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	y number					
MADAKA BABU	-8196					
Spouse's name Spouse's social security n						
KANIGIRI MOUNIKA	990-94-	-9683				
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter year you ar	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 Adjusted gross income		1 89,435.				
2 Total tax		2 6,967.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 9,234.				
4 Amount you want refunded to you		4 2,267.				
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	t and keep a copy	y of your return)				
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Pa 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 reaso 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 accipayment 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 the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellar 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 personal identification number (PIN) below is my signature for the income tax return (original or amen Electronic Funds Withdrawal Consent.	r, transmitter, or electron for rejection of the trace the U.S. Treasury are ount indicated in the tainstitution to debit the terminate the authorization requests must be ad in the processing of to the payment. I furtile	onic return originator (ERO) ansmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 the electronic payment of her acknowledge that the				
Taxpayer's PIN: check one box only						
		ler five digits, but as my as my art 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 PI below.						
Your signature ▶ Da	ate ▶					
Spouse's PIN: check one box only						
	dor I am now authorizir (
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 0 8 2 7 1 er all zeros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual ir 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 e-file Provided in Paractitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Provided in Pub. 1345, Handbook for Authorized IRS e-file Pub. 1345, Handbook for Authorized I	ım submitting this retu	rn in accordance with the				
	ate ►					
ERO Must Retain This Form — See Instructi	ions					

Don't Submit This Form to the IRS Unless Requested To Do So

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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate inst	tructions.	
Your first name and middle initial Last name						Your so	cial securit	ty number				
MADAKA			BABU	J					823	86 8	196	
								curity number				
KANIGIRI MOUNIKA 9:						990	94 9	683				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pres							Preside	ntial Election	on Campaign			
9615 VAI	LLEY	RANCH PKWY E					1113		Check	here if you,	or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code		spouse if filing jointly, want \$3			
IRVING					TX	:	75063			to go to this fund. Checking a box below will not change		
Foreign country	y name			Foreign province/state/o	count	у	Foreign posta	al code	your tax or refund.			
										You	Spouse	
Filing Status	5 [Single				Head of ho	ousehold (H	OH)				
Check only	_	Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse	se (QSS)			
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QSS bo	x, ent	er the ch	ild's name	if the	
	qu	alifying person is a child but not you	r depe	ndent:								
Distribut	Λ+ αι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	nav/n	nont for propo	rty or convic	oc): or	r (b) coll			
Digital Assets		nange, or otherwise dispose of a digi								Yes	⊠ No	
		neone can claim: You as a de					1). (000 11101	raotio	,,,,			
Standard Deduction	_	Spouse itemizes on a separate return	•			a dependent						
		<u> </u>			anen							
Age/Blindness	s You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	: Was bor	n before Jai	nuary	2, 1959	Is bl	ind	
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	יין קי		•	1	instructions):	
If more	(1) F	irst name Last name		number		to you	Chil	d tax c	credit	Credit for oth	her dependents	
than four										[
dependents, see instruction	s ——									[<u> </u>	
and check	. —										<u></u>	
here L										<u> </u>		
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					. 1a	1 10	01,476.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2)		
W-2 here. Also	С									:		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								i		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 11	-		
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 10			
W-2, see	h	Other earned income (see instructi	,						. <u>1</u>	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				1,	01 476	
	<u>z</u>	<u> </u>							. 1z		01,476.	
Attach Sch. B if required.	2a	'	2a			axable interest		•	. 2k			
	3a		3a			rdinary divider		•	. 3k			
Standard	4a	_	4a			axable amount		•	. 4k			
Deduction for—	5a		5a			axable amoun			. 5k			
Single or Married filing	6a	,	6a			axable amount	ι		. 6k	<u>'</u>		
separately, \$13,850	c	•		method, check here (see instructions)					H -			
Married filing	7	Capital gain or (loss). Attach Sched						. ا		_	12 011	
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	,						. 8		12,041.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					. 9		89,435.	
Head of	10	Adjustments to income from Sche						•	. 10		00 125	
household, \$20,800	11	Subtract line 10 from line 9. This is	•					•	. 11		89 , 435.	
If you checked	12	Standard deduction or itemized				 5 A		•	. 12		27,700.	
any box under Standard	13	Qualified business income deducti		III OIIII 0990 OF FORM	1 099	J-A		•	. 13		27,700.	
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 /OUT +	avahla incom		•	. 14		61 , 735.	
	10	Sabtrast mile 14 Horn IIIIE 11. Il 28	J 01 168	,,, oritor -o-, iiilo io y	Jui L	MAGDIC IIICUIII			. 15	, l	$\cup \perp I \cup \cup \cup \bullet$	

