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

Subm	ission Identification Number (S	sID)				
Taxpay	er's name	· · ·		Social securi	ty number	r
VAR	SHA GANAGALLA		658-47	-6046		
Spouse	's name			Spouse's soo	ial securi	ty number
Par	Tay Return Informat	ion – Tax Year Ending De	cember 31 202	 3 (Enter year you a	re auth	orizina)
	whole dollars only on lines 1 th		cerriber 31, 202	5 (Litter year you a	i e autii	onzing.)
	-	only. Leave lines 1, 2, 3, and 5	hlank			
1					11	57 , 250
2	Total tax				2	4,991
3		rom Form(s) W-2 and Form(s) 10			3	7,63
4	Amount you want refunded to				4	2,640
5	-				5	_, 01
Part	II Taxpayer Declaratio	n and Signature Authoriza	tion (Be sure you g	et and keep a cop	y of yo	ur return)
my kn return to sen- for any Agent payme author payme busine taxes persor	owledge and belief, it is true, con (original or amended) I am now aud d my return to the IRS and to rece delay in processing the return or to initiate an ACH electronic funds ent of my federal taxes owed on thi ization is to remain in full force au ent, I must contact the U.S. Trea ss days prior to the payment (sett to receive confidential information and identification number (PIN) belo	I have examined a copy of the incorect, and complete. I further decla athorizing. I consent to allow my intrive from the IRS (a) an acknowledge refund, and (c) the date of any refuse withdrawal (direct debit) entry to the size return and/or a payment of estiment of effect until I notify the U.S. Tresury Financial Agent at 1-888-353 element) date. I also authorize the financessary to answer inquiries arow is my signature for the income to	re that the amounts in Permediate service provide gement of receipt or reasund. If applicable, I autho he financial institution acted tax, and the financia asury Financial Agent to 1-4537. Payment cancell nancial institutions involved resolve issues related	art I above are the amer, transmitter, or electron for rejection of the trize the U.S. Treasury a count indicated in the transmitter to debit the terminate the authorization requests must be used in the processing of to the payment. I fur	ounts fro onic return ransmissi nd its des ax prepara entry to ation. To e receive f the elect ther ackr	m the income moriginator (Elion, (b) the reasignated Finan ration software this account. To revoke (canced no later that tronic paymen nowledge that
	onic Funds Withdrawal Consent. Byer's PIN: check one box on	lv				
> \(\)		•	to enter or o	generate my PIN $\frac{7}{2}$	6 0	4 6 as r
Ľ		ERO firm name k return (original or amended) I a		´ En	ter five dig n't enter a	gits, but
	I will enter my PIN as my si	gnature on the income tax retu n PIN and your return is filed u	rn (original or amende			
Your	signature >	& P	[Date > 26Jan2024		
0	- de DIM electrone have entre					
Spou	se's PIN: check one box only					
L	I authorize	ERO firm name	to enter or g	generate my PIN		as r
	signature on the income tax	return (original or amended) I	am now authorizing		ter five dig n't enter a	
	☐ I will enter my PIN as my si	gnature on the income tax retunn PIN and your return is filed u	rn (original or amende			
Spous	se's signature ►		[Date ►		
		Practitioner PIN Method Re	turns Only—continu	e below		
Part	Certification and Au	thentication — Practitione	r PIN Method Only			
ERO'	s EFIN/PIN. Enter your six-digi	it EFIN followed by your five-diç	git self-selected PIN.	2 2 2 4 9 Don't ent	6 0 8 er all zero	8 2 7 1 os
author	ized to file for tax year indicated	my PIN, which is my signature for above for the taxpayer(s) indicated hod and Pub. 1345, Handbook for <i>n</i>	d above. I confirm that I	am submitting this retu	urn in acc	cordance with
ERO's	s signature ▶		[Date ►		
	*	ERO Must Retain This F	orm - See Instruc	tions		
	Don't	Submit This Form to the				

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 sp	oace.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instruction	ns.
Your first name	e and m	 niddle initial	Last na	me							Your so	cial sec	urity numb	ber
VARSHA			GANA	.GALLA							658	47	6046	
	spouse's	s first name and middle initial	Last na										security n	umber
Llama addraga	. /m	are and atreath. If you have a D.O. have an	inaturati						lmt ma			<u></u>		
1607 LA	-	er and street). If you have a P.O. box, see	HISHUCH	JIIS.					Apt. no.	- 1			ection Cam ou, or you	. •
		ice. If you have a foreign address, also co	omplete s	paces bel	ow.	Sta	te	ZIP c					jointly, wa	
KALAMAZ		,				MI		490			_		nd. Checki	_
Foreign countr			F	oreign pr	ovince/state/				n postal c		your tax		not change nd.	Э
Ü	•			0 1			•	,	'		,	Yo	_	pouse
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOI	⊣)				
Check only		Married filing jointly (even if only or	ne had i	ncome)			_							
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	Y€	es 🗵 N	0
Standard		neone can claim: You as a de	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	s You	: Were born before January 2, 1	959	Are bli	ind Sp	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	x if quali	fies for (see instruc	tions):	
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other depe	endents
than four														
dependents, see instruction	·													
and check														
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		71,03	37.
Attach Form(s)	b	Household employee wages not re			. ,						1b			
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 reported on Form(s) W-2 (see instructions)						1d						
1099-R if tax	е	Taxable dependent care benefits f									1e	_		
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g	4		
W-2, see	h	Other earned income (see instruct						· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							0.17
	<u>z</u>	Add lines 1a through 1h	11		· · i						1z	_	71,03	3/.
Attach Sch. B if required.	2a	· -	2a				axable interes				2b	_		
ii required.	<u>3a</u> _	·	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						
jointly or Qualifying	8	Additional income from Schedule	•								8		-13,78	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9	_	57 , 25	50.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		57,25	
If you checked	12	Standard deduction or itemized									12		13,8	50.
any box under Standard	13	Qualified business income deducti									13		10.0	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	
	, Ih	SUBTROOT UPO 1/1 tropp line 11 It zor	CO OF IOC	- Antar			TOVODIO IDOOM							

