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						
MAHARSHI DOSAPATI	685-48-7273						
Spouse's name	'		rity number				
NAZIYA NUSRATH SHAIK		97-1391					
	Enter year you	u are aut	norizing.))			
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 Adjusted gross income		. 1	71	,214.			
2 Total tax				,783.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				,383.			
4 Amount you want refunded to you				,600.			
5 Amount you owe		. 5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a c	opy of y	our retur	rn)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, 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 authorized 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 insauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terr 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 i taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende	ransmitter, or ele- or rejection of the U.S. Treasurnt indicated in the stitution to debit minate the authorn requests must in the processing the payment. I	ctronic retuent transmission and its does tax prepared the entry to be received of the electronic action.	urn originat sion, (b) the esignated I aration soft to this according to the ectronic payknowledge	tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the			
Electronic Funds Withdrawal Consent.	ı						
Taxpayer's PIN: check one box only	t DINI	8 7 2	7 3				
X I authorize GLOBAL TAXES LLC to enter or gene	rate my PIN	Enter five o		as my			
signature on the income tax return (original or amended) I am now authorizing.		don't enter	ali zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN in below. Your signature ▶ Date	method. The E	RO must					
Occupate BIN shorts are however.							
Spouse's PIN: check one box only authorize GLOBAL TAXES LLC to enter or gene	wata my DIN	7 1 3	9 1	00 001			
	rate my PiN	Enter five of		as my			
signature on the income tax return (original or amended) I am now authorizing.		don't enter					
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Spouse's signature ▶ Date							
Practitioner PIN Method Returns Only—continue be	elow						
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 0	8 2 7	1			
	Don't	enter all zei	os				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers	submitting this i	return in a	ccordance				
ERO's signature ▶ Date	>						
ERO Must Retain This Form — See Instruction							
Don't Submit This Form to the IRS Unless Requested	To Do 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	<u>'</u>		, 20		See sep	oarate i	instructions.
Your first name	and m	niddle initial	Last nar	ne							Your so	cial sec	curity number
MAHARSH	Ι		DOSA	PATI							685	48	7273
		s first name and middle initial	Last nar										security number
NAZIYA 1	NUSR	АТН	SHAI	к							985	97	1391
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campaigr
1615 HAI	RVES	T GLEN DR								- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	oaces bel	low.	Sta	ite	ZIP c	ode		•	•	jointly, want \$3
PRINCETO	ON					ТХ	ζ	754	07	- 1	•		nd. Checking a not change
Foreign countr		ı.	F	oreign pr	rovince/state/	count	ty	_	n postal c	- 1	your tax		•
													ou Spouse
Filing Status	s [Single					Head of h	ouseh	old (HOF	H)			
Check only	×	Married filing jointly (even if only or	ne had ir	ncome)					•	•			
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name o	f your s	pouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depen	dent:									
District	Λ+ o	ny time during 2023, did you: (a) rece	oivo (oo i	0 10111010									
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	es 🛛 No
Standard		neone can claim: You as a de					a dependent). (O.	30 1113114	Otioni	J.,	<u> </u>	20 [2] 110
Deduction	_	Spouse itemizes on a separate return	•										
Deddollon	<u> </u>		11 O1 yOu	- WCIC a	duai status	ancri	<u>'</u>						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind Sp	ouse	: U Was bor	rn befo	ore Janua	ary 2,	1959	ls	s blind
Dependent	s (see	instructions):		(2) 5	Social security	urity (3) Relationship		nip (4					(see instructions):
If more	(1) F	(1) First name Last name		number to you		Child tax c		ax cre	dit	Credit fo	or other dependents		
than four													
dependents, see instruction	s												
and check	. —									<u></u>			
here L													
Income	1a	Total amount from Form(s) W-2, be	•		,						1a		86,621.
Attach Form(s)	b	Household employee wages not re	•		` '						1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	е	Taxable dependent care benefits f									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29	•					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instructi	,					· ·			1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						06 601
		Add lines 1a through 1h			· · ;						1z		86,621.
Attach Sch. B	2a	· —	2a				axable interes				2b		
if required.	3a		3a				ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	C	If you elect to use the lump-sum e		-		•	,] -		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched		•	•		•			. L	7		15 405
jointly or Qualifying	8	Additional income from Schedule	-								8		-15,407.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9	-	71,214.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		71,214.
If you checked	12	Standard deduction or itemized				-					12	-	27,700.
any box under Standard	13	Qualified business income deducti									13	-	07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27,700.
	75	SUBTROOT UPO 1/1 trom line 11 lf zer	O OF LCCC	onter	II I DIC IC V	OUR !	TOVODIO IDOOM	••			1 45		/I < 5 /I

