## 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

	1.01.01.00							
Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
PRAE	BHURAM POPURI	787-96-5322 Spouse's social security number						
Spouse's	s name							
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear voll a	ıre alı	thorizina '	<u> </u>			
	whole dollars only on lines 1 through 5.	year year	iic au	triorizing.	<u>/</u>			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1	51	,006.			
2	Total tax		2		,241.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,322.			
4	Amount you want refunded to you		4		,081.			
5	Amount you owe		5					
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сор	y of y	our retu	rn)			
my knoreturn ( to send for any Agent to paymer authorize paymer business taxes to persona	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 return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal 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 requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor confidential information necessary to answer inquiries and resolve issues related to the path of the confidential information necessary to answer inquiries and resolve issues related to the path of the confidential information in the confidential information recessary to answer inquiries and resolve issues related to the path of the confidential information recessary to answer inquiries and resolve issues related to the path of the confidential information recessary to answer inquiries and resolve issues related to the path of the confidential information recessary to answer inquiries and resolve issues related to the path of the confidential information recessary to answer inquiries and resolve issues related to the path of the confidential information recessary to answer inquiries and resolve issues related to the path of the confidence of the con	re are the am itter, or electro- action of the to acted in the to to to debit the the authorizates must be processing of ayment. I fur	ounts for the counts of the co	from the inc turn original ssion, <b>(b)</b> th designated paration sof to this acco To revoke (in ved no late ectronic pa	come tax tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the			
	nic Funds Withdrawal Consent.  yer's PIN: check one box only							
X		my PIN 6	5 3	3 2 2	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	ao my			
	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 <b>and</b> your return is filed using the Practitioner PIN meth below.							
Your s	ignature ▶ Date ▶ _							
Spous	e's PIN: check one box only							
Г	I authorize to enter or generate	mv PIN			as my			
	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 n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	Certification and Authentication — Practitioner PIN Method Only							
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ent	6 0	8 2 7	1			
		Don't ent	o all 2t					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	itting this retu	urn in a	accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	Oo So						

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>1040</b>		artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
PRABHUR	AM		POPU	RI							787	96	5322
If joint return, s	pouse's	s first name and middle initial	Last na										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaign
9720 KI	•									- 1			ou, or your
		ice. If you have a foreign address, also co	omplete s	paces belo	ow.	Sta	te	ZIP c	ode			_	jointly, want \$3
PLANO						TX		750	25		•		nd. Checking a not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	n postal c		your tax		ınd.
Filing Status	s X	Single					Head of h	L ouseh	old (HOI	 <del> </del> )			
Check only		Married filing jointly (even if only o	ne had i	ncome)						,			
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ıalifying person is a child but not you	ır depen	ndent:									
Digital		ny time during 2023, did you: (a) rec											
Assets		nange, or otherwise dispose of a dig						et)? (Se	ee instru	ction	s.)	Y•	es 🗵 No
Standard		neone can claim:  You as a de	•				a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd <b>Sp</b>	ouse:	: Was bor	n befo	ore Janu	ary 2,	1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	urity (3) Relationship			l) Check t	he bo	x if quali	fies for (	(see instructions):
If more	(1) F	(1) First name Last name		number to you		Child tax		ax cre	edit	Credit fo	or other dependents		
than four													
dependents, see instruction	s												
and check	, —									<u> </u>			
here L	4 -	Tatal amount from Formation W.O. In	1 (	. :	:\								60 051
Income	1a	Total amount from Form(s) W-2, b	,		,						1a 1b		60,951.
Attach Form(s)	b c	Household employee wages not re	•		,						1c		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)								1d			
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g 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 (	,				1i	Ì					
	z	Add lines 1a through 1h									1z		60,951.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b		
if required.	За	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			<b>b</b> Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, o	check here	(see	instructions)						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7		
jointly or	8	Additional income from Schedule									8		-9 <b>,</b> 945.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is yo	our <b>total inc</b>	come					9		51,006.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household,	11	Subtract line 10 from line 9. This is	•		-						11		51,006.
\$20,800 If you checked	12	Standard deduction or itemized									12		13,850.
any box under Standard	13	Qualified business income deduct									13		
Deduction, see instructions.	14										14		13,850.
COO INCLIDENCIONS.	15	Subtract line 1/1 from line 11 If zer	ro or loce	e antar 1	II I bic ic v	our t	avabla incom				15	1	41 156