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	4,991.	
Credits	17	Amount from Schedule 2, line	∍3					17		
	18	Add lines 16 and 17						18	4,991.	
	19	Child tax credit or credit for c	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	4,991.	
	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	4,991.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a	7 , 631.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	7,631.	
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) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	·		28				
	29	American opportunity credit f	from Form 8863	3, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	7,631.	
Refund	34	If line 33 is more than line 24,	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,640.	
	35a	Amount of line 34 you want r			is attached, che	ck here	🗆	35a	2,640.	
Direct deposit?	b	Routing number 0 7 2				Checking	Savings			
See instructions.	d	Account number 3 7 5	0 1 9 4	3 7 1	7 9					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
	38	Estimated tax penalty (see in	_	-		38		0.		
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	rn with the IRS?	See	Complete	below.	⊠ No	
Doolgiloo	De	signee's		Phone			sonal iden			
	na	me		no.		nun	nber (PIN)			
Sign Here		der penalties of perjury, I declare th lief, they are true, correct, and comp								
11616	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity		
					OT TAITORT OF	, m			IN, enter it here	
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.			CLINICAL STATISTICAL ANAL				(see inst.)		
Keep a copy for your records.	opouse a signature, ir a joint return, both must sign.		oui must sign.	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (616) 635-4603	3	Email address	V.GANAGALI	LA@GMAIL.C	MC			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/26/2024	P0208	32703	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC Phor					ne no. (678) 965-9522				
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	
o	/-	10101 : 1 : 111 1 :			·	-			= 1040 ()	

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

VARSHA GANAGALLA

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

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

658-47-6046

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. Atta	ach Schedule E .	5	-13 , 787.
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. Enter	here and on Form		
	1040 1040-SR or 1040-NR line 8		10	-13.787

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.

Your social security number

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

OMB No. 1545-0074

VARS	HA GANAGALLA						658	-47-6046	ō	
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	instru	ctions. If you a	are an i	ndividual, rep	oort farm	
Α [Did you make any payments in 2023 that would require you		Form(s)	10002 5	Saa ing	etructions			es X No	
	f "Yes," did you or will you file required Form(s) 1099?									
								· · <u> </u>	<u> </u>	
1a	Physical address of each property (street, city, state, ZII		,							
A_	4, SAMYUKTA APTS-B DIAMOND POINT SECU	NDERA	BAD, TI	ELANG	ANA	IN 500009	9			
В										
С					_	1			T	
1b	Type of Property (from list below) 2 For each rental real estate properts above, report the number of fair			Fair Rental Days				sonal Use Days	QJV	
Α	personal use days. Check the Q			Α		365		0	\perp	
	if you meet the requirements to	file as a	a	В		303		- 0		
C	qualified joint venture. See instru	uctions.		C						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	d	7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descr	ribe)			
lmaam		-		Α		Properti B	es:		С	
Incom 3	Rents received	3		A	27.	В				
4	Royalties received	4		- 0	21.					
Exper		+ + +								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		2,9	87.					
8	Commissions	8		, -						
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,2	41.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,8	64.					
15	Supplies	15		2,6	33.					
16	Taxes	16								
17	Utilities	17			02.					
18	Depreciation expense or depletion	18		1,9	87.					
19	Other (list)	19		1 1 1	1 4					
20	Total expenses. Add lines 5 through 19	20		14,4	14.					
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		-13 , 7	87					
22	Deductible rental real estate loss after limitation, if any,	-1		<u> </u>	J , •					
	on Form 8582 (see instructions)	22	1	13,78	87)	()()	
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	627	7.		
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	Total of all amounts reported on line 18 for all properties				23d	1	, 987	· .		
е	Total of all amounts reported on line 20 for all properties				23e		,414			
24	Income. Add positive amounts shown on line 21. Do not		le any lo	sses				24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	s from lin	e 22. E	nter to	tal losses her	e 2	25 (13,787.)	
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	na /11	on nage 2	10	6	_13 797	