(Rev. January 2021)

Department of the Treasury

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										
Submi	ssion Identification	Number (SID)									
Taxpaye	er's name					Social se	ecurity i	numbe	r		
SUPI	SUPRIYA RAICHUR KAREPPA 208-87-3006										
Spouse'						Spouse's			ty num	ber	
Part		Information — Tax Year	Ending December	er 31 , 2023	(Enter	year yo	ou are	auth	orizir	ng.)	
	•	n lines 1 through 5.	4.0.0								
		s use line 4 only. Leave lines					1	a 1		40	
1		ome						2	•		393. 923.
2 3		withheld from Form(s) W-2						3			
4	Amount you want		* *					4			504.
5	· ·							5		∠,(581.
Part		eclaration and Signatur						-	ur re	turn)
		declare that I have examined a c	<u> </u>								<u> </u>
to send for any Agent t paymen authoric paymen business taxes t person	I my return to the IRS delay in processing to initiate an ACH electron of my federal taxes artion is to remain into IT, I must contact the sedays prior to the paso receive confidential identification numbers.	am now authorizing. I consent and to receive from the IRS (a) ne return or refund, and (c) the tronic funds withdrawal (direct owed on this return and/or a par full force and effect until I not be U.S. Treasury Financial Ager ayment (settlement) date. I also information necessary to ansier (PIN) below is my signature for the IRS (a) and the IRS (a)	an acknowledgement of date of any refund. If ap debit) entry to the financy ayment of estimated tax ify the U.S. Treasury Fint at 1-888-353-4537. authorize the financial if wer inquiries and resolved.	of receipt or reason policable, I authorize ial institution account , and the financial nancial Agent to to Payment cancellate nstitutions involved we issues related to policable.	n for rejecte the U. Dunt individual institution required in the ptop of the property of the p	ction of the stiff	the trandury and the tax it the ending the ending of the further the transfer of the transfer	its de prepa ntry to on. To eceive ne elecer ackr	ion, (b esignate ration this action this action the content of th	the softw ccourse (ca later payndge the	reason nancial rare for nt. This ncel) a than 2 nent of nat the
	nic Funds Withdrawal									_	
-	yer's PIN: check o	-					7 :	3 0	0 6	5	
×] I authorize GLC	DBAL TAXES LLC ERO firm nam	•	to enter or ge	nerate r	ny PIN			gits, bu	ut	as my
	signature on the	income tax return (original o		authorizing.			don't	enter a	all zero	s	
		N as my signature on the industry gyour own PIN and your re									
Your s	ignature ▶	supriya		Da	ate ► <u>0</u>	2/06/20)24				
Spour	se's PIN: check on	a hay anly									
Spous	l authorize	e DOX OTHY		to optor or go	noroto r	my DINI				Π,	00 m)/
		ERO firm nam	<u> </u>	to enter or ge	nerate i	III FIIN	Enter	five di	gits, bu		as my
	signature on the	income tax return (original o		authorizing.					all zero		
	1	N as my signature on the ing g your own PIN and your re	, ,	,			_				_
Spous	e's signature ►			Da	ate 🕨						
	_	Practitioner PIN	Method Returns C	nly—continue	below						
Part	II Certificatio	n and Authentication -	Practitioner PIN N	lethod Only							
FRO's	FFIN/PIN Enter v	our six-digit EFIN followed b	v vour five-digit self-s	elected PIN	2 2	2 4	9 6	6	1 9	8	9
LITO	Li iid/i iid. Linter y	our six-digit Li ilv iollowed b	y your five-digit self-s	selected i iiv.			't enter				
authori	zed to file for tax yea	eric entry is my PIN, which is many restricted above for the taxpaner PIN method and Pub. 1345,	ayer(s) indicated above.	I confirm that I ar	m subm	tting this	return	in ac	cordar	nće w	
ERO's	signature >			Da	ate 🕨						
	<u> </u>	ERO Must R	etain This Form –								
		Don't Submit This F				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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this space.	
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	nstructions.	
Your first name and middle initial Last nar				ıme							Your social security number			
SUPRIYA			RAIC	HUR K	AREPPA						208 87 3006			
	pouse'	s first name and middle initial	Last na								Spouse'		security number	
											517	95	6927	
Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaig	
9847 W V	VALL	EY RANCH PKWY						3	3028				ou, or your	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode				jointly, want \$3 nd. Checking a	
Irving						ТХ	Σ	750	63		•		not change	
Foreign countr	y name			Foreign pr	rovince/state/	count	ty	Foreig	ın postal c	ode	your tax	_		
		7 001							-1-1/1101			∐ Yo	ou Spous	
Filing Status	s ∟	」Single	: امیما می				☐ Head of h	ousen	ola (HOF	1)				
Check only	_ ∟	Married filing jointly (even if only o	ne nad i	income)			☐ Qualifying			((2001			
one box.		Married filing separately (MFS) you checked the MFS box, enter the	nomo	of vour or	oouoo If voi	, obc	, ,		0 1	,	,	ld'a na	ma if tha	
		ualifying person is a child but not you						יטו עי	SS DOX,	enter	trie Crii	iu s nai	ne ii the	
		admyring person is a crima but not you	и асреі	ident. 5	IVA KAMAM	JORTI	TI VALIFI							
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										ΠYe	es 🗵 No	
Standard		neone can claim: You as a de					a dependent	,t): (Ot	20 1113114	CHOIL	3.)		.3 110	
Deduction		Spouse itemizes on a separate retur	•											
		: Were born before January 2, 1	959 L	Are bli	ind Spo	ouse	: 🔲 Was boı						s blind	
Dependent				(2) S	Social security	,	(3) Relationsh	iip (4	Check to Child t				see instructions r other dependen	
If more	(1) F	First name Last name			number		to you	-	Offilia t		uit	Orean 10		
than four dependents,									<u>L</u>	 				
see instruction	s								<u>L</u>	 				
and check here	1 —									=				
-	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)				L		1a	1	57,032.	
Income	b	Household employee wages not re	,		,						1b			
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		` '						1c			
attach Forms	d	Medicaid waiver payments not rep			•						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	Wages from Form 8919, line 6.									1g			
get a Form	h	Other earned income (see instruct	ions)								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			1i							
	z	Add lines 1a through 1h									1z		57,032.	
Attach Sch. B	2 a		2a			b T	axable interes	t.			2b			
if required.	3a	·	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
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 i	f required	d. If not requ	ired.	, check here			. [7			
Married filing jointly or Qualifying surviving spouse, 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is			0							8		-8,639.		
			This is ye	our total inc	ome	e				9		48,393.		
\$27,700 Head of Adjustments to income from Schedule 1, line 26							10							
household,	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incor	ne					11		48,393.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12	1	13,850.	
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13	1		
Deduction,	14										14		13,850.	
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or lee	c ontor	O This is w	Our t	avabla incom	•			15	1	24 542	

