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

Submiss	sion Identification Number (SID)						
Taxpayer's	s name	Social secu	rity numl	per			
SNEHA	A BANKAPALLI	588-25-8552					
Spouse's I	name	Spouse's social security number					
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you	are au	thorizing	.)		
	nole dollars only on lines 1 through 5.	<i>, ,</i>			,		
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 A	djusted gross income		1	72	,125.		
2 T	otal tax		2	8	,128.		
3 F	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,669.		
4 A	mount you want refunded to you		4	4	,541.		
	mount you owe		5				
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a co	py of y	our retu	ırn)		
to send r for any d Agent to payment authoriza payment, business taxes to personal	iginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transminy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction from the financial institution account indiction is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation required 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 payment (PIN) below is my signature for the income tax return (original or amended) I and a final deviation of the payment of	ction of the S. Treasury cated in the n to debit the the authoriests must borocessing ayment. I fu	transmistransmistrand its control tax prepare entry zation. To receive of the elerther acceived	ssion, (b) the designated paration so to this according revoke wed no lat ectronic packnowledge.	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	Funds Withdrawal Consent.						
	er's PIN: check one box only	500	5 8 !	5 5 2			
×	l authorize GLOBAL TAXES LLC to enter or generate r	· E		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	C	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your sig	nature ▶ Date ▶						
Spouse	's PIN: check one box only	_					
	I authorize to enter or generate r	nv PIN			as my		
	ERO firm name	_	nter five	digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	d	on't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.						
Spouse'	s signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part III	Certification and Authentication — Practitioner PIN Method Only						
ERO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't e	6 0	8 2 7 eros	1		
authorize	hat the above numeric entry is my PIN, which is my signature for the electronic individual income tade to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompany of the Practitioner PIN method Incompany of the Practition PIN method Incompany of the Pincompany of the	tting this re	turn in a	accordance			
ERO's s	ignature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	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	aple in this space.
For the year Jar	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	niddle initial	Last nar	name						Your social security number			
SNEHA BANK					ıI						588	25	8552
	pouse's	s first name and middle initial	Last nar								Spouse'		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				<i>A</i>	Apt. no.		Preside	ntial Ele	ection Campaign
10423 R	ANIE:	R RIDGE, BLVD EAST						I	302	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP c					jointly, want \$3
PUYALLUI	₽					WA	A	983	74	- 1	0		nd. Checking a not change
Foreign countr	y name		F	oreign pr	ovince/state/o	count	ty	Foreig	ın postal c		your tax		ınd.
Filing Status	s 🗵	Single					Head of h	useh	old (HOH	<u>-</u>			
Check only		Married filing jointly (even if only or	ne had ir	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ring spou	use (C	QSS)		
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payr	nent for prope	rty or	services); or (b) sell,		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard	Son	neone can claim: 🔲 You as a de	pendent	t 🔲	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Spc	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	(4) Chaal, tha h			x if quali	fies for ((see instructions):
If more		(1) First name Last name		number to you		Child tax c		ax cre	edit	Credit fo	or other dependents		
than four									[
dependents, see instruction									[
and check	- —												
here L									[
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		80,032.
Attach Form(s)	b	Household employee wages not re									1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						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 from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f				
If you did not get a Form	g									1g			
W-2, see	h :	Other earned income (see instructions)								1h		0.	
instructions.	i		see instr	uctions)			<u>li</u>						80,032.
AII	Z	Add lines 1a through 1h			· · · ·	 					1z		00,032.
Attach Sch. B if required.	2a		2a				axable interes [.] Irdinary divide				2b		
	3a		3a 4a				ordinary dividel axable amoun				3b 4b		
Standard	4a 5a	-	4a 5a				axable amoun axable amoun				5b		
Deduction for—	6a		_								6b		
Single or Married filing	C	,						7					
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7			
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		-5,407.		
Qualifying	9		Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		74,625.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10		2,500.
Head of household,	11	Subtract line 10 from line 9. This is									11		72,125.
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,850.
If you checked any box under	13	Qualified business income deduct		•		,					13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		58 275