Form 1040 (202)	3)						_		Page Z	
Tax and	16	Tax (see instructions). Check	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	6,967.	
Credits	17	Amount from Schedule 2, line	∍3					17		
	18	Add lines 16 and 17						18	6,967.	
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	98					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	6,967.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	6,967.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	9,234			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	9,234.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit fron	n 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, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	9,234.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	2,267.	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	3 is attached, ched	ck here	🗆	35a	2,267.	
Direct deposit?	b	Routing number 0 2 6	0 7 3 1	5 0	c Type:	Checking	Savings	3		
See instructions.	d	Account number 6 2 8	0 0 0 0	7 4 4	4 8					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•							
Designee		structions					•	e below.	⊠ No	
		signee's me		Phone no.			sonal ider nber (PIN)	ntification		
Sign		der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sche		, ,		of my knowledge and	
Here		lief, they are true, correct, and comp								
пеге	Yo	Your signature		Date Your occupation			lf t	If the IRS sent you an Identity		
									PIN, enter it here	
Joint return?					ENGINEER		<u></u> `	e inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here	
your records.		HOME MAKER						e inst.)	301101111111111111111111111111111111111	
	——Ph	one no. (512) 300-5144	1	Email address	UMESHBABU.LU		OM			
	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/28/2024	P020	82703	Self-employed	
Preparer								Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			m's EIN	84-3171965	
<u> </u>	<u></u>	40406 1 1 11 11 11					1		= 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

MADAKA BABU & KANIGIRI MOUNIKA

Attach to Form 1040, 1040-SR, or 1040-NR.

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

Attachment Sequence No. 01

Your social security number
823-86-8196

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		5	-12,041.
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	r here and on Form		10.011
	1040, 1040-SR, or 1040-NR, line 8		10	-12,041.

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)

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.

Attachment Sequence No. 13 Your social security number

OMB No. 1545-0074

MADA	AKA BABU & KANIGIRI MOUNIKA						823-8	86-8196		
Par										
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you a	re an ind	ividual, rep	oort farm	
	rental income or loss from Form 4835 on page 2, line 40.		- () (2000					571.1	
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u> Y	es No	
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	IV-26-10-3, MARPURI STREET MADANAPALLE	ANDI	HRA PRA	DESH	IN	517325				
В										
С										
1b	Type of Property 2 For each rental real estate prope	rtv list	ted		Fa	ir Rental	Perso	nal Use	0.07	
	(from list below) above, report the number of fair	rental	and			Days	D	ays	QJV	
Α	g personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f qualified joint venture. See instru			В						
С	quaimed joint venture. See instru	ICLIONS	э.	С						
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 (descri	ibe)			
	·									
						Propertie	es:			
Incon				A	4 =	В			С	
3	Rents received	3		0	45.					
4	Royalties received	4								
	nses:	_								
5	Advertising	5 6								
6 7	Auto and travel (see instructions)	7		2 6	87.					
8	Commissions	8		2,0	0/.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2 2	92.					
12	Mortgage interest paid to banks, etc. (see instructions)	12		۷,۷	94.					
13	Other interest	13								
14	Repairs	14		2 8	33.					
15	Supplies	15			10.					
16	Taxes	16		2,0						
17	Utilities	17		2,3	64					
18	Depreciation expense or depletion	18		2,0	01.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		12,6	86.					
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	-	-12,0	41.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(12,04	11.)	()()	
23a	Total of all amounts reported on line 3 for all rental prope				23a		645.			
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	12	,686.			
24	Income. Add positive amounts shown on line 21. Do not		de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(12,041.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	lt			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t appl	ly to you,	also e	nter tl	nis amount o				
	Schedule 1 (Form 1040) line 5. Otherwise, include this ar	mount	t in the tot	al on li	na /11	on nage 2	000		_12 0/1	