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

	5						
Submis	ssion Identification Number (SID)						
Taxpayer	r's name	Social securi	ty numl	per			
RAMA	NARASIMHA AILURI	863-81	-753	3			
Spouse's	s name	Spouse's soo	e's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina)		
	whole dollars only on lines 1 through 5.	ycai you c	i C aa	ti lonzing.	<i>)</i>		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1 1	85	,055.		
	Total tax		2		,977.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,445.		
4	Amount you want refunded to you		4		,468.		
5	Amount you owe		5				
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retu	rn)		
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated to fine taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as 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 particular of the III of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the Withdrawal (PIN) below is my signature for the income tax return (original or amended) I are the firm of the f	e are the ameter, or electro- ction of the to S. Treasury a cated in the to n to debit the the authoriz- ests must be processing of ayment. I fur	ounts for the counts of the co	rrom the inditurn original ssion, (b) the designated paration soft to this according to the control of the cont	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 yment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X	•	ny PIN 1	7 5	5 3 3	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	do my		
	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 methodelow.						
Your si	gnature ▶ Date ▶						
Spous	e's PIN: check one box only						
	I authorize to enter or generate r	nv PIN			as my		
Ш	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	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	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
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	2 4 9 Don't ent	6 0 er all ze	8 2 7	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	x return (origi tting this ret	nal or urn in a	amended) I			
ERO's	signature ▶ 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		ırn	20 2	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 ser	oarate	instructions.
Your first name and middle initial Last na				ne							Your so	cial sec	curity number
RAMA NAI	RASI	MHA	AILU	RI							863	81	7533
		s first name and middle initial	Last nar										security number
	•	er and street). If you have a P.O. box, see	instructio	ons.				P	Apt. no.	- 1			ection Campaigr
1208 VII						10.		710					ou, or your jointly, want \$3
•		ice. If you have a foreign address, also co	omplete sp	oaces belo	w.	Sta		ZIP c			•	_	nd. Checking a
WATERVL						NY		121		- 1			not change
Foreign countr	y name			oreign pro	vince/state/o	count	:y	Foreig	ın postal c	ode	your tax	or refu	_
Filing Status	s 🗵	Single					☐ Head of h	Louseh	old (HOH	— ∃)			
Check only		Married filing jointly (even if only o	ne had ir	ncome)					•	•			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If yoι	ı 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	ur depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward,	award, or	payn	nent for prope	rty or	services); or (b) sell,		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard	Som	neone can claim: You as a de	pendent	_ \	our spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a d	ual-status	alien	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd Spc	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more	(1) F	First name Last name			number		to you		Child t	ax cre	dit	Credit fo	or other dependents
than four													
dependents, see instruction	e —												
and check													
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		95,820.
Attach Form(s)	b	Household employee wages not re	•	•	,						1b		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a (see instructions)								1c			
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
1099-R if tax	e		ble dependent care benefits from Form 2441, line 26							1e			
was withheld.	f	Employer-provided adoption bene	tits from	Form 88	39, line 29	•					1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6.									1g		0.
W-2, see	h :	Other earned income (see instruct	,					Ϊ.			1h		
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>1i</u>						95,820.
AII	Z	Add lines 1a through 1h			· · i	 ьт	axable interes				1z		75,020.
Attach Sch. B if required.	2a	· –	2a 3a				axable interes Ordinary divide				2b 3b		
	3a	· · ·	4a				•				4b		
Standard	4a 5a		4a 5a				axable amoun axable amoun				5b		
Deduction for—	6a	_	6a				axable amoun				6b		
Single or Married filing	C	If you elect to use the lump-sum e		nethod o						· :]		
separately, \$13,850	7	,		,		`	,			·	7		
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		-10,765.		
jointly or Qualifying	9		6b, 7, and 8. This is your total income						9		85,055.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		
Head of household,	11	Subtract line 10 from line 9. This is									11	_	85,055.
\$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 14 from line 11. If zer							=	,	15		71 205

Form 1040 (2023	3)								_	Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			16	10,977.
Credits	17	Amount from Schedule 2, lir	ne 3					[17	
	18	Add lines 16 and 17						[18	10,977.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			[19	
	20	Amount from Schedule 3, lir	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	10,977.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			[23	0.
	24	Add lines 22 and 23. This is	your total tax					[24	10,977.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	12,4	145.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	12,445.
If you have a	26	2023 estimated tax paymen	ts 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	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable cr	edits .		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				[33	12,445.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you ove	rpaid .		34	1,468.
	35a	Amount of line 34 you want			is attached, che	ck here .		. 🗆 🛚	35a	1,468.
Direct deposit?	b	Routing number 0 7 2	0 0 0 3	2 6	c Type:] Checking	X Sav	vings		
See instructions.	d	Account number 7 6 1	1 8 6 2	2 7						
	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 amo	ount you owe						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions			[37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				_
Designee	ins	instructions								X No
		Designee's Phone Personal ide name no. number (PIN							ation	
<u>C:</u>		der penalties of perjury, I declare t	hat I have evamine		accompanying sche	dulae and et		` '	heet (of my knowledge and
Sign		lief, they are true, correct, and com								, ,
Here	Υo	ur signature		Date	Your occupation			If the IF	RS ser	nt vou an Identity
		ar orginataro	Date	Tour occupation				Protection PIN, enter it here		
Joint return?			SOFTWARE ENGINEER				(see ins	see inst.)		
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation				Identity	f the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.								st.)		
		one no. (248)893-561		Email address	RAMAILURI2					
Paid	Pre	eparer's name	Preparer's signat			Date		TIN		Check if:
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/10/	2024 P	20827		Self-employed
Use Only	Fir	m's name GLOBAL TA						Phone	no. (678)965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							Firm's	EIN	84-3171965

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

RAMA NARASIMHA AILURI

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.

Your social security number 863-81-7533

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		5	-10,765.
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	r here and on Form	10	-10 765

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)

Department of the Treasury

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

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 RAMA NARASIMHA AILURI 863-81-7533 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 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 3 585. Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,245. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 900. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,456. 14 Repairs 14 15 Supplies 15 1,978. 16 16 Taxes 17 Utilities 17 2,045. 18 3,726. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 11,350. 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 -10,765. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 10,765.) 585. 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 3,726. 23d Total of all amounts reported on line 18 for all properties

24

25

26

Total of all amounts reported on line 20 for all properties

Income. Add positive amounts shown on line 21. Do not include any losses

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

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

10,765.

-10,765.

11,350.

24

25

26

23e