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

Social security number ARHILL REDDY DANDA			
ARHILL REDDY DANDA Spouse's social security number Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Third whole dollars only on lines 1 through 5. Note: Form 1040-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Submission Identification Number (SID)		
Spouse's name	Taxpayer's name	Social securit	y number
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Inter 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	AKHIL REDDY DANDA	017-33-	-3632
Ther 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 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 13, 370. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount 9 A	Spouse's name	Spouse's soc	ial security number
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you a	re authorizing.)
1 61, 174. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099. 3 13, 370. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Amount you were 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Amount you were the amounts from the income tax return (original or amended) I am now authorizing to any wall of the part I above are the amounts from the income tax return (original or amended) and your return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any refund. If applicable, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any refund. If applicable, I authorize the U.S. Treasing and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for any refund in signature in the financial institution account indicated in the tax preparation software for any refund. If applicable, any of the financial institution indicated in the tax preparation software for any refund in signature in the surface and any and its designation and account in the surface and any any and its designation and resolve issues related to the payment. If further acknowledge that the expectation number (PfN) below in the grain and any any any and any	Enter whole dollars only on lines 1 through 5.		
3	Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
4 Amount you want refunded to you	1 Adjusted gross income		
A mount you want refunded to you 5			
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Inder penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the IRS (a) an acknowledgement of resign or rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial position of the processing the reson or any delay in the reson or any delay in the reason or any delay in the reson or any			13/3/01
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I authorize GLOBAL TAXES LLC to enter or generate my PIN 3 5 5 3 2 Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Date Date	return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for any delay in processing the return or refund, and (c) the date of any refund. If applicable, Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institu payment of my federal taxes owed on this return and/or a payment of estimated tax, and the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Apayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment business days prior to the payment (settlement) date. I also authorize the financial institution taxes to receive confidential information necessary to answer inquiries and resolve issues	provider, transmitter, or electro or reason for rejection of the tr I authorize the U.S. Treasury artion account indicated in the ta financial institution to debit the gent to terminate the authoriza cancellation requests must be s involved in the processing of related to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 the electronic payment of her acknowledge that the
I authorize GLOBAL TAXES LLC to enter or generate my PIN 3 5 5 3 2 Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's PIN: check one box only Date Date			
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Spouse's PIN: check one box only	if you are entering your own PIN and your return is filed using the Practit		
lauthorize	Your signature ▶	Date ►	
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LIV MAS LEMIN THIS FORM — SEE MISHACHORS			

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		n 20 2	3	OMB No. 1545-0	074	IRS Use Only	∕—Do not v	vrite or stap	ple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling	<u>'</u>		, 20	See se	parate ir	nstructions.
Your first name		iddle initial	Last name							cial secu	urity number
		s first name and middle initial	Last name								security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructions				Α	pt. no.	Preside	ential Elec	ction Campaigr
_2017 WAI											ou, or your ointly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete spac	ces below.	Sta	ite Z	ZIP co	ode		0,	d. Checking a
CORPUS C					T		784		box be	low will n	not change
Foreign country	/ name		Fore	eign province/state/	count	ty F	oreig	n postal code	your ta	x or refur	
Filing Status	; X	Single				Head of hou	ıseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had inco	ome)		_					
one box.		Married filing separately (MFS)				☐ Qualifying s		• .			
		you checked the MFS box, enter the alifying person is a child but not you			u che	ecked the HOH o	or QS	SS box, ente	er the ch	ild's nan	ne if the
Distribut		ny time during 2023, did you: (a) rec	'		novr	mont for property			(b) coll		
Digital Assets		nange, or otherwise dispose of a dig	•						. ,	☐ Ye	s 🗵 No
Standard	_	neone can claim:	•	☐ Your spous		•					
Deduction		Spouse itemizes on a separate retur	n or you we	ere a dual-status	alien	1					
		: Were born before January 2, 1	959 🔲 /	Are blind Spo	ouse	: Was born		re January 2			blind
Dependents				(2) Social security	,	(3) Relationship	(4		•		see instructions)
If more	(1) F	irst name Last name		number		to you	_	Child tax c	redit	Credit for	r other dependents
than four							_				
dependents, see instructions	s						_				
and check	· —										
here L	1a	Total amount from Form(s) W-2, b	ov 1 (see ir	netructions)					. 1a	<u> </u>	80,299.
Income	b	Household employee wages not re	,	,					. 1k		
Attach Form(s)	c	Tip income not reported on line 1a	•	. ,					. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•						. 10		
W-2G and	e	Taxable dependent care benefits to			iisti u		•		. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene		*			•		. 11		
If you did not		Wages from Form 8919, line 6.		·			•		. 10		
get a Form	g h	Other earned income (see instruct					•		. 11		0.
W-2, see	i	Nontaxable combat pay election (,	tions)						•	
instructions.		Add lines 1a through 1h	see mstruc						. 12		80,299.
AII		ı .	20	· · · · · i	 ьт	axable interest	•				
Attach Sch. B if required.	2a	. –	2a			axable interest Ordinary dividend	Ic		. 2k		
	3a_	_	3a			axable amount.					
Standard	4a	_	4a 5a			axable amount . axable amount .			. 41.		
Deduction for—	5a	_				axable amount .					
Single or Married filing	6a	•	6a				•		. 6k		
separately, \$13,850	C 7	If you elect to use the lump-sum election method, check here (see instructions)									
Married filing	7 Ω						•		_	_	-16,625.
jointly or Qualifying	8 9	Add lines 17 2h 3h 4h 5h 6h 7							. 8		63,674.
surviving spouse, \$27,700		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•					. 10	_	2,500.
Head of	10	Adjustments to income from Sche							—		
household, [11	Subtract line 10 from line 9. This is	•	-			•		. 11		61,174.
If you checked [12	Standard deduction or itemized		•	,	 15 A	•		. 12		13,850.
any box under Standard	13	Qualified business income deduct		ATTI OSSO OF FORM	099	IJ-A	•		. 13		13 050
Deduction, see instructions.	14 15	Add lines 12 and 13	· · ·	nter_O_ This is v		 tavahla inaama	•		. 14		13,850.