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	4,783.	
Credits	17	Amount from Schedule 2, lir	17							
	18	Add lines 16 and 17		18	4,783.					
	19	Child tax credit or credit for	other dependen	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	4,783.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	4,783.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 11	1,383	•		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	11,383.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			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	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,383.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	6,600.	
	35a	Amount of line 34 you want	refunded to you	յ . If Form 8888	is attached, chec	k here	. 🗆	35a	6,600.	
Direct deposit?	b	Routing number 0 3 1			,	Checking	Savings	;		
See instructions.	d	Account number 3 6 0	7 9 0 6	2 0 6 7	7					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 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	rn with the IRS?	See				
Designee	ins	structions				. 🗌 Yes. C	omplete	below.	⋉ No	
		Designee's Phone Personal ic name no. number (Pl					tification			
Cian		nder penalties of perjury, I declare t	hat I have examine		accompanying sched			the hest	of my knowledge and	
Sign		lief, they are true, correct, and com								
Here	Yo	our signature		Date	Your occupation		lf ti	ne IRS sei	nt you an Identity	
		, our orginalare		Tour cocapanon				Protection PIN, enter it here		
Joint return?					SOFTWARE E		`	e inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here	
your records.					HOME MAKER		e inst.)	ection in the enter it here		
	———Ph	one no. (510)399-854	Δ	Email address	MAHIDSPT7@					
		eparer's name	Preparer's signat		121111201176	Date Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM	03/07/2024	P0208	32703	Self-employed	
Preparer		m's name GLOBAL TA				1 -0, 0., 2021			678)965-9522	
Use Only								Firm's EIN 84–3171965		
	. "	C CCC 2 13 ICONE	_ 01 11 11(0				1	0 =114	04-2111703	

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

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

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

MAHARSHI DOSAPATI & NAZIYA NUSRATH SHAIK

MACHINERAL Revenue Service

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

Sequence No. 01

Your social security number

685-48-7273

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	-15,407.
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		
- 1	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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-15,407.

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-basin	is 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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit		-	
С	Nontaxable amount of the value of Olympic and Paralympic medals			
_	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Ent			
	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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)) shown on return					Y	our social s	ecurity r	number
MAHA	ARSHI DOSAPATI & NAZIYA NUSI	RATH SHAIK				6	585-48-	7273	
Part	Note: If you are in the business of ren rental income or loss from Form 4835	iting personal property, us on page 2, line 40.	e Schedul						
A [Did you make any payments in 2023 that	would require you to file	Form(s)	1099? 5	See ins	structions		☐ Ye	s 🛛 No
B	f "Yes," did you or will you file required F	Form(s) 1099?						☐ Ye	s 🗌 No
1a	Physical address of each property (str	reet, city, state, ZIP cod	le)						
	MIRYALAGUDA NALGONDADIST T								
B	MIRIALAGODA NALGONDADISI	IELANGANA IN 30	0207						
1b	Type of Dyenovity 0 Favorably waste	Il real estate property lis				ir Rental I	Personal	Haa	
ID	Type of Property (from list below) 2 For each renta			га	Days	Personai Days		QJV	
A		lays. Check the QJV bo		Α		-	Bayo	0	
B	if you meet the	e requirements to file as	а	В	365			0	+
C	qualified joint v	venture. See instruction	s.	C					
	of Property:								
		n/Short-Term Rental	5 Land	4	7	Self-Rental			
	Multi-Family Residence 4 Comme		6 Roya			Other (describ	رم)		
	Triditi-i armiy riesidence 4 Comme	ar Ciai	U HOY	aities					
						Properties	S:		
Incom				Α		В			С
3	Rents received			5	23.				
4	Royalties received	4							
Exper									
5	Advertising								
6	Auto and travel (see instructions) .								
7	Cleaning and maintenance			1,8	74.				
8	Commissions								
9	Insurance								
10	Legal and other professional fees .								
11	Management fees			1,4	60.				
12	Mortgage interest paid to banks, etc. (s								
13	Other interest								
14	Repairs				40.				
15	Supplies			3,1	22.				
16	Taxes								
17	Utilities			3,2					
18	Depreciation expense or depletion .			3,6	18.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19			15,9	30.				
21	Subtract line 20 from line 3 (rents) and/								
	result is a (loss), see instructions to fine	-		- 15 , 4	07				
00	file Form 6198			-15,4	07.				
22	Deductible rental real estate loss after		,	15 40	, ,	/			
00	on Form 8582 (see instructions)		(15,40		(-)(
23a	Total of all amounts reported on line 3			•	23a		523.		
b	Total of all amounts reported on line 4			•	23b				
C	Total of all amounts reported on line 12				23c	າ .	610		
d	Total of all amounts reported on line 18				23d		618.		
e	Total of all amounts reported on line 20				23e	15,	930.		
24	Income. Add positive amounts shown		-			tallagas - le - :	24	-	15 407
25	Losses. Add royalty losses from line 21 a						25 (15,407.
26	Total rental real estate and royalty in here. If Parts II, III, and IV, and line 40								
	Schedule 1 (Form 1040), line 5. Otherw						26	_	-15,407.
		,							,, .