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 | Vertifier Deliving | | | | | |
|---|--|--|---|---|---|--|
| Subm | ission Identification Number (SID) | | | | | |
| Taxpay | er's name | Social secur | ity numb | per | | |
| SHA | NTHI CHINTHALAPANI | 849-05-1195 | | | | |
| Spouse | 's name | Spouse's social security number | | | | |
| | | | | | | |
| Par | , , , | year you a | are au | thorizing. |) | |
| | whole dollars only on lines 1 through 5. | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | 1 . | ۱ ، ، ، | | |
| 1 | Adjusted gross income | | 1 | | ,334. | |
| 2 | Total tax | | 2 | | <u>,916.</u> | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 | | ,317. | |
| 4 5 | Amount you want refunded to you | | 5 | 6 | ,401. | |
| Part | Amount you owe | reen a cor | | our retu | rn) | |
| | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended | | | | | |
| to sen for any Agent payme author payme busine taxes persor | (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejuve delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into fmy federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the I.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the parall identification number (PIN) below is my signature for the income tax return (original or amended) I a | ection of the tale. Treasury a cated in the tale to debit the tale the authorizates must be processing cayment. I full | ransmis and its of ax preparently ation. The e receiff the el | ssion, (b) the designated paration softo this according revoke (continued no late ectronic pasknowledge | re reason Financial tware for bunt. This cancel) a er than 2 yment of that the | |
| | onic Funds Withdrawal Consent. | | | | | |
| | ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate | 5 DIN | 1 1 1 | 1 9 5 | | |
| Ľ | ERO firm name | ř Er | | digits, but | as my | |
| | 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 n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Your | signature ▶ Date ▶ | | | | | |
| C | PINI shook and by only | | | | | |
| Spou | se's PIN: check one bŏx only | DIN | | | | |
| L | I authorize to enter or generate | , | ter five | digits, but | as my | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | er all zeros | | |
| Г | I will enter my PIN as my signature on the income tax return (original or amended) I am n | ow authoriz | ing. Ch | neck this b | ox only | |
| | if you are entering your own PIN and your return is filed using the Practitioner PIN meth below. | | | | | |
| Spou | se's signature ▶ Date ▶ | | | | | |
| | Practitioner PIN Method Returns Only—continue below | | | | | |
| Part | III 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 en | 6 0 | 8 2 7 | 1 | |
| | | | 20 | | | |
| author | y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Incompared to the Practition of | itting this ret | urn in a | accordance | | |
| FRO' | s signature ▶ Date ▶ | | | | | |
| | ERO Must Retain This Form — See Instructions | | | | | |
| | Don't Submit This Form to the IRS Unless Requested To I | Oo 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 x | | 202 | 3 | OMB No. 1545-0 | 074 | IRS Use Only | /—Do not v | vrite or staple | e in this space. |
|-------------------------------|--------------------------|---|----------------|---------------------|--------|------------------------------------|--------|---------------|-------------|-----------------|----------------------------|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | 1 | | , 20 | See se | parate ins | structions. |
| Your first name | and m | iddle initial | Last name | | | | | | Your so | cial secur | ity number |
| SHANTHI | | | CHINTH | ALAPANI | | | | | 849 05 1195 | | |
| If joint return, s | pouse's | s first name and middle initial | Last name | | | | | | Spouse | 's social se | ecurity numbe |
| Home address | (numbe | er and street). If you have a P.O. box, see | instructions. | | | | А | pt. no. | Preside | ential Elect | tion Campaigr |
| | | FLUGERVILLE PARKWAY | | | | | | 208 | 1 | here if you | |
| City, town, or p | ost offi | ce. If you have a foreign address, also co | omplete space | es below. | Sta | | ZIP co | | | 0, | ntly, want \$3. Checking a |
| ROUND RO | | | | | T | | 786 | | box bel | low will no | t change |
| Foreign country | y name | | Forei | ign province/state/ | count | ty F | oreig | n postal code | your ta | x or refund | d. Spouse |
| Filing Status | , X | Single | | | | Head of hou | ıseho | old (HOH) | | | |
| Check only | | Married filing jointly (even if only o | ne had inco | me) | | | | | | | |
| one box. | | Married filing separately (MFS) | | | | ☐ Qualifying s | | • . | . , | | |
| | If y | you checked the MFS box, enter the | e name of yo | our spouse. If you | u che | ecked the HOH o | or QS | SS box, ente | er the ch | ild's nam | e if the |
| | qu | alifying person is a child but not you | ur dependen | nt: | | | | | | | |
| | At a | ny time during 2023, did you: (a) rec | eive (as a re | ward, award, or | payr | ment for property | y or s | services); or | (b) sell, | | |
| Assets | exch | nange, or otherwise dispose of a dig | ital asset (or | r a financial inter | est ir | n a digital asset)' | ? (Se | e instructio | ns.) | ☐ Yes | ⊠ No |
| Standard | Som | neone can claim: 🗌 You as a de | ependent | ☐ Your spous | e as | a dependent | | | | | |
| Deduction | | Spouse itemizes on a separate retur | n or you we | ere a dual-status | alien | 1 | | | | | |
| Age/Blindness | s You | : Were born before January 2, 1 | 959 🗌 A | re blind Spo | ouse | : Was born | befo | re January | 2, 1959 | ☐ Is b | olind |
| Dependent | s (see | instructions): | | (2) Social security | , | (3) Relationship | (4 |) Check the b | ox if qual | ifies for (se | e instructions): |
| If more | (1) First name Last name | | | number | | to you | | Child tax o | redit | Credit for o | ther dependents |
| than four | | | | | | | | | | | |
| dependents, see instruction | e —— | | | | | | | | | | |
| and check | . — | | | | | | | | | | |
| here L | | | | | | | | | | <u> </u> | |
| Income | 1a | Total amount from Form(s) W-2, b | , | , | | | | | . 1a | 1 | .38,832. |
| Attach Form(s) | b | Household employee wages not re | • | . , | | | | | . 1b | | |
| W-2 here. Also | С | Tip income not reported on line 1a | • | | | | | | . 10 | _ | |
| attach Forms W-2G and | d | Medicaid waiver payments not rep | | | nstru | ıctions) | | | . 10 | _ | |
| 1099-R if tax | е | Taxable dependent care benefits | | • | | | | | . 16 | _ | |
| was withheld. | f | Employer-provided adoption bene | efits from Fo | orm 8839, line 29 | | | | | . 1f | _ | |
| If you did not get a Form | 9 | Wages from Form 8919, line 6 . | | | | | • | | . 10 | | |
| W-2, see | h | Other earned income (see instruct | , | | | | | | . 1h | 1 | 0. |
| instructions. | i | Nontaxable combat pay election (| see instructi | ions) | | <u>1i</u> | | | - | 1 | 30 033 |
| AII 1 6 : 5 | z | Add lines 1a through 1h | 20 | · · · · · i | | · · · · · | • | | . 1z | | .38,832. |
| Attach Sch. B if required. | 2a | | 2a | | | axable interest | ٠ | | . 2b | | |
| | 3a_ | | 3a | | | Ordinary dividend | | | | _ | |
| Standard | 4a | | 4a | | | axable amount . axable amount . | | | | _ | |
| Deduction for— | 5a 6a | | 5a 6a | | | axable amount . | | | . 5b | | |
| Single or Married filing | C | If you elect to use the lump-sum e | | | | | • | | · • | | |
| separately, \$13,850 | 7 | Capital gain or (loss). Attach Sche | | - | ` | , | • | [| - 7 | | |
| Married filing | 8 | Additional income from Schedule | | | | | • | | . 8 | _ | 14,498. |
| jointly or Qualifying | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7 | | | | | | | . 9 | | 24,334. |
| surviving spouse, \$27,700 | 10 | Adjustments to income from Sche | | • | | | | | . 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | | | | | | | . 11 | | 24,334. |
| \$20,800 | 12 | Standard deduction or itemized | • | - | | | | | . 12 | | 13,850. |
| If you checked any box under | 13 | Qualified business income deduct | | , | - | 15-A | | | . 13 | | |
| Standard Deduction, | 14 | | | | | | | | . 14 | | 13,850. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | | ntor O. This is v | our t | tavahla income | • | - | 15 | | 10 /8/ |

