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

IIILEIIIAI	nevertue Service							
Subm	ission Identification Number (SID)							
Taxpay	er's name	Social secu	rity numb	er				
SAC	HIN RAKAM	843-51-7941						
	's name	Spouse's s			er			
Part	<u> </u>	er year you	are au	thorizing	.)			
	whole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 1	6.0				
1 2	Adjusted gross income		2		1,889. 5,533.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,733.			
4	Amount you want refunded to you		4		200.			
5	Amount you owe		5		200.			
Part		l keep a co	py of y	our retu	ırn)			
return to send for any Agent payme author payme busine taxes person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the intitude of the interval of the financial institution account in the intitude of the interval of the intitude of t	mitter, or election of the U.S. Treasury indicated in the tition to debit that the the author equests must be processing payment. I fi	tronic ret transmis and its of tax prep ne entry t ization. T be received of the el-	curn origina ssion, (b) the designated paration so to this acce or revoke wed no lat ectronic parknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the			
	nic Funds Withdrawal Consent.	Г						
raxpa ×	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generat	o my DIN	1 7 9	9 4 1	ac my			
	ERO firm name	,		digits, but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	`	Jon t ente	an zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Your	signature ► Date ►							
Snous	se's PIN: check one box only	_						
Ороц.	I authorize to enter or generat	e my PIN			as my			
_	ERO firm name	-	Enter five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	(don't ente	r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Spous	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	W						
Part	Certification and Authentication — Practitioner PIN Method Only							
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0		7 1			
		Don't e	nter all ze	eros				
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this re	eturn in a	accordance				
ERO's	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



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		turn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	write or staple in thi	is space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instruct	tions.
Your first name	e and m	iddle initial	Last n	ame						Your so	ocial security nu	umber
SACHIN			RAK	AΜ						843 51 7941		
	spouse's	s first name and middle initial	Last na								's social securit	
										795	52 688	9
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.		ential Election C	
1621 RA	NCH :	HOUSE RD								Check	here if you, or y	your
City, town, or p	post offi	ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP c	ode		if filing jointly,	
CELINA						TΣ	ζ	750	09		o this fund. Che low will not cha	•
Foreign countr	y name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	I	x or refund.	9-
											You	Spouse
Filing Status	s	Single					Head of ho	useh	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)								
one box.	×	Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if th	ne
	qu	ıalifying person is a child but not you	ır depe	ndent: _1	MOUNIKA	THI	IRUMANI					
 Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as	a rewar	d award or i	navr	ment for proper	v or	services): or	(h) sell		
Assets		nange, or otherwise dispose of a dig						•		. ,		∐ No
Standard		neone can claim: You as a de					a dependent	(-		- /		
Deduction		Spouse itemizes on a separate retur	•		-		•					
										1050		
	-	: Were born before January 2, 1	959	Are b □	•	ouse		14	ore January 2	-	Is blind	
Dependent		(see instructions): (1) First name Last name		(2)	(2) Social security (3) Relationship number to you) (4	Child tax c		lifies for (see inst Credit for other d		
If more	(1)	rist name Last name		+	Tidifiboi		to you			- Icuit		Срепасна
than four dependents,				+							 	
see instruction	ns			+							 	
and check here	ı —										 	
	 1a	Total amount from Form(s) W-2, b	ov 1 (se	aa instru	ctions)					. 1a	78.	,590.
Income	b	, , ,	•		,					. 1k		-030.
Attach Form(s)	1							. 10				
W-2 here. Also attach Forms	d	•	aid waiver payments not reported on Form(s) W-2 (see instructions)								d l	
W-2G and	e	Taxable dependent care benefits t	·							. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 11		
If you did not	g	Wagaa from Form 2010 line 6			•					. 10		
get a Form	h	Other earned income (see instruct								. 1h	^	0.
W-2, see instructions.	i	Nontaxable combat pay election (,				1i	'	•			
	z	Add lines 1a through 1h						' .		. 1z	78,	,590.
Attach Sch. B		<u> </u>	2a			b T	axable interest			. 2b		
if required.	3a	' -	3a			b C	Ordinary dividen	ds .				
		IRA distributions	4a			b T	axable amount			. 4t	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5b	,	
 Single or 	6a	Social security benefits	6a			b T	axable amount			. 6k)	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	iired	, check here		[□ 7		
 Married filing jointly or 	8	Additional income from Schedule	1, line 1	10						. 8	-13,	,701.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total inc	ome	e			. 9	64,	,889.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11	64,	,889.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	2 13,	,850.
any box under Standard	13	Qualified business income deduct	ion fror	n Form 8	995 or Form	899	95-A			. 13	3	
Deduction,	14									. 14		,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or los	ac ontor	O This is w	Our f	tavabla income			15	51	030

