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 securit	y number
PALLAVI PALLAM	-7170	
Spouse's name	Spouse's soci	ial security number
SATISH CHEEKAVOLU	988-90-	-9017
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you a	re authorizing.)
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
1 Adjusted gross income		1 68,657.
2 Total tax		2 4,477.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 9,518.
4 Amount you want refunded to you		4 5,041.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an		· · · · · · · · · · · · · · · · · · ·
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Par return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accepayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to to payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellat business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amen. Electronic Funds Withdrawal Consent.	, transmitter, or electron for rejection of the trace the U.S. Treasury are bunt indicated in the trace trace the unit indicated in the trace trace to debit the erminate the authorization requests must be d in the processing of to the payment. I furt	onic return originator (ERO) ansmission, (b) the reason of its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) at received no later than 2 the electronic payment of her acknowledge that the
Taxpayer's PIN: check one box only		
	nerate my PIN 5	7 1 7 0
FRO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	ter five digits, but n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.		
Your signature ▶ Da	ate ▶	
Chausala DINI, ahaali ahaahan ahir		
Spouse's PIN: check one box only	. 511	0 0 1 7
▼ I authorize GLOBAL TAXES LLC to enter or ge ■ ■ ■ ■ ■ ■ ■	nerate my PIN 0	9 0 1 7 as my
signature on the income tax return (original or amended) I am now authorizing.		n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.		
Spouse's signature ▶ Da	ate ▶	
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.		6 6 1 9 8 9 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Provided in the provided in	m submitting this retu	irn in accordance with the
ERO's signature ▶ Da	ate ▶	
ERO Must Retain This Form — See Instructi	ons	

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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	ace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	ns.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	oer
PALLAVI			PALL	AM							753	75	7170	
	pouse's	s first name and middle initial	Last nar										security nu	umbei
SATISH			CHEE	KAVOL	ıIJ						988	90	9017	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ection Cam	paign
2901 RII	OGEV	IEW DR							2222	- 1			ou, or your	
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c				.	jointly, war	
PLANO						ТХ	Σ	750	25		•		nd. Checkii not change	_
Foreign country	y name		F	oreign pr	ovince/state/	count	ty	Foreig	ın postal c		your tax		•	_
												Yo	u 🗌 Sp	pouse
Filing Status	s [Single					Head of h	ouseh	old (HOF	——. ⊣)				
Check only	×	Married filing jointly (even if only o	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. 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	Δt ai	ny time during 2023, did you: (a) rec	eive (as	a reward	d award or	navr	ment for prope	rty or	services). or (h) sell			
Assets		nange, or otherwise dispose of a dig										ΠYe	es 🗵 No	0
Standard		neone can claim:					a dependent	, (-			- /			
Deduction		Spouse itemizes on a separate retur	•											
		: Were born before January 2, 1	959 _	_ Are bli ⊺	ind Spo	ouse	: U Was bor						blind	
Dependent		s (see instructions):			(2) Social security (3) Relationship			iip (4			1		see instruct	
If more	<u>(1)</u> ⊢	irst name Last name	nur		number		to you	Child		ax cre	eait	Credit to	r other depe	naents
than four dependents,									l	<u> </u>			Н—	
see instruction	s								<u> </u>	<u> </u>			Щ—	
and check	. —								[<u> </u>			屵	
here L	4 -	Tatal analysis from Farma(a) M.O. b.	1 /	. :	±: \				l		4-		70.00	0.7
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	_	79,99	<i>91</i> .
Attach Form(s)	b	Household employee wages not re	•								1b	_		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)								1c 1d	_			
W-2G and	-	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1e	_			
1099-R if tax was withheld.	e f	Employer-provided adoption bene								1f				
If you did not		Wages from Form 8919, line 6.	1115 110111	i i Oiiii O	059, 11116 29	•								
get a Form	g h	Other earned income (see instruct)	ions) .								1g 1h			0.
W-2, see instructions.	i i	Nontaxable combat pay election (s	,											
ilistructions.	z	Add lines 1a through 1h	300 111011	uotiono,							1z		79,99	97.
Attach Sch. B	<u>-</u> 2a	1	2a		· · [Ь Т	axable interes				2b	_		
if required.	3a		3a				ordinary divide				3b			
	4a		4a				axable amoun				4b			
Standard	5a		5a				axable amoun				5b			
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e		nethod.	check here					. [
\$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. [7			
 Married filing jointly or 	8	Additional income from Schedule		•	•						8		-11,34	40.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		68,65	
\$27,700	10	Adjustments to income from Sche		-							10			
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	ne					11		68,65	57.
\$20,800	12	Standard deduction or itemized	-	-	_						12		27,70	
If you checked any box under	13	Qualified business income deduct				,	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,70	00.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor	O Thio io v		avabla incom				15	T	40 95	