Form 1040 (202)	3)						_		Page 2	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,719.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	5,719.	
	19	Child tax credit or credit for oth	ner dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	5,719.	
	23	Other taxes, including self-emp	oloyment tax, t	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ur total tax					24	5,719.	
Payments	25	Federal income tax withheld from	om:							
-	а	Form(s) W-2				25a 13	3,370.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	13,370.	
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1								
	32	Add lines 27, 28, 29, and 31. The	32							
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments				33	13,370.	
Refund	34	If line 33 is more than line 24, s	ubtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	7,651.	
	35a	Amount of line 34 you want ref	unded to you	ı. If Form 8888	is attached, chec	k here	🗌	35a	7,651.	
Direct deposit?	b	Routing number 1 1 1 0				Checking	Savings			
See instructions.	d	Account number 4 8 8 0	9 0 7	7 0 3 7	7 3					
	36	Amount of line 34 you want app	olied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. The								
You Owe		For details on how to pay, go to	o www.irs.gov	/Payments or	see instructions .			37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party		you want to allow another pe								
Designee		structions					omplete		⊠ No	
		esignee's me		Phone no.			onal identi ber (PIN)	ification		
Sign		der penalties of perjury, I declare that	I have examined	this return and	accompanying sche		, ,	the best	of my knowledge and	
Here	be	lief, they are true, correct, and complete	te. Declaration o	of preparer (other	than taxpayer) is ba	sed on all informat	on of whic	h prepar	er has any knowledge.	
пеге	Yo	our signature		Date Your occupation				e IRS sei	nt you an Identity	
								IN, enter it here		
Joint return? See instructions.				SOFTWARE ENGINEER				(see inst.)		
Keep a copy for your records.	Sp	ouse's signature. If a joint return, bot l	Date	Spouse's occupation	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Ph	one no. (469) 674-3552		Email address	DANDA.AKHI	L@YAHOO.CO	'			
	Pr		reparer's signati	ure		Date	PTIN		Check if:	
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM SY	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/06/2024	P0208	2703	Self-employed	
Preparer							ne no. (678) 965-9522			
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			ı's EIN	84-3171965	
		4040 () 1 1 1 1 1 1 1 1 1 1			-		1		= 1010	

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

AKHIL REDDY DANDA

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 social security number
017-33-3632

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	-16,625.
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:			
_				
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente			4.6.66-
	1040, 1040-SR, or 1040-NR, line 8		10	-16,625.

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-basis 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	2,500.
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			
g	Contributions by certain chaplains to section 403(b) plans		
h	discrimination claims (see instructions)		
	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		
i	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 . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	2,500.

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 Sequence No. 13

Your social security number

OMB No. 1545-0074

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

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

AKH:	IL REDDY DANDA						017-33	3-3632	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rtv. use		C . See	instru	ctions. If you ar	re an indiv	idual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	see ins	structions		. <u> </u>	s 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y e	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	1-7-1000/A, ADVOCATESCOLONY HANAMKONDA			F.T.ΔN(ZANA	TN 50600	1		
В	1 / 1000/11, 11DVOCITIBOCOLONI IMMERICONDII	VVIII	11102111, 1		J2 11 1 2 1	111 30000			
C									
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair	erty list rental	ed and		Fa	ir Rental Days	Persona Day		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	JCHOUS	i.	С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descri	ibe)		
						Propertie	es:		
Incor	ne:			Α		В			С
3	Rents received	3		7	45.				
4	Royalties received	4							
Ехре	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		3,5	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,9	90.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			10.				
15	Supplies	15		3,3	40.				
16	Taxes	16							
17	Utilities	17		3,6	80.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		4					
20	Total expenses. Add lines 5 through 19	20		17,3	70.				
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		-16,6	25.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(16 , 62	5.)	()(,)
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		745.		
b	Total of all amounts reported on line 4 for all royalty prop				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	17	,370.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	e 22. Ei	nter to	tal losses here	25 (16,625.)
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 Schedule 1 (Form 1040), line 5. Otherwise, include this a						n 26		-16,625.