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

	5.00.100				
Submis	sion Identification Number (SID)				
Taxpayer	's name	Social securi	ty numl	per	
ANIL	CHOWDARY VALLABHANENI	090-55	-112	8	
Spouse's	name	Spouse's soo	ial seci	urity numbe	r
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.	your your			·/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	77	,378.
	Total tax		2	9	,283.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14	,285.
4	Amount you want refunded to you		4	5	,002.
	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	ırn)
return (o to send for any o Agent to paymen authoriz paymen business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectely in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised agays prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and Exercise Mithelication number (PIN) below is my signature for the income tax return (original or amended) I and Exercise Mithelication and the payment (PIN) below is my signature for the income tax return (original or amended) I and Exercise Mithelication and the payment (PIN) below is my signature for the income tax return (original or amended) I and Exercise Mithelication and the payment of the payment (PIN) below is my signature for the income tax return (original or amended) I and Exercise Mithelication and the payment of the	ter, or electrication of the ties. Treasury a cated in the ties to debit the authorizests must be processing or ayment. I fur	onic refansmis and its cax prepare entry ation. The receiff the elaboration at the receiff the acceiments.	turn origina ssion, (b) the designated paration so to this according for revoke (ved no late ectronic passion).	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ic Funds Withdrawal Consent. ver's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN 5	1 1	1 2 8	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	aomy
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your si	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
	I authorize to enter or generate r	nv PIN			as my
	ERO firm name	En		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 methodelow.				
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 taded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit	tting this reti	ırn in a	accordance	
requiren	nents of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of In	dividual Incoi	ne Iax	Heturns.	
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	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 nar	ne							Your so	cial sec	curity number
ANIL CHO	ACIWC	RY	VATITI	ABHAN	IENT						090	55	1128
		s first name and middle initial	Last nar										security number
		er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	- 1			ection Campaign
401 NORT						10.			1208				ou, or your jointly, want \$3
• • • •	ost offi	ce. If you have a foreign address, also co	mplete sp	oaces bel	low.	Sta		ZIP c				_	nd. Checking a
IRVING						TX		750					not change
Foreign country	y name			oreign pr	rovince/state/o	count	.y	Foreig	ın postal c	ode	your tax	or reit	_
Filing Status	. X	Single					☐ Head of h	∟ ouseh	old (HOH	——↓ H)			
-	, <u> </u>	Married filing jointly (even if only o	ne had ir	ncome)						-,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)		
one box.	lf y	ou checked the MFS box, enter the	name o	f your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	dent:									
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	d. award. or	pavn	nent for prope	rtv 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		Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	ind Spc	ouse	: Was bor	rn befo	ore Janua	ary 2.	1959		s blind
Dependents	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more		irst name Last name		(_, <	number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents,													
see instructions and check	s —								[
here									[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		86,279.
Attach Form(s)	b	Household employee wages not re	eported o	on Form	(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep		,	, ,	nstru	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f	_	
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	,					ή.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>li</u>						
	Z	Add lines 1a through 1h	· ; ·		· · · ·						1z		86,279.
Attach Sch. B	2 a	· —	2a				axable interes				2b		
if required.	3a		3a				rdinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	c	If you elect to use the lump-sum election method, check here (see instructions)]				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here						7		0.001			
jointly or Qualifying	8	Additional income from Schedule									8		-8,901.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		77,378.
\$27,700 • Head of	10	Adjustments to income from Sche									10	_	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		77,378.
If you checked	12	Standard deduction or itemized		•		-					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13									14		13,850.

