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

Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social se	Social security number				
SAII	PRAKASH BOYAPALLI	088-11-7725					
Spouse'	s name	Spouse's social security number					
SHRA	AWANI THALLA RANGA	991-	95-215	7			
Part	Tax Return Information - Tax Year Ending December 31, 2023 (Enter	year yo	u 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	Adjusted gross income		. 1		,391.		
2	Total tax			4	,921.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			10	, 765.		
4	Amount you want refunded to you			5	,844.		
5	Amount you owe		. 5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a	copy of y	your retu	ırn)		
return (to send for any Agent t paymer authoriz paymer busines taxes t persona	oviginal 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 rejected delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the particular or receive confidential information necessary to answer inquiries and resolve issues related to the particular forms.	tter, or el ction of t S. Treasu cated in t n to debi the auth ests mus processir ayment. I	ectronic re he transmi iry and its he tax pre t the entry orization. ist be rece ng of the e further ac	turn origina ssion, (b) the designated paration so to this acco To revoke ived no lata lectronic pa cknowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	yer's PIN: check one box only						
X		ny PIN	1 7	7 2 5	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ily i ilv		digits, but er all zeros	asiny		
	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 metholelow.						
Your s	ignature ▶ Date ▶						
•	. 500						
· —	e's PIN: check one box only			1 []			
X	I authorize GLOBAL TAXES LLC to enter or generate r	ny PIN		1 5 7	as my		
	signature on the income tax return (original or amended) I am now authorizing.			digits, but 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.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	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 Don'	9 6 0 t enter all z	8 2 7 eros	7 1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taged to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this	return in	accordance			
FRO's	signature ▶ Date ▶						
LITO S	FRO Must Retain This Form — See Instructions						

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	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
SAIPRAK	ASH		BOYA	.PALLI							088	11	7725
If joint return, s	pouse's	s first name and middle initial	Last na										security number
SHRAWAN	Ι		THAL	LA RA	NGA						991	95	2157
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign
<u>10707</u> N	MAC	ARTHUR BLVD						. 2	218				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s _l	paces bel	low.	Sta	te	ZIP c	ode		•	-	jointly, want \$3 nd. Checking a
IRVING						TX	ζ	750	163		_		not change
Foreign countr	y name		F	Foreign pr	rovince/state/	count	У	Foreiç	gn postal c	ode	your tax	or refu	
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	- I)			
Check only	X	Married filing jointly (even if only or	ne had i	ncome)			_						
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the			oouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,		
Assets		nange, or otherwise dispose of a digi										□ Yee □	es 🗵 No
Standard	Som	neone can claim:	pendent	t 🔲	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	e Vou	: Were born before January 2, 1	050 F	Are bl	ind Sn	ouse	: Was bo	n hafr	ore Janus	anı 2	1050		s blind
				Ī	<u> </u>			11					(see instructions):
-		s (see instructions): (1) First name Last name		(2) Social security number (3) Relationship		Child tax of					or other dependents		
If more than four	(.,.						,						
dependents,													
see instruction and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions) .						1a		82,082.
	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted or	n Form(s	s) W-2 (see i	nstru	ctions)				1d		
1099-R if tax	е	Taxable dependent care benefits f	rom For	m 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 instructi	,								1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						00 000
	z	Add lines 1a through 1h			· · i	 -					1z		82,082.
Attach Sch. B if required.	2a		2a				axable interes				2b		
equileu.	3a_		3a				rdinary divide				3b		
Standard	4a	-	4a				axable amoun				4b		
Deduction for—	5a		5a				axable amoun				5b		
Single or Married filing	6a	,	6a lootion r	noth a d	abaak bara		axable amoun	ι		٠.	6b		
separately, \$13,850		If you elect to use the lump-sum e				`	,			.] ,		
Married filing	7 8	Capital gain or (loss). Attach Sched Additional income from Schedule								. ∟	<u>7</u> 8		-9,691.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		72,391.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche		•			• ·				10	+	12 , 331.
Head of	11	Subtract line 10 from line 9. This is									11		72,391.
household, \$20,800	12	Standard deduction or itemized	•	-	-						12		27,700.
If you checked any box under	13	Qualified business income deducti									13		<u> </u>
Standard Deduction,	14										14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer							•		15		11 691