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 4972	з 🗌		16	8,128.		
Credits	17	Amount from Schedule 2, line	3					17			
	18	Add lines 16 and 17						18	8,128.		
	19	Child tax credit or credit for o	ther dependent	ts 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	8,128.		
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is y	our total tax					24	8,128.		
Payments	25	Federal income tax withheld f	from:								
-	а	Form(s) W-2				25a 1	2,669				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						25d	12,669.		
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC) .			No .	27					
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28					
	29	American opportunity credit f	rom Form 8863	8, 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 your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	12,669.		
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you overpaic	١	34	4,541.		
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	4,541.		
Direct deposit?	b	Routing number 0 7 4			c Type: 🛛	Checking [Savings	s			
See instructions.	d	Account number 5 9 2	5 9 3 8	1 5							
	36	Amount of line 34 you want ap	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.							
You Owe		For details on how to pay, go	_	-				37			
	38	Estimated tax penalty (see ins	structions) .			38					
Third Party		you want to allow another	•			_					
Designee		structions					Complete		⊠ No		
		signee's me		Phone no.			rsonal ide mber (PIN)				
Sign	Un	der penalties of perjury, I declare that	at I have examined	d this return and	accompanying sche	dules and stateme	ents, and to	the best	of my knowledge and		
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.		
Here	Yo							nt you an Identity			
							1	otection P ee inst.)	PIN, enter it here		
Joint return? See instructions.						MIA ENGINEER			<u> </u>		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. Da			Date	Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
•											
		(21)/310 3313	Preparer's signat	Email address	SNEHABANKAPA	ALLI@GMAIL.(Date	OM PTIN		Check if:		
Paid		·			CIIDUA UATTAM			02702	Self-employed		
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/13/2024 P0208									
Use Only							hone no. (678)965-9522				
	rir 'E	m's address 245 ROONEY	CI F BKU	TADMICK IN	00010		Fir	m's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 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		Your so	cial se	curity number
SNEF	IA BANKAPALLI		588-2	5-855	2
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. Att			5	-5,407.
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			
I	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			
а	Taxable distributions from an ABLE account (see instructions)	8a	- 1		

8r

8s

8t

8u

8z

For Paperwork Reduction Act Notice, see your tax return instructions.

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

Scholarship and fellowship grants not reported on Form W-2 . . .

Nontaxable amount of Medicaid waiver payments included on Form

Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

Schedule 1 (Form 1040) 2023

-5,407.

9

10

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	1
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	. 20	
21	Student loan interest deduction		
22	Reserved for future use		
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	_	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)		
	,		
ı	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		
	Housing deduction from Form 2555		
ј k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
N.	1041)		
z	Other adjustments. List type and amount:		
_	0.4-		
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		
	Form 1040, 1040-SR, or 1040-NR, line 10		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.

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 Your social security number SNEHA BANKAPALLI 588-25-8552

Part	Note: If you a	Loss From Rental Real Estate and re in the business of renting personal propert or loss from Form 4835 on page 2, line 40.			See ins	tructions. If you	are an inc	dividual, rep	ort farr	m
Α [payments in 2023 that would require you	to file	Form(s) 1099	? See	instructions .		. \(\text{Ye}	s X	No
		will you file required Form(s) 1099?								
1a		s of each property (street, city, state, ZIF								
Α	SRINIVASA NI	ILAYAM MANSOORABAD TELANGAN	II AI	N 500070						
В										
С										
1b	Type of Property	2 For each rental real estate proper	rty list	ted		Fair Rental	Perso	nal Use	_	JV
	(from list below)	above, report the number of fair r					D	ays	Q	JV
Α	3	personal use days. Check the QJ					0			
В		if you meet the requirements to fi qualified joint venture. See instru		<u> </u>						
С		quamou jome vomaror oco metra	0110110	j. C	;					<u> </u>
	of Property:									
	Single Family Resid		tal	5 Land		7 Self-Rental				
2	Multi-Family Resid	ence 4 Commercial		6 Royalties	3	8 Other (desc	ribe)			
						Propert	ies:			
ncon	ne:			Α		В			С	
3	Rents received .		3		520					
4	Royalties received	d	4							
Exper	ises:									
5	_		5							
6	·	ee instructions)	6							
7		aintenance								
8			8							
9			9							
10	-	rofessional fees	10							
11	•		11		700	•				
12		paid to banks, etc. (see instructions)	12							
13 14			14	1	,235					
15	•		15	-	,556					
16			16		, 550	•				
17			17	1	,401	_				
18		ense or depletion	18	_	, 101					
19		dd lingo 5 through 10	19							
20	Total expenses. A	Add lines 5 through 19	20	5	,927					
21	Subtract line 20 fr	rom line 3 (rents) and/or 4 (royalties). If								
		see instructions to find out if you must								
	file Form 6198 .		21	-5	,407					
22		real estate loss after limitation, if any, ee instructions)	22	(5,	407.)()()
23a	Total of all amoun	its reported on line 3 for all rental proper	rties		23	Ba	520.			
b		its reported on line 4 for all royalty prope	erties		23	Bb				
С		its reported on line 12 for all properties			23					
d		its reported on line 18 for all properties			23					
е		ats reported on line 20 for all properties			23	Se S	5,927.			
24		itive amounts shown on line 21. Do not		-			. 24			
25	=	ty losses from line 21 and rental real estate						(5,4	07.)
26		estate and royalty income or (loss).								
		I, and IV, and line 40 on page 2 do not					on		Е	107