Form 1040 (202	3)						Page 2		
Tax and	16	Tax (see instructions). Check if any fi	rom Form(s): 1 8814	1 2 □ 4972 :	3 🗌	16			
Credits	17					17			
	18	Add lines 16 and 17				18	9,283.		
	19	Child tax credit or credit for other d	ependents from Schedu	ıle 8812		19			
	20	Amount from Schedule 3, line 8	· 			20			
	21					21			
	22	Subtract line 21 from line 18. If zero	o or less, enter -0			22	9,283.		
	23	Other taxes, including self-employn	nent tax, from Schedule	2, line 21		23	0.		
	24	Add lines 22 and 23. This is your to	·	•		24			
Payments	25	Federal income tax withheld from:							
. aymonto	а	Form(s) W-2			25a 14,	285.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)		1	25c				
	d	Add lines 25a through 25c		-		250	14,285.		
If you have a	26	2023 estimated tax payments and a				26	,		
If you have a qualifying child,	27	Earned income credit (EIC)	• •	1	27				
attach Sch. EIC.	28	Additional child tax credit from Sche		-	28				
	29	American opportunity credit from Fo	orm 8863. line 8		29				
	30	Reserved for future use	*	h	30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These		-		32			
	33	Add lines 25d, 26, and 32. These ar					14,285.		
Refund	34	If line 33 is more than line 24, subtra	_ ·			34	5,002.		
rioraria	35a	Amount of line 34 you want refunde			•	. 35a			
Direct deposit?	b	Routing number 1 0 3 0 0		· ·		vings			
See instructions		Account number 6 5 5 1 6							
	36	Amount of line 34 you want applied		d tax	36				
Amount	37	Subtract line 33 from line 24. This is	s the amount you owe.	'	<u> </u>				
You Owe	٠.	For details on how to pay, go to www.irs.gov		see instructions .	37				
	38	Estimated tax penalty (see instruction	ons)		38				
Third Party Designee		you want to allow another persor		n with the IRS?		nplete below	. × No		
Ū		signee's	Phone			al identification	า		
	na		no.		numbe	· /			
Sign Here		der penalties of perjury, I declare that I have ief, they are true, correct, and complete. De		, , ,	,		,		
. 10.0	Yo	ur signature	Date	Date Your occupation			f the IRS sent you an Identity Protection PIN, enter it here		
l-i-t0			CORPUNDE ENGIN		MCTMEED	(see inst.)	PIN, enter it nere		
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both mu	SOFTWARE ENGINEER both must sign. Date Spouse's occupation			If the IRS s	ent your spouse an		
Keep a copy for your records.	opouse s signature. If a joint return, both must sign. Date			lde			entity Protection PIN, enter it here see inst.)		
	Ph	one no. (469)395-3012	Email address	ANILVALLABA	92@GMAIL.COM				
Doid	Pre	parer's name Prepar	er's signature		Date F	PTIN	Check if:		
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM	PRIYA RAM SAGAR	GUPTA TALLAM	01/21/2024 P	02082703	Self-employed		
Preparer	Fir	n's name GLOBAL TAXES I	LLC			Phone no.	(678)965-9522		
Use Only	Fir	n's address 245 ROONEY CT	E BRUNSWICK NO	л 08816		Firm's EIN	84-3171965		
Go to www irs o	ov/Forr	1040 for instructions and the latest inform	nation	DAA	DEV 01/12/24 DDO		Form 1040 (2023)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

ANIL CHOWDARY VALLABHANENI

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	al security number
000	EE	1120

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	-8,901.
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		
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		10	-8 901

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	· <u> </u>			
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	le 1 (Form 1040) 2023

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.

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

ANII	CHOWDARY VALLABHANENI						090-5	5-1128		
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	operty, use		C . See	instru	ctions. If you a	are an indi	vidual, rep	oort farm	
Α [Did you make any payments in 2023 that would require	you to file	Form(s) 1	1099? 5	See ins	structions .		. \(\subseteq \text{Y}\epsilon	es 🛛 No	
В	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No	
1a	Physical address of each property (street, city, state	, ZIP code	e)							
Α	1-40, PATHAPETA DEVARAPALLI MANDAL A	NDHRA I	PRADESE	I TN	5343	1 3				
В					3313					
C										
1b	Type of Property (from list below) 2 For each rental real estate prabove, report the number of	roperty list	ted and		Fair Rental Days			Personal Use Days		
Α	personal use days. Check the			Α		365		0		
В	if you meet the requirements qualified joint venture. See in			В						
С	qualified joint venture. See in	istructions	5.	С						
Гуре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term	Rental	5 Lanc	l	-	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desci	ribe)			
						Properti				
ncon	201			Α		В	C 3.		С	
3	Rents received	. 3			60.					
4	Royalties received				00.					
Exper		· -								
5 5	Advertising	. 5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,2	86.					
8	Commissions									
9	Insurance									
10	Legal and other professional fees									
11	Management fees			1,4	74.					
12	Mortgage interest paid to banks, etc. (see instruction				,					
13	Other interest									
14	Repairs			2,1	34.					
15	Supplies			2,4						
16	Taxes									
17	Utilities			2,3	89.					
18	Depreciation expense or depletion									
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	. 20		9,7	61.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties) result is a (loss), see instructions to find out if you must be a compared to the co	ust		0 0	0.1					
00	file Form 6198	H		-8,9	υ1.					
22	Deductible rental real estate loss after limitation, if an on Form 8582 (see instructions)	22	(8,90	1.)	()	(
23a	Total of all amounts reported on line 3 for all rental pr	-			23a		860.			
b	Total of all amounts reported on line 4 for all royalty p				23b					
C	Total of all amounts reported on line 12 for all proper				23c					
d	Total of all amounts reported on line 18 for all proper				23d					
е	Total of all amounts reported on line 20 for all proper				23e	9	,761.			
24	Income. Add positive amounts shown on line 21. Do		-				. 24	/	0 001	
25	Losses. Add royalty losses from line 21 and rental real e							(8,901.	
26	Total rental real estate and royalty income or (los here. If Parts II, III, and IV, and line 40 on page 2 do									
	Schedule 1 (Form 1040), line 5. Otherwise, include th								-8,901.	