| 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 | 19,916. | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 19,916. | |
| | 19 | Child tax credit or credit for | other dependen | 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 | . If zero or less, | enter -0 | | | | 22 | 19,916. | |
| | 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 | 19,916. | |
| Payments | 25 | Federal income tax withheld | l from: | | | | | | | |
| _ | а | Form(s) W-2 | | | | 25a 26 | 5,317. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 26,317. | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | 26 | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | No . | 27 | | | | |
| allacii Scii. Eic. | 28 | Additional child tax credit from | m Schedule 8812 | · | | 28 | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, 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 | 32 | | | | | | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | 33 | 26,317. | |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amoun | nt you overpaid | | 34 | 6,401. | |
| | 35a | Amount of line 34 you want | refunded to you | ı. If Form 8888 | 3 is attached, chec | k here | . 🗆 | 35a | 6,401. | |
| Direct deposit? | b | Routing number 1 1 1 | | | | Checking | Savings | | | |
| See instructions. | d | Account number 4 8 8 | 0 9 8 4 | 4 8 9 4 | 4 0 | | | | | |
| | 36 | Amount of line 34 you want | applied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount You Owe | 37 | Subtract line 33 from line 24 For details on how to pay, g | | | | | | 37 | | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | | |
| Third Party | Do | you want to allow another | | | | See | | | | |
| Designee | | , | • | | | | omplete | below. | ⋈ No | |
| | | esignee's | | Phone | | | onal ident | tification | | |
| | | me | | no. | . , | | ber (PIN) | | | |
| Sign | | der penalties of perjury, I declare t lief, they are true, correct, and com | | | | | | | | |
| Here | | ur signature | | Date | Your occupation | | 1 | | nt you an Identity | |
| | 10 | ur signature | | Date | Tour occupation | | | | PIN, enter it here | |
| Joint return? | | | SOFTWARE DEVELOPMENT ENGI | | | | (see inst.) | | | |
| See instructions. | | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | | f the IRS sent your spouse an | | |
| Keep a copy for your records. | | | | | | ntity Prote inst.) | ection PIN, enter it here | | | |
| | Ph | Phone no. (214) 430-0644 Email address SHANTHI7REDDY@GMAIL.COM | | | | | | | | |
| Paid | Pre | eparer's name | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/11/2024 | P0208 | 32703 | Self-employed | |
| Preparer | Fir | m's name GLOBAL TA | XES LLC | | | | Pho | ne no. | (678) 965-9522 | |
| Use Only | Fir | m's address 245 ROONE | Y CT E BRU | NSWICK N | J 08816 | | Firn | n's EIN | 84-3171965 | |
| | | | | | | | | | | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

