Form <b>8879</b>
(Rev. January 2021)
Department of the Treasury

Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayor'a pama

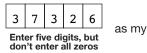
талрау		Social security number
VEN	IKATESWARE RAO GADIPARTHI	751-63-7326
Spouse	e's name	Spouse's social security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	1 58,936.
2	Total tax	<b>2</b> 5,224.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,087.
4	Amount you want refunded to you	4 4,863.
5	Amount you owe	5
Par		keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

## Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC

to enter or generate my PIN



ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature (

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

		as my
er fiv n't er		

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature Date Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication – Practitioner PIN Method Only 2 2 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 4 9 6 6 1 9 8 9 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature 🕨	Date 🕨	
	ain This Form — See Instructions n to the IRS Unless Requested To Do So	
E. D. J. D. J. M. A. I.N. K.		. 01 0001)

<b>E1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or stapl	e in this space.
For the year Jar	n. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See separate instructions.		
Your first name	and mi	ddle initial	Last r	ame						Your so	cial secu	rity number
VENKATES	SWARI	E RAO	GAD	IPARTH	II					751	63 /	7326
		first name and middle initial	Last r									ecurity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Elect	tion Campaign
2112 HOU	JSELI	L COURT									nere if you	· •
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces bel	low.	Sta	ate	ZIP co	ode		•••	intly, want \$3 . Checking a
FRANKLIN	N PAR	RK				NJ	J	088	23		ow will no	•
Foreign country	y name			Foreign pr	rovince/state/	coun	ty	Foreig	n postal code	your tax	c or refund	_
		1									Vou You	Spouse
Filing Status	; X	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on the second se	he had	income)							•	
one box.	L If y	Married filing separately (MFS) ou checked the MFS box, enter the	nomo	of your o	nouno lfuo	u obr	Qualifying				ld'a nam	a if tha
		alifying person is a child but not you									iu s nam	
Digital		ny time during 2023, did you: (a) rece										
Assets	-	ange, or otherwise dispose of a digi		_				t)? (Se	e instructio	ns.)	Yes	🗙 No
Standard	_	eone can claim:  You as a de			•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	allen						
		Were born before January 2, 1	959	Are bl	ind <b>Spo</b>	ouse	: 🗌 Was bor		ore January	-		olind
Dependents			(2) S	(2) Social security (3) Relationship			ip <b>(4</b>		· · ·		e instructions):	
If more	<b>(1)</b> ⊢	irst name Last name			number		to you		Child tax c	reall	Creat for a	other dependents
than four dependents,												
see instruction	s ——											
and check here	]					-						
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)					. 1a		78,100.
	b	Household employee wages not re	•							. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a		istructions)						. 1c	:	
attach Forms	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29	•				. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .								. 1g		
W-2, see	h	Other earned income (see instruction							. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i			_		70 100
		Add lines 1a through 1h	. i	· · · · · · · · · · · · · · · · ·						. 1z		78,100.
Attach Sch. B if required.	2a 3a		2a 3a				axable interest Ordinary divider			. 2b . 3b		
	<u>3a</u> 4a		4a				axable amount		• • •	. 30 . 4b		
Standard			5a				axable amoun			. 5b		
• Single or	6a		6a				axable amount			. 6b		
Married filing separately,	c	If you elect to use the lump-sum e		method.	check here				[			
\$13,850	7	Capital gain or (loss). Attach Schee				`	,		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•	•		-			. 8		19,164.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	. This is y	our <b>total in</b> d	com	e			. 9		58,936.
\$27,700	10	Adjustments to income from Sche	dule 1	line 26						. 10		
Head of household,	11	Subtract line 10 from line 9. This is	your	adjusted	gross incor	me				. 11		58,936.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		13,850.
any box under Standard	13	Qualified business income deduction	on fro	m Form 8	995 or Form	ı 899	95-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13								. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-U This is y	our f	taxable incom	e.		. 15		45,086.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	)			Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3	16	5,224.
Credits	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,224.
	19	Child tax credit or credit for other dependents from Schedule 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 less, enter -0	22	5,224.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	5,224.
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	10,087.
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		
	28	Additional child tax credit from Schedule 8812		
	29	American opportunity credit from Form 8863, line 8	4	
	30	Reserved for future use	4	
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	10,087.
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	4,863.
Refund	34 05-	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	4,863.
Direct deposit?	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here          Routing number       0       2       1       2       0       0       3       3       9       c Type:       Checking       Savings	35a	4,003.
See instructions.	b d	Routing number         0         2         1         2         0         0         3         3         9         c Type:         C Checking         Savings           Account number         3         8         1         0         5         2         1         5         3         9         1         2         1         2		
	и 36	Amount of line 34 you want applied to your 2024 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .	-	
You Owe	31	For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee		tructions	elow.	× No
U U		signee's Phone Personal identit	ication	
	nai			<u> </u>
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ti ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here			· ·	nt you an Identity
	10			IN, enter it here
Joint return?		SOFTWARE ENGINEER (see	inst.)	
See instructions. Keep a copy for	Sp			nt your spouse an
your records.		ldent (see		ection PIN, enter it here
-	Dh			
		Done no.     (332)910-4125     Email address     TECH.VENKY431@GMAIL.COM       eparer's name     Preparer's signature     Date     PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470	1833	Self-employed
Preparer				678)965-9522
Use Only			's EIN	88-2145487
Go to www.irs.au			5 EIN	Form <b>1040</b> (2023)
GO TO WWW.Irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 01/21/24 PRO		Form <b>IU4U</b> (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 20 2 23 Attachment Sequence No. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VENKATESWARE RAO GADIPARTHI 751-63-7326