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	3,923.	
Credits	17	Amount from Schedule 2, line					- .	. 17		
	18	Add lines 16 and 17						. 18	3,923.	
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			. 19		
	20	Amount from Schedule 3, line	e8					. 20		
	21							. 21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				. 22	3,923.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			. 23	0.	
	24	Add lines 22 and 23. This is			•			. 24	3,923.	
Payments	25	Federal income tax withheld								
. aymome	а	Form(s) W-2				25a	6,60	4.		
	b	Form(s) 1099				25b	-			
	С	Other forms (see instructions				25c				
	d	Add lines 25a through 25c	•					. 25d	6,604.	
If you have a	26	2023 estimated tax payment						. 26	,	
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit	from Form 8863	3. line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.				ındable credit	s .	. 32		
	33	Add lines 25d, 26, and 32. The						. 33	6,604.	
Refund	34	If line 33 is more than line 24						. 34	2,681.	
rioraria	35a	Amount of line 34 you want r				•	_	35a	2,681.	
Direct deposit?	b	Routing number 3 2 2				Checking [Savin	as a		
See instructions.		Account number 9 0 6								
	36	Amount of line 34 you want a			ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe						
You Owe	٠.	For details on how to pay, go						. 37		
	38	Estimated tax penalty (see in				38				
Third Party Designee		you want to allow another structions	•		rn with the IRS?		Comple	ete below.		
Ū		signee's		Phone				entification		
	na			no.			ımber (PI	<u> </u>		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp							,	
	Yo	ur signature		Date Your occupation			I .		nt you an Identity	
l-i-t0					SOFTWARE E	'MCTMEED		see inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati			f the IRS se	nt your spouse an	
Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Spouse's occupation			1	Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (669)800-751()	Email address	SIVA.VALIPI	13@GMAIL.	COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	1	Check if:	
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P02	470833	Self-employed	
Preparer	Fir	m's name GLOBAL TAX	XES LLC				F	Phone no. (678)965-9522	
Use Only	Fir	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		F	Firm's EIN	88-2145487	
Go to www.irs.o	ov/Forr	n1040 for instructions and the lates	st information		DAA	DEV 04/27/24 DD			Form 1040 (2023)	

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

SUPRIYA RAICHUR KAREPPA

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

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

Your social security number 208-87-3006

Pai	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	-8,639.
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 (<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		,	0 630
	1040. 1040-SR. or 1040-NR. line 8		10	-8,639.

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		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:				
		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)

22

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,

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number SUPRIYA RAICHUR KAREPPA 208-87-3006 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Physical address of each property (street, city, state, ZIP code) 1a MARUTHI COLONY, RAICHUR KARNATAKA IN 584101 Α В C 1b Type of Property **Personal Use** For each rental real estate property listed **Fair Rental** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 425. Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,120. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,020. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 2,569. 14 Repairs 14 15 Supplies 15 2,205. 16 16 Taxes 17 Utilities 17 2,150. 18 18 Depreciation expense or depletion 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 9,064. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If

21

22 (

	· · · · · · · · · · · · · · · · · · ·	١,		
23a	Total of all amounts reported on line 3 for all rental properties			
b	Total of all amounts reported on line 4 for all royalty properties	S		
С	Total of all amounts reported on line 12 for all properties .			
d	Total of all amounts reported on line 18 for all properties .			

result is a (loss), see instructions to find out if you must file Form 6198

Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

23 a	425.
23b	
23c	
23d	

е	Total of all amounts reported on line 20 for all properties	
24	Income. Add positive amounts shown on line 21. Do not include any lo	sse

.	24	
re	25	(8,639.

25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

10 tal. 10 tal. 00 tal	
here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on	
Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26

9,064.

26	-8,639.

-8,639.

8,639.

23e