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

	10.10.10.0 00.100		_					
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
SINI	DHURI MEKALA	188-79	188-79-8626					
Spouse's	Spouse's soo	social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re au	thorizina	1.)			
	whole dollars only on lines 1 through 5.	y ca y ca. c	0 0.0.) - /			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	67	7,326.			
2	Total tax		2	7	7,072.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10),176.			
4	Amount you want refunded to you		4	3	3,104.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our retu	ırn)			
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfully 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 logical initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into finy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the alidentification number (PIN) below is my signature for the income tax return (original or amended) I are Funds Withdrawal Consent.	nitter, or electricity jection of the to J.S. Treasury a dicated in the to ion to debit the tethe authoriz quests must be processing of payment. I fur	onic refransmisted ax prepartion. The receiff the elast the action at the receiff the action are receiff.	turn origina ssion, (b) t designated paration so to this acc To revoke ved no lat ectronic pa knowledge	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the			
	yer's PIN: check one box only							
X		my PIN	8 6	5 2 6	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	r En		digits, but er all zeros	aomy			
	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 met below.							
Your s	ignature ▶ Date ▶							
Spous	e's PIN: check one box only							
	I authorize to enter or generate	my PIN			as my			
	ERO firm name	_	ter five	digits, but	ao my			
	signature on the income tax return (original or amended) I am now authorizing.	do	n'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 met below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below	v						
Part I	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 4 9 Don't ent	6 6 er all ze		9			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	tructions.
Your first name and middle initial SINDHURI		Last name MEKALA					-	Your social security number				
		s first name and middle initial	Last na									
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			- 1	Apt. no.		Preside	ntial Elect	ion Campaign
1801N GF	EEN	VILLE AVENUE						‡3 4 06		Check I	here if you	, or your
		ce. If you have a foreign address, also co	mplete :	spaces below.	Sta	ate				•	0,	•
RICHARDS	ON				T	X						
					your tax or refund.							
						You	Spouse					
Filing Status	, X	Single				Head of he	ouseh	old (HOF	——. ⊣)			
Check only		Married filing jointly (even if only or	ne had	income)				·				
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the ch	ild's name	e if the
		alifying person is a child but not you		ndont.								
District	Λ+ o	ov time during 2022, did your (a) read	oivo (oc									
Digital Assets											□ Vac	X No
Standard		neone can claim: You as a de					,t): (O	oc mond	CLIOTIC	3.)		
Deduction	_		•			•						
Deduction	<u> </u>	Spouse iternizes on a separate return	ii oi yo	u were a duar-status	allel	ı						
Age/Blindness	You	: Were born before January 2, 1	959	Are blind Spo	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959	☐ Is b	olind
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip (4) Check t	he box	x if quali		,
If more	(1) F	irst name Last name		number	Your social security number 188 79 8626 Spouse's social security number 188 79 8626 Spouse Filing jointly, want \$3 50 50 50 50 50 50 50 5							
than four												
dependents, see instructions	. —							[
and check	·							[
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions) .						1a	1	81,457.
Attach Form(s)	b	Household employee wages not re	eported	I on Form(s) W-2 .						1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	ı (see ir	structions)						10	:	
attach Forms W-2G and	d	Medicaid waiver payments not rep	payments not reported on Form(s) W-2 (see instructions)					1d	1			
1099-R if tax	е	•	dent care benefits from Form 2441, line 26						1e	,		
was withheld.	f	Employer-provided adoption bene	fits fron	m Form 8839, line 29						1f	-	
If you did not get a Form	g	Wages from Form 8919, line 6 .								1 g	,	
W-2, see	h	Other earned income (see instructi	,				· ·			1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>li</u>						01 455
	Z	<u> </u>	. i									81,45/.
Attach Sch. B if required.	2a	'	2a									
ii required.	<u>3a</u>		3a									
Standard	4a		4a									
Deduction for—	5a		5a									
Single or Married filing	6a	,	6a				t		٠ ـ	6b	<u>'</u>	
separately,	_C	•		·	•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						. ∟			1 4 1 2 1	
jointly or Qualifying	8	Additional income from Schedule 1, line 10										
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									01,320.	
Head of	10	Adjustments to income from Schedule 1, line 26								67 206		
household, [\$20,800	11	Subtract line 10 from line 9. This is	-	-								
If you checked	12	Standard deduction or itemized										13,850.
any box under Standard	13		ion tror	II FUIII 0885 OF FORM	099	ю-A						12 050
Deduction, see instructions.	14 15	Add lines 12 and 13	o or loc			tavahle incom						
,	113	- contact the 14 HOIH IIIE 11 H /er	U UI IE			LOADUR IIICOM				1.7	4 1	

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	7,072.	
Credits	17						17		
	18	Add lines 16 and 17					18	7,072.	
	19	Child tax credit or credit for other depender	nts 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 zero or less,	, enter -0				22	7,072.	
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total tax					24	7,072.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			25a 10	,176.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	10,176.	
If you have a	26	2023 estimated tax payments and amount	applied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC)		No .	27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28				
	29	American opportunity credit from Form 886	3, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. These are your t					33	10,176.	
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amour	nt you overpaid		34	3,104.	
	35a	Amount of line 34 you want refunded to yo	u . If Form 8888	3 is attached, chec	k here	. 🗆	35a	3,104.	
Direct deposit?	b	Routing number 1 1 1 0 0 0 6	1 4	c Type:	Checking :	Savings			
See instructions.	d	Account number 8 6 3 3 5 6 9	8 3						
	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	ount vou owe						
You Owe		For details on how to pay, go to www.irs.go					37		
	38	Estimated tax penalty (see instructions) .			38				
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See				
Designee	ins	tructions			. 🔲 Yes. Co	mplete b	elow.	⋈ No	
		signee's	Phone			onal identifi	cation		
	naı		no.			per (PIN)	- 14	-fl	
Sign		der penalties of perjury, I declare that I have examine ef, they are true, correct, and complete. Declaration						,	
Here		•	1	Your occupation				nt you an Identity	
	Durat.							IN, enter it here	
Joint return?	h	l-Si <u>ndhusi</u>	IT				(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.						Identi (see ir	-	ection PIN, enter it here	
,		(045)020 1046	For all and done	G T N T N T N T N T N T N T N T N T N T	1.0011.77	,			
		parer's name Preparer's signal	Email address	SINDHURIM9	1@GMAIL.CO	M PTIN		Check if:	
Paid		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		יייים חוום חגו	Date		022	Self-employed	
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SA	I PAVAN KUM	MK DODILATTI		P02470			
Use Only		n's name GLOBAL TAXES LLC	TINIOUT CT. Y	T 00016				678)965-9522	
		n's address 245 ROONEY CT E BR	ONSWICK N			Firm's	3 EIN	88-2145487	
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO			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

SINDHURI MEKALA

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.

'		Sequence No. 01
	Your soc	ial security number
	188-79	-8626

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	-14,131.
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 ()	
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	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,131.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ·	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			-	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number SINDHURI MEKALA 188-79-8626 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 HYDERNAGAR, KUKATPALLY, HYDERABAD TELANGANA IN 500085 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed 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 Rents received . 3 450. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,562. 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 14 4,523. 14 Repairs 15 Supplies 15 3,456. 16 16 Taxes 17 Utilities 17 4,020. 18 18 Depreciation expense or depletion 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 14,581. 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 Form 6198 21 -14,131. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,131.) 450. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 14,581. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,131. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-14,131.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2