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.

| Internal Revenue Service | do to www.iis.gov/i o/iii/040 for iiisti detions and the latest iiiforniation. | | Sequence No. 01 |
|--------------------------|--|-----------|------------------------|
| Name(s) shown on F | Form 1040, 1040-SR, or 1040-NR | Your soci | al security number |
| SHANTHI CHINT | HALAPANI | 849-05 | -1195 |
| Part I Addit | ional Income | | |
| | | | |

| Pal | 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 | -14,498. |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a (| <u>)</u> | |
| b | Gambling | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d (| <u>)</u> | |
| 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 | | | 1 4 400 |
| | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -14,498. |

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- | | | | |
| | 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 | |
| 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 | | | | |
| | | 24b | | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals | | | | |
| | ' ' ' | 24c | | _ | |
| d | | 24d | | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 24f | | | |
| g | | 24g | | | |
| _ | Attorney fees and court costs for actions involving certain unlawful | | | | |
| | discrimination claims (see instructions) | 24h | | | |
| 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 | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | | | | |
| | | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | <u>.</u> . | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . Enter | here and on | | |
| | Form 1040, 1040-ŠR, or 1040-NR, line 10 | | | 26 | |

SCHEDULE E (Form 1040)

Department of the Treasury

Internal Revenue Service

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

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 849-05-1195 SHANTHI CHINTHALAPANI 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 1a Physical address of each property (street, city, state, ZIP code) 1-1-123/6, PRASHANTH NAGAR HANAMKONDA TELANGANA IN 506003 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 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 714. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,758. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,365. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,754. Repairs 2,451. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,758. 18 3,126. 18 Depreciation expense or depletion Other (list) 19 19 20 20 15,212. Total expenses. Add lines 5 through 19 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 -14,498. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,498.) 714. 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 3,126. 23d Total of all amounts reported on line 18 for all properties 23e 15,212. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,498. 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 Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -14,498.