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	4,921.	
Credits	17	Amount from Schedule 2, lin						17		
	18	Add lines 16 and 17					16 4, 92 17 18 4, 92 19 20 21 22 4, 92 23 24 4, 92 26 27 28 29 20 21 20 21 20 21 22 24 29 28 29 20 20 21 20 20 21 21 20 20 20 21 21 20 20 20 21 21 20 20 20 21 21 20 20 20 21 21 20 20 20 20 21 21 20 20 20 20 20 20 20 20 20 20 20 20 20	4,921.		
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	e8					20		
	21	•						21		
	22	Subtract line 21 from line 18						22	4,921.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is			•			24	4,921.	
Payments	25	Federal income tax withheld							,	
,	а	Form(s) W-2				25a 10	,765.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	10,765.	
If you have a	26	2023 estimated tax payment	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 from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31.				indable credits		32		
	33	Add lines 25d, 26, and 32. T						33	10,765.	
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	5,844.	
	35a	Amount of line 34 you want i	refunded to you	u. If Form 8888	is attached, ched	ck here		35a	5,844.	
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Checking S	Savings			
See instructions	d	Account number 5 8 6	0 3 6 0	7 8 5 3	3 3		_			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the am o	ount you owe.						
You Owe		For details on how to pay, go						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mnlete h	elow.	▼ No	
Designee		signee's		Phone			•			
		me		no.						
Sign										
Here	Yo	ur signature		Date Your occupation			If the	IRS se	nt you an Identity	
Joint return?					SOFTWARE I		`			
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, t	ooth must sign.	Date Spouse's occupation				ity Prot		
your records.	HOME MAKER						nst.)			
		one no. (571) 373-920		Email address	SAIPRAKASHSU	JNNY@GMAIL.CO				
Paid		eparer's name	Preparer's signat			Date				
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/19/2024			Self-employed	
Use Only		m's name GLOBAL TAX					_		`	
		m's address 245 ROONE		NSWICK N			Firm'	s EIN	84-3171965	
(in to www.irs o	ov/Forn	n1040 for instructions and the late	st intormation		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

Department of the Treasury Internal Revenue Service

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

SAIPRAKASH BOYAPALLI & SHRAWANI THALLA RANGA

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 088-11-7725

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		5	-9,691.
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 ()	
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	-9.691

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				
	-	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			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service

. ,	Shown on return							Social Securi	-		
_	RAKASH BOYAPALLI & SHRAWANI THALLA RANG	GΑ					088	3-11-772	5		
Part											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C. See	instruc	tions. If you a	are an	individual, re	eport farm		
A [rental income or loss from Form 4835 on page 2, line 40.	4 - £:1 -	Fama(a) 1	0000	!				/ V N-		
	Did you make any payments in 2023 that would require you										
B I	f "Yes," did you or will you file required Form(s) 1099? .							🗆 ۱	res ☐ No		
1a	Physical address of each property (street, city, state, ZIF	code	e)								
Α	4-9-41/1/204 SAIAVENUE APT PRAGATHINAG	SAR (COLONY	HYDEI	RABAI	,TELANGA	ANA	IN 5015	05		
В						<u>, </u>					
С											
1b	Type of Property 2 For each rental real estate prope	rtv list	ted	d Fair Rental			Per	sonal Use			
	(from list below) above, report the number of fair			Days			. 0.	Days	QJV	QJV	
Α	personal use days. Check the Qu			Α		365		0		\vdash	
В	if you meet the requirements to f			В							
C	qualified joint venture. See instru	ictions	3.	C							
	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental					
	Multi-Family Residence 4 Commercial	tai	6 Roya				riba)				
	Maiti-i arilly Nesiderice 4 Commercial		O HOya	uries	0	Other (desc	- (Build				
						Properti	es:				
Incom	ne:			Α		В			С		
3	Rents received	3		6	45.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		2,5	97.						
8	Commissions	8		-							
9	Insurance	9								_	
10	Legal and other professional fees	10									
11	Management fees	11		1,6	78.						
12	Mortgage interest paid to banks, etc. (see instructions)	12			100						
13	Other interest	13								_	
14	Repairs	14		1.9	63.						
15	Supplies	15			45.						
16	Taxes	16		,							
17	Utilities	17		2,3	53.						
18	Depreciation expense or depletion	18		,_						_	
19	Other (list)	19								_	
20	Total expenses. Add lines 5 through 19	20		10,3	36					_	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			10/0	-					_	
21	result is a (loss), see instructions to find out if you must										
	file Form 6198	21		-9,6	91.						
22	Deductible rental real estate loss after limitation, if any,			- 7,0	-						
	on Form 8582 (see instructions)	22	(9,69	1 1/)()	
23a	Total of all amounts reported on line 3 for all rental prope		I/	J, UJ	23a		645	5			
b	Total of all amounts reported on line 4 for all royalty prop			•	23b						
C	Total of all amounts reported on line 12 for all properties				23c						
d					23d						
e	Total of all amounts reported on line 20 for all properties			•	23e	1 0	,336	6			
24	Income. Add positive amounts shown on line 21. Do not	inclu	de anvile		236	10		○ · 24			
2 4 25	Losses. Add royalty losses from line 21 and rental real estate		-		 ator tot	 al loscos bar	_	2 4 25 (0 601		
	• •							ر (9,691.		
26	Total rental real estate and royalty income or (loss).										

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

26

-9,691.