Form 1040 (202)	3)							Page Z	
Tax and	16	Tax (see instructions). Check if any from I	Form(s): 1 🗌 881	4 2 4972	з 🗌		16	4,477.	
Credits	17	Amount from Schedule 2, line 3					17		
	18	Add lines 16 and 17					18	4,477.	
	19	Child tax credit or credit for other deper	ndents from Sched	lule 8812			19		
	20	Amount from Schedule 3, line 8					20		
	21	Add lines 19 and 20					21		
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0				22	4,477.	
	23	Other taxes, including self-employment	tax, from Schedul	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is your total to	ax				24	4,477.	
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a	,518.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	9,518.	
If you have a	26	2023 estimated tax payments and amou	unt applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule	8812		28				
	29	American opportunity credit from Form	8863, 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	32						
	33	Add lines 25d, 26, and 32. These are yo	ur total payments	.			33	9,518.	
Refund	34	If line 33 is more than line 24, subtract li	ne 24 from line 33	. This is the amour	nt you overpaid		34	5,041.	
	35a	Amount of line 34 you want refunded to	you. If Form 888	8 is attached, ched	k here	. 🗆	35a	5,041.	
Direct deposit?	b	Routing number 1 1 1 0 0 0	 	c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 8 5 7 3 3 2	9 3 3						
	36	Amount of line 34 you want applied to y	our 2024 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the							
You Owe		For details on how to pay, go to www.irs	-				37		
	38	Estimated tax penalty (see instructions)			38				
Third Party		you want to allow another person to			_				
Designee		structions				•		⊠ No	
		signee's me	Phone no.	;		onal ident ber (PIN)	nication		
Sign	Un	der penalties of perjury, I declare that I have exa	mined this return and	accompanying sche	dules and statemen	ts, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and complete. Declara	h prepar	er has any knowledge.					
TICIC	Yo	ur signature	Date	Date Your occupation			If the IRS sent you an Identity		
		SOFTWARE EMPLOYEE					ection P inst.)	IN, enter it here	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sig	n. Date	Spouse's occupati			nt your spouse an		
Keep a copy for		ouse's signature. If a joint return, both must sig	II. Date	Spouse's occupan	OI I			ection PIN, enter it here	
your records.		HOME MAKER							
	Ph	one no. (945)217-4113	Email address	REACHPALLAVI	NAIDU@GMAIL.C	OM			
Poid	Pre	eparer's name Preparer's s	ignature		Date	PTIN		Check if:	
Paid	VENF	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO24					470833 Self-employed		
Preparer Use Only	Fir	m's name GLOBAL TAXES LLC				Pho	hone no. (678)965-9522		
————	Fir	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm	ı's EIN	88-2145487	
<u> </u>	/-	10105						- 1010	

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

PALLAVI PALLAM & SATISH CHEEKAVOLU

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 social security number
753-75-7170

Par	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	-11,340.
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	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:	0_		
_	Total ather income. Add lines On three On	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 1040, 1040-SR, or 1040-NR, line 8			-11,340.
	1040, 1040-011, 01 1040-1110, 11116 0		10	-11,3 4 0.

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	ile 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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	shown on return					Ye	our socia	secu	ırity nun	nber
PALI	AVI PALLAM & SATISH CHEEKAVOLU					7	753-75	-71	-70	
Part										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	e instru	ctions. If you are	an indivi	dual,	report	farm
	Did you make any payments in 2023 that would require you								Yes	⊠ No
B I	f "Yes," did you or will you file required Form(s) 1099? .								Yes	☐ No
1a	Physical address of each property (street, city, state, ZII									
A	VANAMTHOPU 4TH STREET NELLORE IN 52400	14								
B										
1b	Type of Property 2 For each rental real estate prope	ir Rental F	Persona	al Us	se l	QJV				
	(from list below) above, report the number of fair	above, report the number of fair rental			and Days			Days		
Α	personal use days. Check the Q					365	0			
В	if you meet the requirements to find qualified joint venture. See instru			В						
С	quaimed joint venture. See institu	ictions		С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	l		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	e)			
						Properties				
Incom	ne:			Α		В			С	
3	Rents received	3			20.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,6	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		8	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			50.					
15	Supplies	15		2,4	50.					
16	Taxes	16		2 -						
17	Utilities	17		3,5	60.					
18	Depreciation expense or depletion	18								
19 20	Other (list) Total expenses. Add lines 5 through 19	20		11,7	160					
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		 /	00.					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-11,3	40.					
22	Deductible rental real estate loss after limitation, if any,			, -						
	on Form 8582 (see instructions)	22	(11,34	10.)	()(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		420.			
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					
е	Total of all amounts reported on line 20 for all properties				23e	11,	760.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from lin	e 22. E	nter to	tal losses here	25 (11	,340.
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									
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	mount	in the to	tal on li	ine 41	on page 2 .	26		-13	1,340.