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

- Internal n	levelue Service							
Submis	ssion Identification Number (SID)							
Taxpaye	's name	Social secu	rity numb	er				
VENK	ATRAMANA REDDY GADDAM	727-22-1524						
Spouse's	name	Spouse's social security number						
Part	- ' '	er year you	are aut	horizing.	.)			
	whole dollars only on lines 1 through 5.							
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			0.0				
	Adjusted gross income		1		,381.			
_	Total tax		2		,263.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,474.			
	Amount you want refunded to you		5	3	,211.			
Part	<u> </u>	keen a co		our retu	ırn)			
,	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende							
to send for any Agent to paymen authoriz paymen busines taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfirmly 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 boinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incit of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reds 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 lidentification number (PIN) below is my signature for the income tax return (original or amended) I sic Funds Withdrawal Consent.	jection of the J.S. Treasury dicated in the ion to debit the te the authori quests must le processing payment. I fu	transmis and its cotax prepare entry to zation. To be received the elementary the received the action of the action to the actio	sion, (b) the lesignated aration so this according revoke (yed no late ectronic parknowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
	yer's PIN: check one box only							
X	l authorize GLOBAL TAXES LLC to enter or generate	my PIN	2 1 5	2 4	as my			
	ERO firm name	Ĺ		digits, but r all zeros	asiny			
	signature on the income tax return (original or amended) I am now authorizing.		-i Ol-	1-41-1-1				
	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.	hod. The EF	O must	complete				
Your si	gnature ► Date ►	03/2	2/202	24				
Snous	e's PIN: check one box only							
	I authorize to enter or generate	my 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	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.							
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belov	V						
Part I	II Certification and Authentication — Practitioner PIN Method Only							
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 nter all ze	8 2 7 ros	1 1			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income sed 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 e-file Providers of	mitting this re	turn in a	ccordance				
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



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 s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		,	2023, endir	ng			, 20		See se	oarate i	instructio	ons.
Your first name VENKATRA If joint return, s	AMAN		GADDA	ast name GADDAM ast name							Your social security number 727 22 1524 Spouse's social security number			
	•	er and street). If you have a P.O. box, see	instruction	ns.					pt. no.	- 1			ection Car	. •
City, town, or p DALLAS Foreign countr									Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse					
Filing Status Check only one box. Single Married filing jointly (even if only one had income) Married filing separately (MFS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the qualifying person is a child but not your dependent:									the chi	ld's na	me if the	;		
Digital Assets Standard	Som	ny time during 2023, did you: (a) rectange, or otherwise dispose of a dignerone can claim:	ital asset	(or a finan	cial intere	st in						□ Ye	es 🗵 I	No
Deduction		Spouse itemizes on a separate retur	n or you	were a dua	al-status a	ılien								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	Are blind	Spor	use:							s blind	
Dependent		(see instructions):			(2) Social security (3) Relationship			p (4)					see instru	
If more	(1) ⊢	irst name Last name		number to you			to you		Child t	ax cre	eait	Credit 10	r other dep	pendents
than four dependents,										<u> </u>			ㅡ	
see instruction and check here	s ——]													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruction	ns)						1a		101,0	374.
IIICOIIIC	b	Household employee wages not re	`		,						1b	_		
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a (see instructions)								10	_			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	_		
W-2G and	e										1e	_		
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f	_			
If you did not	g	Wages from Form 8919, line 6								1g				
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (see instructions)												
inotractione.	z	Add lines 1a through 1h		20110110)							1z		101,0	374.
Attach Sch. B	 2a	· · · · · · · · · · · · · · · · · · ·	2a			b Ta	xable interest					_		
if required.	3a	· –	3a				dinary dividen					_		
	4a		4a				xable amount					_		
Standard	5a	_	5a				xable amount					_		
Deduction for— Single or	6a	_	6a				xable amount				6b	_		
Married filing	С	If you elect to use the lump-sum e	_	nethod, che						. г	7			
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, c						,			. $\bar{\Gamma}$	7				
Married filing jointly or	8	Additional income from Schedule 1, line 10							8		-14,6	 693.		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		86,3	
surviving spouse, \$27,700	10	Adjustments to income from Sche									10			
Head of household,	11	Subtract line 10 from line 9. This is									11		86.3	381.
\$20,800	12	Standard deduction or itemized	•								12			850.
If you checked any box under	13	Qualified business income deduct									13			
Standard Deduction,	14										14		13.8	850.
see instructions.	15	Subtract line 14 from line 11. If zer								•	15		72 5	