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	4,241.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	4,241.	
	19	Child tax credit or credit for of	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. I	If zero or less,	enter -0				22	4,241.	
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo	our <b>total tax</b>					24	4,241.	
<b>Payments</b>	25	Federal income tax withheld for	rom:							
-	а	Form(s) W-2				25a	6 <b>,</b> 322			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	6,322.	
If you have a	26	2023 estimated tax payments	and amount ap	pplied from 20	122 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 fr	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 pa	ayments and refu	ındable credit	s	32		
	33	Add lines 25d, 26, and 32. The	ese are your <b>to</b>	tal payments				33	6,322.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amour	nt you <b>overpai</b> d	d	34	2,081.	
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	2,081.	
Direct deposit?	b	Routing number 3 2 2 2		<del></del>	<b>c</b> Type:	Checking [	Savings	3		
See instructions.	d	Account number 7 5 9	0 9 9 5	0 7						
	36	Amount of line 34 you want ar	oplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
	38	Estimated tax penalty (see ins	_	-		38		07		
Third Party Designee	Do	you want to allow another particular in the structions	person to disc	cuss this retu	n with the IRS?	See	Complete	e below.	⊠ No	
Designee	De	signee's		Phone			rsonal ider			
	na	me		no.		nu	mber (PIN)			
Sign Here		der penalties of perjury, I declare tha lief, they are true, correct, and compl								
Here	Yo	ur signature		Date Your occupation				If the IRS sent you an Identity		
								otection P e inst.)	IN, enter it here	
Joint return? See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.  DATA ENGINEER  Spouse's occupation					, ,			
Keep a copy for your records.		ouse's signature. If a joint return, <b>bo</b>	Date	Spouse's occupati	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Ph	one no. (646) 884-3535		Email address	PRABHURAM.PO	PURI@GMAIL.	COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/202	4 P020	82703	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC Pho					one no.	eno. (678) 965-9522			
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965	
o	/-	4040 ( )							= 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

PRABHURAM POPURI

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 787-96-5322

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	-9,945.
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	,	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		
	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_	T. I. II. II. II. II. II. II. II. II. II	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		0 045
	1040, 1040-SR, or 1040-NR, line 8		10	-9,945.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	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				
	<b>-</b>	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			
<b>0</b> -					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	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.

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

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

OMB No. 1545-0074

Attachment Sequence No. 13 Your social security number

PRAI	BHURAM POPURI						787-9	6-5322		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	re an indi	vidual, rep	ort farn	n
Α		to file	Form(s) 1	0992.5	See ins	structions			26 X	Nο
	oid you make any payments in 2023 that would require you to file Form(s) 1099? See instructions "Yes," did you or will you file required Form(s) 1099?									No
1a	Physical address of each property (street, city, state, ZIF									
A	5-84 EDLAPADU GUNTUR DISTRICT ANDHRA E		-	5222	33					
В	O OT EDERITIES CONTON DISTRICT INVENTOR I	. 14101	1011 111	0222						
C										
1b	Type of Property 2 For each rental real estate prope	rty liet	od		Ea	ir Rental	Porcor	nal Use		
10		2 For each rental real estate property list above, report the number of fair rental			1 6	Days		ays	Q.	JV
Α	personal use days. Check the Qu	JV box	only	A 365				0	Г	7
В	if you meet the requirements to f			В					Ī	<del>-</del>
С	qualified joint venture. See instru	ictions	-	С					Ī	
Туре	of Property:				1					_
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (desci	ribe)			
	·									
		-				Properti	es:			
Incor				Α	10	В			С	
3 4	Rents received	3		0	42.					
	Royalties received	4								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,1	9.6					
8	Commissions	8		<b>+</b> , +	50.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1.3	55.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	55.					
13	Other interest	13								
14	Repairs	14		2.0	64.					
15	Supplies	15		1,8						
16	Taxes	16		, -						
17	Utilities	17		2,2	15.					
18	Depreciation expense or depletion	18		1,9						
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,5	87.					
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 <b>Form 6198</b>	21		-9,9	45.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(	9,94	15.)	(	)	(		)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope				23a		642.			
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		,926.			
е	Total of all amounts reported on line 20 for all properties				23e	10	,587.			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		•				. 24	,		`
25	Losses. Add royalty losses from line 21 and rental real estate							(	9,94	45.)
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						011		_0 (	0/5