,						1b		
Attach Form(s)	c	Tip income not reported on line 1a (see instructions) Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1c			
W-2 here. Also attach Forms	d									1d			
W-2G and	e	Taxable dependent care benefits f	. , , , , , , , , , , , , , , , , , , ,							1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g g	Wages from Form 8919, line 6 .			500, mio 20	•					1g	_	
get a Form	9 h	Other earned income (see instructi	ions) .								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	ì					
	z	Add lines 1a through 1h					· · <u> </u>				1z		86,130.
Attach Sch. B	<u>-</u> 2a		2a		· · i	h Ta	axable interest				2b		
if required.	3a		3a				rdinary divider				3b		
	4a		4a				axable amount				4b		
Standard	5a		5a				axable amount				5b		
Deduction for— Single or	6a		6a				axable amount				6b		
Married filing	C	If you elect to use the lump-sum e		nethod (check here					. r]		
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. $\overline{\Box}$	7		
Married filing jointly or	8	Additional income from Schedule		•	•					. –	8		-17,215.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		68,915.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		, - =
Head of household,	11	Subtract line 10 from line 9. This is									11	_	68,915.
\$20,800	12	Standard deduction or itemized	•	-							12		13,850.
If you checked any box under	13	Qualified business income deduct		•		-					13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer							=		15		55 065

Form 1040 (2023	3)							Page 2	
Tax and	16	Tax (see instructions). Check if ar	ny from Form	n(s): 1 881	4 2 🗌 4972	3 🗌	16	7,424.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	7,424.	
	19	Child tax credit or credit for other	er dependen	ts from Sched	ule 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 z	zero or less,	enter -0			22	7,424.	
	23	Other taxes, including self-empl	oyment tax,	from Schedule	2, line 21		23	0.	
	24	Add lines 22 and 23. This is you	r total tax				24	7,424.	
Payments	25	Federal income tax withheld from							
•	а	Form(s) W-2				25a 11	,209.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c					250	11,209.	
If you have a	26	2023 estimated tax payments ar	nd amount a	pplied from 20	22 return		26		
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812	2		28			
	29	American opportunity credit from	n Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15	5			31			
	32	Add lines 27, 28, 29, and 31. The	ese are your	total other pa	ayments and refu	ndable credits	32		
	33	Add lines 25d, 26, and 32. These	e are your to	tal payments			33	11,209.	
Refund	34	If line 33 is more than line 24, su	ıbtract line 2	4 from line 33.	This is the amour	nt you overpaid	34	3,785.	
	35a	Amount of line 34 you want refu	ınded to you	u. If Form 8888	is attached, chec	k here	. 🗌 35 a	3,785.	
Direct deposit?	b	Routing number 1 0 1 2				Checking S	Savings		
See instructions.	d	Account number 1 5 2 3	2 0 2	0 2 1 0) 3				
	36	Amount of line 34 you want app	lied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th	is is the am o	ount you owe.					
You Owe		For details on how to pay, go to	www.irs.go	v/Payments or	see instructions .		37		
	38	Estimated tax penalty (see instru	uctions) .			38			
Third Party	Do	you want to allow another pe	rson to disc	cuss this retu	n with the IRS?	See		_	
Designee	ins	tructions				. Yes. Co	mplete below	. 🔀 No	
	De nai	signee's		Phone no.			nal identification er (PIN)	า	
Ciana		der penalties of perjury, I declare that I	have examine		accompanying sched		, ,	et of my knowledge and	
Sign		ief, they are true, correct, and complete							
Here	Yo	Your signature Date Your occupa					If the IRS s	ent you an Identity	
		Prof						PIN, enter it here	
Joint return?					SOFTWARE E	(see inst.)	(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupation	on		ent your spouse an	
your records.					(see inst.)	otection PIN, enter it here			
		one no. (913)669-6759		Email address	DACUTNA NTER	CU1@CMATI CO			
		()13/00) 0/3/	eparer's signat		DACUINA.NIKE	SH1@GMAIL.COI Date	PTIN	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM SY.			מווסיים ייאד.ד.אווי		P02082703		
Preparer		m's name GLOBAL TAXES		אאטאט ויוהאי	OOFIA IAUUAM	02/21/2024		(678)965-9522	
Use Only		m's address 245 ROONEY (MOWICK M	J 08816		Firm's EIN	84-3171965	
Go to want in ~		11040 for instructions and the latest in		TADAATCIK IM			I IIIII S LIIN	Form 1040 (2023)	
ao to www.iis.go	JV/1-UIT	Troso for moductions and the latest in	ioimation.		BAA	REV 02/16/24 PRO		FOIII 1040 (2023)	

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

NIKESH SAI SRIRAM BACHINA

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. 01 Your social security number

816-66-3660

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. Att	ach Schedule E .	5	-17,215.
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 (<u>)</u>	
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 (<u>)</u>	
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 . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-17,215.

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		0.5	
25 06	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	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 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.

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

	ESH SAI SRIRAM BACHINA						816-6	6-3660		
Par										
	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 S	Schedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
_	Did you make any payments in 2023 that would require you	to file F	-orm(a) 1	0002.0	'aa ina	tw.otiono			No. VI No.	
В	f "Yes," did you or will you file required Form(s) 1099? .			• •	• •			. <u> 16</u>	es 🗌 NO	
1a	Physical address of each property (street, city, state, ZII	P code)								
Α	GANAPAVARAM NADENDLA MANDAL ANDHRA PRA	ADESH	IN 52	2619						
В										
С										
1b	Type of Property 2 For each rental real estate prope	For each rental real estate property listed				Fair Rental			QJV	
	(from list below) above, report the number of fair						Days		QUV	
A	personal use days. Check the Q						0			
В	if you meet the requirements to find qualified joint venture. See instru			В						
C	qualified joint vontare. God incirc	20110110.		С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desci	ribe)			
						Properti				
Incon	ne:			Α		В			С	
3	Rents received	3			50.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,7	25.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	00.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		4,8	27.					
15	Supplies	15		4,5	45.					
16	Taxes	16								
17	Utilities	17		5,2	68.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		17,7	65.					
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			10.0	_					
	file Form 6198	21		-17,2	⊥5.					
22	Deductible rental real estate loss after limitation, if any,	_		1	_ (,		,		
	on Form 8582 (see instructions)	22 (17,21		()	()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		550.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	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	1.5	7.65			
e	Total of all amounts reported on line 20 for all properties				23e	T./	7,765.			
24	Income. Add positive amounts shown on line 21. Do not		-			 tallagess b :::	. 24	1	17 015 \	
25	Losses. Add royalty losses from line 21 and rental real estat							(17,215.)	
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 10/0) line 5. Otherwise include this at						"		_17 215	