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	6,533.
Credits	17	Amount from Schedule 2, lir						17	
	18	Add lines 16 and 17					🗆	18	6,533.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		$ ag{7}$	19	
	20	Amount from Schedule 3, lir	•					20	
	21	Add lines 19 and 20					🗀	21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			🗀	22	6,533.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is			•		🗀	24	6,533.
Payments	25	Federal income tax withheld							,
. ayee	а	Form(s) W-2				25a 6	, 733.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	•				2	25d	6 , 733.
If you have a	26	2023 estimated tax paymen						26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	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	indable credits		32	
	33	Add lines 25d, 26, and 32. T	-				🗀	33	6,733.
Refund	34	If line 33 is more than line 24						34	200.
	35a	Amount of line 34 you want				•	. 🗆 🖫	35a	200.
Direct deposit?	b	Routing number 3 2 2				_	Savings		
See instructions.	d	Account number 7 6 3		2 8					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	structions				. 🗌 Yes. Co	mplete bel	ow.	⋉ No
		signee's		Phone			onal identifica er (PIN)	tion	
0:	naı	der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho		. ,	hoet	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IR	S se	nt you an Identity
						Protecti	on P	IN, enter it here	
Joint return?	SOFTWARE DEVELOPER (Se				(see ins	t.)			
See instructions. Keep a copy for			on			nt your spouse an			
your records.								Prote t.)	ection PIN, enter it here
		ono no (626) 240 E2E		Email address		NIGCMATI CO	N/I		
		one no. (626) 349-525 eparer's name	Preparer's signat		LHJAGMANA.	N@GMAIL.CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM		P020827	UЗ	Self-employed
Preparer			1	NAPI DAGAK	GOLIA TATTAM	01/31/2024	1		
Use Only			XES LLC Y CT E BRU	INICMITOR N	J 08816		Firm's E		(678) 965-9522
Go to want im ~		n1040 for instructions and the late		YIND NATCIV IN			TIMESE	-11 N	84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	וווטיווער	TOTO IOI IIISII UCIIOIIS AIIU IIIE IAIE	acimonnation.		BAA	REV 01/21/24 PRO			FOIIII 1070 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

SACE	IIN RAKAM		843-5	1-/9	4 1
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	Ε.	5	-13,701.
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:				
•	Table the Course Add Course to 0				
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on	Form	,	10 701
	1040, 1040-SR, or 1040-NR, line 8			10	-13,701.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	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			
0 -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	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.

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.

Attachment Sequence No. 13

OMB No. 1545-0074

SACE	IIN RAKAM						843-53	1-7941	
Part	Income or Loss From Rental Real Estate a Note: If you are in the business of renting personal proprental income or loss from Form 4835 on page 2, line 4	erty, use		e C. See	instruc	tions. If you	are an indiv	vidual, rep	ort farm
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?								
	Physical address of each property (street, city, state, 2								
A	10-3-493 VIVEKANANDHAPURI KARIMNAGAR		·	TN 50	5001				
B	10 3 493 VIVERANANDHALORI RAKIPINAGAR	TULL	IGANA .	III JU	JOUL				
1b	Type of Property (from list below) 2 For each rental real estate propabove, report the number of fa	ir rental	and	nd Days			Person Da	QJV	
Α	personal use days. Check the							0	
В	if you meet the requirements to qualified joint venture. See inst			В					
C				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roya						
				•		Propert	ies:		
Incom		2		Α	10.	В			С
3 4	Rents received	3			10.				
Exper	Royalties received	- 4							
5	Advertising	5			60.				
6	Auto and travel (see instructions)	6			00.				
7	Cleaning and maintenance	7		1,1					
8	Commissions	8		-,-					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	80.				
12	Mortgage interest paid to banks, etc. (see instructions)								
13	Other interest	13							
14	Repairs	14		2,5	48.				
15	Supplies	15		3,8					
16	Taxes	16							
17	Utilities	17		1,8	84.				
18	Depreciation expense or depletion	18		2,7					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,2	11.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I result is a (loss), see instructions to find out if you must file Form 6109.	st		10 7	0.1				
00	file Form 6198	21		- 13,7	01.				
22	Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions)	22	(13,70)	()
23a	Total of all amounts reported on line 3 for all rental pro				23a		510.		
b	Total of all amounts reported on line 4 for all royalty pro	-			23b				
C	Total of all amounts reported on line 12 for all propertie				23c		710		
d	Total of all amounts reported on line 18 for all propertie				23d		2,712.		
e	Total of all amounts reported on line 20 for all properties				23e	1.	4,211.		
24	Income. Add positive amounts shown on line 21. Do n						. 24	/	10 701
25	Losses. Add royalty losses from line 21 and rental real est							(13,701.)
26	Total rental real estate and royalty income or (loss) here. If Parts II, III, and IV, and line 40 on page 2 do in School and 14 (Forms 1940). If the French of the state of th	not apply	y to you,	also er	nter th	is amount	on		10 501
	Schedule 1 (Form 1040), line 5. Otherwise, include this	amount	in the to	ıaı on III	ne 4 L	on bade 2	. 26		-13.701