### 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	y number				
KRISHNA MOORTHY SELVARAJ	382-75-	0161				
Spouse's name	Spouse's soci	Spouse's social security number				
FNU PRIYA	987-95-					
	Enter 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.		1				
1 Adjusted gross income			378.			
2 Total tax			001.			
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			644.			
4 Amount you want refunded to you			643.			
5 Amount you owe	nd koon a oon	5	<del></del>			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ame						
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trespective 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 accour 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 tempayment, 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 it 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 Electronic Funds Withdrawal Consent.	or rejection of the trathe U.S. Treasury and the U.S. Treasury and the track that the track that the track that the track that the authorization requests must be an the processing of the payment. I further	ansmission, (b) the dist designated F x preparation soft entry to this account ion. To revoke (coreceived no later the electronic payner acknowledge	e reason Financial ware for unt. This ancel) a r than 2 rment of that the			
Taxpayer's PIN: check one box only						
X I authorize GLOBAL TAXES LLC to enter or gene signature on the income tax return (original or amended) I am now authorizing.	Ent	0   1   6   1   er five digits, but o't enter all zeros	as my			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.						
Your signature ▶ Date	· •					
Spauge's DIM, shock one hay only						
Spouse's PIN: check one box only	erate mv PIN 5	9 6 6 1	00 1001/			
X I authorize GLOBAL TAXES LLC to enter or gene ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	9   6   6   1   er five digits, but 't enter all zeros	as my			
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> 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						
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 Don't ente	6 0 8 2 7 er all zeros	1			
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 <b>Pub. 1345,</b> Handbook for Authorized IRS <i>e-file</i> Providers	submitting this retu	rn in accordance				
ERO's signature ▶ Date						
FRO Must Retain This Form — See Instruction	30					

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	–Do not w	rite or sta	aple in this space	e.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last na	ıme							Your so	cial sec	urity number	r
KRISHNA	MOO	RTHY	SELV	/ARAJ							382	75	0161	
		s first name and middle initial	Last na										security num	ıber
FNU			PRIY	'Α							987	95	9661	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			_	ection Campa	aign
12800 C	ENTE:	R LAKE DRIVE, BRIDGE AT	r TEC	H RID	GE			#	ŧ932		Check h	nere if y	ou, or your	-
		ice. If you have a foreign address, also co				Sta	te	ZIP c				0	jointly, want S	-
AUSTIN						TX	ζ	787	53		•		nd. Checking not change	a
Foreign countr	y name			Foreign pr	rovince/state/	count	ty	Foreig	n postal c		your tax		•	
												Yo	ou 🗌 Spot	use
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOH	\ 				
Check only	_	Married filing jointly (even if only o	ne had i	income)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	/ing spoi	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ialifying person is a child but not you			-									
B: ::::	Λ± α.	ny time during 2023, did you: (a) rec	oivo (oo		d aard ar		nant far nrana			\. a = /	(b) a a ll			_
Digital Assets		ny time during 2023, did you: (a) rect nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	
		neone can claim:  You as a de					a dependent	,,, (0,	30 1113114	011011	J.,		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Deddollon	<u> </u>		11 O1 you	_ word a	duai Status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		(2) 8	Social security	,	(3) Relationsh	<sub>iip</sub> (4	-				see instruction	
If more	(1) F	First name Last name		number to you			Child tax c		ax cre	edit	Credit fo	or other depende	ents	
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		93,068	<u>}.</u>
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2 .						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	efits fron	n Form 8	839, line 29	•					1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			_
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	_	0	).
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<u>1</u> i						00 000	
	<u>z</u>	Add lines 1a through 1h	. ;		· · ;						1z		93,068	5.
Attach Sch. B	2a	· —	2a				axable interes				2b			
if required.	3a_		3a				ordinary divide							
Standard	4a	<del>-</del>	4a				axable amoun							
Deduction for—	5a	<del>-</del>	5a				axable amoun							
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 Sche								. L	J 7			
jointly or Qualifying	8	Additional income from Schedule									8		-11,690	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		81,378	۶.
\$27,700 • Head of	10	Adjustments to income from Sche									10		0.1 -	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		81,378	
If you checked	12	Standard deduction or itemized									12		27,700	<u>) .</u>
any box under Standard	13	Qualified business income deducti									13		07 7 7	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 <b>,</b> 700	
SSS INSTITUTIONS.	15	Suptract line 1/1 from line 11 If zer	o or loc	c ontor	II Ibio io v	Our t	ravabla incom				15	1	5 x 6 / Q	_

