## 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

Submission Identification Number (SID)						
Taxpayer's name	Social security number					
SAI KIRAN BURAM	289-71-3914					
Spouse's name	Spou	ıse's social secu	irity number			
Part I Tax Return Information — Tax Year Ending December 31, 2	023 (Enter year	you are au	thorizing.)			
Enter whole dollars only on lines 1 through 5.						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			1			
1 Adjusted gross income				758.		
2 Total tax				691.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				338.		
4 Amount you want refunded to you			5,	647.		
5 Amount you owe		5	our retur	n)		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original						
return (original or amended) I am now authorizing. I consent to allow my intermediate service pro to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Electronic Funds Withdrawal Consent.	reason for rejection in thorize the U.S. Treat account indicated nicial institution to control to the tot to terminate the accellation requests wolved in the procest ated to the payments.	of the transmiseasury and its of in the tax prepared the entry tauthorization. The must be received the entry of the element. I further according to the element. I further according to the element.	ssion, (b) the designated For this account of this account of the revoke (cannot be revoke to the form of the revoke to later ectronic payels who when the rectronic payels have the rectronic payels account of the rectronic	e reason inancial ware for unt. This ancel) a than 2 ment of that the		
Taxpayer's PIN: check one box only	. 5	1 3 9	9   1   4			
X I authorize GLOBAL TAXES LLC to enter of ERO firm name	or generate my Pl	Enter five	digits, but	as my		
signature on the income tax return (original or amended) I am now authorizing	ı.	don't ente	r all zeros			
I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN <b>and</b> your return is filed using the Practitional below.						
Your signature ►	Date ►					
Spouse's PIN: check one box only						
	or generate my Pl	N		as my		
ERO firm name		Enter five	digits, but	,		
signature on the income tax return (original or amended) I am now authorizing		don't ente				
I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—conti						
Part III Certification and Authentication — Practitioner PIN Method On	nly					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	ı. 2222	4 9 6 0	8 2 7	1		
, , , , , ,		Oon't enter all ze	ros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file F	at I am submitting	this return in a	accordance v			
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Instr						
Don't Submit This Form to the IRS Unless Requ		<b>o</b>				