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	11,263.		
Credits	17	Amount from Schedule 2, lin	e3					17			
	18	Add lines 16 and 17						18	11,263.		
	19	Child tax credit or credit for	19								
	20	Amount from Schedule 3, lin	20								
	21	Add lines 19 and 20	21								
	22								11,263.		
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	11,263.		
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a 14	,474.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	14,474.		
If you have a	26	2023 estimated tax payment	s 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	n 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, lin									
	32	Add lines 27, 28, 29, and 31.	32								
	33	Add lines 25d, 26, and 32. The	hese are your to	tal payments				33	14,474.		
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,211.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							3,211.		
Direct deposit?	b	Routing number 1 1 1				Checking	Savings				
See instructions.	d	Account number 4 8 8	0 5 2 4	2 3 9 0	0 1						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24.									
You Owe		For details on how to pay, go	o to www.irs.go	//Payments or	see instructions .			37			
	38	Estimated tax penalty (see in	structions) .			38					
Third Party		you want to allow another	•								
Designee							•		⊠ No		
		esignee's me		Phone no.		onal identification ber (PIN)					
Sign	Un	nder penalties of perjury, I declare th	at I have examine	d this return and	accompanying sche	dules and statemen	ts, and to t	he best	of my knowledge and		
Here	be	lief, they are true, correct, and com	n prepar	er has any knowledge.							
Here	Yo	our signature		Date	Your occupation	If the IRS sent you an Identity					
								IN, enter it here			
Joint return? See instructions.		oouse's signature. If a joint return, b	ath mount sign	Dete	SOFTWARE	`	(see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
Keep a copy for your records.		ouse's signature. Il a joint return, b	oth must sign.	Date	Spouse's occupati	Iden					
	Ph	ione no. (816) 328-5566	 б	Email address	VENKATV629	1					
D-:-I	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYA	AM PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAO	GAR GUPTA	03/20/2024	P0208	2703	Self-employed		
Preparer									hone no. (678) 965-9522		
Use Only		m's address 245 ROONE		irm's EIN							
	/=	4040 () 1 1 1 1 1 1 1 1							= 1040 ()		

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATRAMANA REDDY GADDAM

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 soci	ial security number
727-22	-1524

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	ach Schedule E .	5	-14,693.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
C	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		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		
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	-14,693.

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 governr	nent		
	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		9a	
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I 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 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	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			
	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.

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number

VENI	/ENKATRAMANA REDDY GADDAM 72								72	727-22-1524				
Par	Note: If you a	re in the	From Rental Real Estate business of renting personal personal personal personal personal personal page 2, lin.	property, u	Royaltie use Sche	es dule C. See	e instru	ctions. If you a	are an	individ	lual, repo	ort farm		
Α			ts in 2023 that would require		ile Form	(s) 1099? S	See in	structions			☐ Ye	s X No		
			u file required Form(s) 1099											
 1a												<u> </u>		
	Physical address of each property (street, city, state, ZIP code)													
_ <u>A</u>	7-49/2/1/1, REKURTHI KARIMNAGAR TELANGANA IN 505001													
B C														
1b	Type of Property (from list below)		For each rental real estate pabove, report the number of				Fa	air Rental Days	Personal Use Days			QJV		
A	3		personal use days. Check the			Α		365						
B			if you meet the requirement			В		303						
		1	qualified joint venture. See i	instructio	ons.	C								
	of Property:	1												
	Single Family Resid	dence	3 Vacation/Short-Term	Rental	5 L	and	7	Self-Rental						
2	Multi-Family Resid	ence	4 Commercial		6 R	loyalties	8	Other (desc	ribe)					
Incor	ne:					Α		Propert B	162.			С		
3				. 3	1		35.							
4														
Expe														
5				. 5	5									
6	•		ructions)		6									
7			ce		7	2,0								
8					3									
9)									
10	Legal and other p	rofessi	onal fees	. 10	0									
11	-				1	2,2	52.							
12	~ ~		o banks, etc. (see instruction	· —	_									
13														
14	-				_	3,658.								
15						, ,								
16 17														
18			depletion		2,522. 18 2,597.									
19	Other (list)			19		2,5	77.							
20	Total expenses. A	 Add line	es 5 through 19			15,3	28.							
21	·		e 3 (rents) and/or 4 (royalties			20,0								
			tructions to find out if you m	, ,										
	file Form 6198 .			. 2	1	-14,6	93.							
22			state loss after limitation, if a											
	•		uctions)		`	14,69	93.)	()()		
23 a		-	orted on line 3 for all rental p	-			23a		63	5.				
b			orted on line 4 for all royalty				23b							
c			orted on line 12 for all prope				23c							
d			orted on line 18 for all prope				23d		2,59					
e			orted on line 20 for all prope				23e	15	32					
24	•		mounts shown on line 21. D espteating 21 and rental real							24		14 602 \		
25	•	•	es from line 21 and rental real							25 (L4,693.)		
26			and royalty income or (lo IV, and line 40 on page 2 d											
			line 5. Otherwise, include the							26	_	-14,693.		