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	6,001.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17						18	6,001.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	6,001.
	23	Other taxes, including self-e			•			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	6,001.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a	9,644.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	9,644.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
attauri Suri. Etc.	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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	9,644.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,643.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	3,643.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5	1 5 7 5	9 2 6 0	6 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				See			
Designee		structions				🗌 <b>Yes.</b> C	omplete	below.	<b>⋈</b> No
		signee's me		Phone no.			sonal ident ber (PIN)	ification	
Sign		der penalties of perjury, I declare t							
Here	be	lief, they are true, correct, and com	ion of whic	h prepar	er has any knowledge.				
11010	Yo	ur signature	Date	Your occupation			nt you an Identity		
					TEAD ENCT		tection P e inst.)	IN, enter it here	
Joint return? See instructions.	Sn	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	LEAD ENGI  Spouse's occupa				nt vour spouse an
Keep a copy for your records.	Ор			Date	HOME MAKE		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (408) 348-005	7	Email address	KMOORTHY7	86@GMAIL.CO	DM MC		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2024	P0208	2703	Self-employed
Preparer		Firm's name GLOBAL TAXES LLC							(678) 965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965

## 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 KRISHNA MOORTHY SELVARAJ & FNU PRIYA

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
382-75	-0161

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	-11,690.
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 (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	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	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter		9	
10	1040, 1040-SR, or 1040-NR, line 8	Hele alla Uli FUIII	10	-11,690.
	10.0, 10.0 01, 01 10.0 11, 1110 0		10	1 ++, 000.

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				
	<b>-</b>	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			
05					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number 202 75 0161

	THNA MOORTHY SELVARAJ & FNU PRIYA						382-7	2-0161	
Part									
	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 <b>S</b>	Schedule	C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α [	Did you make any payments in 2023 that would require you	to file F	orm(s) 1	ngg2 S	aa in	etructions			e X No
	f "Yes," did you or will you file required Form(s) 1099?								
				• •	• •		· · ·	10	3 _ 110
1a	Physical address of each property (street, city, state, ZII								
A	OMKARA NILAYA, 4-187/4 ANANDA NAGAR,	2ND	CROSS	ROAD	, KA	VOOR POST	r, MANGA	ALORE I	N 575015
B									
C									
1b	Type of Property 2 For each rental real estate property					ir Rental		nal Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	ays	
_ <u>A</u>	gersonal use days. Check the Quite if you meet the requirements to find the control of the contr		Jilly	A		365		0	<u> </u>
B C	qualified joint venture. See instru	uctions.		B C					
	of Dyon orthu			C					
	of Property: Single Family Residence  3 Vacation/Short-Term Ren	atal .	Eland		7	Self-Rental			
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial		<ul><li>5 Land</li><li>6 Roya</li></ul>				riba)		
	Wulti-Family nesidence 4 Commercial		о поуа	illes	0	Other (descr	nbe)		
						Properti	es:		
Incon	ne:			Α		В			С
3	Rents received	3		7	41.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6			4.1				
7	Cleaning and maintenance	7		2,7	41.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 -	<u> </u>				
11	Management fees	11		1,5	60.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 0	E /l				
14 15	Repairs	15		2,9 3,2					
16	Supplies	16		3,2	10.				
17	Utilities	17		1,9	66				
18	Depreciation expense or depletion	18			•••				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,4	31.				
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								
	file <b>Form 6198</b>	21	-	-11,6	90.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (	-	11,69	0.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		741.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	12	,431.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							( 1	11,690.)
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						1		11 (00
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	iiiouni li	ii iiie iot	ai Uii III	16 4 I	uii paye 2	. 26	-	-11 <b>,</b> 690.