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												
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-19,164.								
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	<u>8i</u>										
j	Activity not engaged in for profit income	8j										
k	Stock options	8k	_									
	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	-									
p	Section 461(I) excess business loss adjustment	8p	-									
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r	-									
r	Nontaxable amount of Medicaid waiver payments included on Form		-									
S	1040, line 1a or 1d	8s (										
t	Pension or annuity from a nonqualifed deferred compensation plan or		4									
Ľ	a nongovernmental section 457 plan	8t										
u	Wages earned while incarcerated	8u	-									
z			-									
-		8z										
9	Total other income. Add lines 8a through 8z		9									
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	er here and on Form										
	1040, 1040-SR, or 1040-NR, line 8		10	-19,164.								
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023								

-

Par	t II Adjustments to Income		
11		11	
12	Certain business expenses of reservists, performing artists, and fee-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		
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)         .         <	- 1	
b	Deductible expenses related to income reported on line 8l from the		
	rental of personal property engaged in for profit	-	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.		
d	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
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)		
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		
j	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
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> . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	
	BAA REV 01/21/24 PRO	Schedu	le 1 (Form 1040) 2023

	EDULE E 1040)	(From	rental rea		upplementa yalties, partners					trusts, REMI	Cs, etc.)	OMB N	o. 1545-0074
	nent of the Treasury Revenue Service		Go to		ch to Form 1040, ov/ScheduleE fo					formation.		Attachn Sequen	nent nce No. 13
Name(s)	) shown on return											ial security	
	ATESWARE R										751-6	3-7326	
Part	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.												
A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												es 🛛 No	
	f "Yes," did you												
1a	Physical addr	ress of e	each pro	perty (stree	t, city, state, Zll	P code	e)						
Α													
B													
C													
1b	Type of Prope	erty 2	P. For ea	ach rental re	eal estate prope	erty list	ted		Fa	ir Rental	Persor	nal Use	
	(from list below	w)	above	, report the	number of fair	rental	and			Days	Da	ays	QJV
Α	3				s. Check the Qa equirements to f			Α		365		0	
В					nture. See instru			В					
			-1	· · ) · ·				С					
	of Property:						- I				•		
	Single Family R Multi-Family Re			Commerci	Short-Term Ren	ital	5 Land			Self-Rental	(iba)		
		sidence	e 4	Commerci	a		6 Roya		0	Other (desci			
										Properti	es:	1	
Incom								Α		В			C
3	Rents received					3		4	80.				
4 Expor	Royalties recei	ivea .				4							
Exper 5						5							
6	Auto and trave					6							
7	Cleaning and r			-		7		1.7	50.				
8	Commissions					8		-,.					
9	Insurance					9							
10	Legal and othe					10		1,2	30.				
11	Management f					11							
12	Mortgage inter					12							
13	Other interest					13							
14	Repairs					14			74.				
15	Supplies					15		5,4	40.				
16	Taxes					16			50				
17 18	Utilities Depreciation e					17 18		с <b>,</b> с	50.				
19	Other (list)	spense	e or deple			19							
20	Total expenses	s. Add I	lines 5 th	rough 19		20		19,6	44.				
21	Subtract line 2							_ , , ,					
					out if you must								
	file Form 6198	3				21		-19 <b>,</b> 1	64.				
22	Deductible ren												
	on Form 8582			,		22	(	19,16	54.)	(	)	(	)
23a					all rental prope			•	23a		480.	-	
b					all royalty prop			•	23b				
C d			<b>.</b>		or all properties			•	23c				
d e			•		or all properties or all properties				23d 23e	1 0	,644.	-	
24			•		line 21. <b>Do no</b> t				200	19	. 24		
25					rental real estat				nter to	tal losses her		(	19,164.
26					ome or (loss).								- , ,
					n page 2 do no								
	Schedule 1 (Fo	orm 104	40), line 5	. Otherwise	e, include this a	mount			ne 41		· 26		<b>-</b> 19,164.
For Pa	norwork Roduct	ion Act	Notice s	an the sense	ate instructions		NI	PA		-19,164		hadula E (E	orm 1040) 2023