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	ı. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling		,	20		See se	parate in:	structions.
Your first name	and m	iddle initial	Last na	ame					١,	Your so	cial secu	rity number
SAI KIRA	/N		BUR.A	MA						289	71   3	3914
If joint return, s	pouse's	s first name and middle initial	Last na	ame					;	Spouse	s social s	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Ap	t. no.	1	Preside	ntial Elec	tion Campaign
191 VILI	LAGE	CIRCLE WAY					1	L			•	u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP co	de				ointly, want \$3 d. Checking a
MANCHEST	ΓER				NE	I .	0310	0 2 1 0 0 I				ot change
Foreign country	/ name			Foreign province/state/o	count	ty	Foreign	preign postal code your tax or refund.				
										You Spous		
Filing Status	; X	Single				☐ Head of ho	ouseho	ld (HOH	H)			
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spol	use (C	QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	or QS	S box,	enter	the ch	ild's nam	e if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navr	ment for prope	rtv or s	ervices	): or (l	a) sell.		
Assets		ange, or otherwise dispose of a digi									☐ Yes	s 🛛 No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate return		•		•						
										1050		
		Were born before January 2, 19	959 L	_ Are blind Spo	ouse	: U Was bor						blind
Dependents				(2) Social security	′	(3) Relationsh	<sub>iip</sub> (4)	Check to Child t		•	,	ee instructions):
If more	(1) ⊦	irst name Last name		number		to you		Child	ax cre	ait	Credit for c	other dependents
than four dependents,								[	_			<u> </u>
see instructions	s —							[	_			<u> </u>
and check	ı —								+			<u> </u>
here L	1 -	Total amount from Form(a) W 2 ha	ov 1 /oo					L		1.0	$\Box$	95,525.
Income	1a	Total amount from Form(s) W-2, bo	•	,						1a		95,525.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a		* *						1b		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•	•						1d		
W-2G and	e	Taxable dependent care benefits for		. ,	iisiiu	ictions)				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	9 h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i .					
	z	Add lines to through th								1z		95,525.
Attach Sch. B	2a	1	2a		b T	axable interest	t .			2b		
if required.	3a	· —	3a			rdinary divider				3b	,	
	4a	IRA distributions	4a			axable amount				4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amount	t			5b	,	
Single or	6a	Social security benefits	6a		b T	axable amount	t			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	, check here			. $\square$	7		
Married filing jointly or	8	Additional income from Schedule 1	1, line 1	0						8		-11,767.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e				9		83,758.
\$27,700	10	Adjustments to income from Scheo	dule 1,	line 26						10	)	
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incor	ne					11		83,758.
\$20,800 If you checked <sub>r</sub>	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12	:	13,850.
any box under Standard	13	Qualified business income deducti	on fron	n Form 8995 or Form	899	5-A				13	:	
Deduction,	14	Add lines 12 and 13								14	.	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>t</b>	taxable incom	ne .			15	;	69,908.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	10,691.
Credits	17	Amount from Schedule 2, lir	ne 3				·	[	17	
	18	Add lines 16 and 17						[	18	10,691.
	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	B. If zero or less,	enter -0				[	22	10,691.
	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 <b>total tax</b>					[	24	10,691.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	16,3	338.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	16,338.
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	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	. These are your	total other pa	ayments and refu	ındable c	redits .		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				[	33	16,338.
Refund	34	If line 33 is more than line 24							34	5,647.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	ck here .		. 🗆 🗀	35a	5,647.
Direct deposit?	b	Routing number 0 1 1	0 0 0 1	3   8	<b>c</b> Type:	Checking	ı ☐ Sav	vings		
See instructions.	d	Account number 4 6 6	0 0 9 2	9 9 4 3	3 0   -			-		
	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 <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g							37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See		-		_
Designee	ins	nstructions								<b>X</b> No
		Designee's Phone Personal iden no. number (PIN)							ation	
0:		der penalties of perjury, I declare t	hat I have examined		accompanying scho	dulas and s		, ,	bost (	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 you an Identity
	10	ur signature		Date	Tour occupation					N, enter it here
Joint return?					SR TECHNICA	AL CONS	ULTANT	(see ins	st.)	
See instructions.	Sp	ouse's signature. If a joint return,	Date	Date Spouse's occupation				If the IRS sent your spouse an		
Keep a copy for your records.									ection PIN, enter it here	
,			1	For all and done	DIID 334 G3 T4		G01/	(see ins	-	
		one no. (857)777-997 eparer's name	Preparer's signat	Email address	BURAM.SAI	Date		TIN	1	Check if:
Paid		·	'		מוורת האדד זיי				,,,,	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPIA TALLAM	02/14/	2024   P	020827		
Use Only		m's name GLOBAL TA		NICIJI CIZ II	T 00016			Phone		678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	INSWICK No	J 08816			Firm's	ΕIN	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 Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

ıme	(s) snown on Form 1040, 1040-5K, or 1040-NK			ecurity number
ΑI	KIRAN BURAM	289-	71-39	914
Pai	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. Attach Schedule	Ε.	5	-11,767.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555		)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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		)	

8t

8u

8z

**u** Wages earned while incarcerated

9

10

**z** Other income. List type and amount:

-11,767.

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-				
	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	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	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			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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

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

2023
Attachment Sequence No. <b>13</b>

OMB No. 1545-0074

Name(s) shown on return Your social security number SAI KIRAN BURAM 289-71-3914 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 **Fair Rental** 1b Type of Property **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 204 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 3 586. Rents received . 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,453. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 985. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 1,761. 14 14 Repairs . . . 2,216. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 2,354. 18 3,584. 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . 12,353. 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 -11,767. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 11,767.) 586. 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 3,584. 23d Total of all amounts reported on line 18 for all properties 12,353. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 11,767. 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

-11,767.

26

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2