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	nission Identification Number (SID)			
Taxpay	yer's name	Social securit	y number	
SUN	NAND PALLAPATI	842-54-	-7074	
Spouse	e's name	Spouse's soc	al security nun	nber
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	e authorizi	ng.)
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	65,915.
2	Total tax		2	6,764.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,708.
4	Amount you want refunded to you		4	2,944.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your re	eturn)
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Uto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interest of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivity rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the neal identification number (PIN) below is my signature for the income tax return (original or amended) I conic Funds Withdrawal Consent.	nitter, or electro- jection of the tr J.S. Treasury ardicated in the ta- ion to debit the te the authoriza- quests must be processing of payment. I furt	nic return origansmission, (It dissented the	ginator (ERO) the reason ted Financial software for account. This ke (cancel) a later than 2 payment of dge that the
	ayer's PIN: check one box only			
	▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN	7 0 7	$\frac{4}{}$ as my
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, b n't enter all zero	ut
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Your	signature ▶ Date ▶			
Snou	se's PIN: check one box only			
Spou	I authorize to enter or generate	my DIN		00 mv
L	ERO firm name	_	er five digits. b	as my
	signature on the income tax return (original or amended) I am now authorizing.		't enter all zer	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Spou	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below	V		
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.		6 0 8 2 er all zeros	7 1
autho	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subjected in the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	nitting this retu	rn in accorda	nce with the
EDO'	s signature ▶ Date ▶			
ENU	s signature ► Date ► ERO Must Retain This Form — See Instructions			
	LITO MUSI NEGALI TILIS FUTILI — SEE HISH UCHUNS			

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	parate	instructions.
Your first name	e and m	iddle initial	Last nar	name							Your social security number		
SUNAND			PALL.	APATI							842	54	7074
	pouse's	s first name and middle initial	Last nar							:			security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaign
158 GREI		•								- 1			ou, or your
		ce. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c	ode			_	jointly, want \$3
PITTSBU	RGH					PA	<u> </u>	152	20		•		nd. Checking a not change
Foreign countr			F	oreign pro	ovince/state/	count	У	Foreig	ın postal c	- 1	your tax		ınd.
Filing Status	s X	Single					Head of h	ouseh	old (HOH	 -)			
-	, <u> </u>	Married filing jointly (even if only o	ne had ir	ncome)					(-,			
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)		
0110 DOX.	If v	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOF	l or Q	SS box,	enter	the chi	ld's na	me if the
	-	alifying person is a child but not you		-	-								
Digital		ny time during 2023, did you: (a) rec											
Assets		nange, or otherwise dispose of a dig						t)? (Se	ee instru	ctions	s.)	Y•	es 🗵 No
Standard	_	neone can claim: You as a de	•		-		a dependent						
Deduction	<u> </u>	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	nd Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more	(1) F	(1) First name Last name		number to you			Child t	ax cre	dit	Credit fo	or other dependents		
than four													
dependents, see instruction	e —												
and check	. —												
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		79,337.
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	fits from	Form 88	339, line 29						1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		
W-2, see	h	Other earned income (see instruct	,					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						70 227
	<u>z</u>	Add lines 1a through 1h			<u>.</u>						1z		79,337.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b		
	<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		-11-1		axable amoun	τ		٠ ـ	6b		
separately, \$13,850	C	If you elect to use the lump-sum election method, check here (see instructions)							1 –				
Married filing	7	Capital gain or (loss). Attach Sche								. ∟	7	+	_12 422
jointly or Qualifying	8	Add lines 17 2b 2b 4b 5b 6b 7									8	+	-13 , 422 .
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9	_	65,915.
Head of	10	Adjustments to income from Schedule 1, line 26								10	_	6E 01E	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		65,915.
If you checked	12	Standard deduction or itemized					 E A				12		13,850.
any box under Standard	13	Qualified business income deduct									13		13 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

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	6,764.
Credits	17	Amount from Schedule 2, lin	ne 3					17	
	18	Add lines 16 and 17							6,764.
	19	Child tax credit or credit for other dependents from Schedule 8812						19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,764.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	6,764.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a	9,708.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,708.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3. lin	ne 15			31		1	
	32	Add lines 27, 28, 29, and 31	. These are vour	total other p	avments and ref			32	
	33	Add lines 25d, 26, and 32. T	•	-	-			33	9,708.
Refund	34	If line 33 is more than line 24						34	2,944.
riciana	35a	Amount of line 34 you want	-					35a	2,944.
Direct deposit?	b	Routing number 0 8 1			c Type:		Savings		,
See instructions.		Account number 3 5 5					ourgo		
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24				1 00 1			
You Owe	31	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38		0.	
Third Party		you want to allow another							
Designee		structions	•				omplete b	oelow.	× No
Doolgiloo	De	signee's		Phone			onal identi		
	nai			no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare the							
Here	be	lief, they are true, correct, and com		, 0					
	Yo								nt you an Identity
l-:t0					SOFTWARE			rotection PIN, enter it here see inst.)	
Joint return? See instructions.	Sn	ouse's signature. If a joint return, I	noth must sign	Date	Spouse's occupa		If the IRS sent your spouse an		
Keep a copy for	Ор	ouse's signature. If a joint return,	Jour must sign.	Date	opouse s occupa	tion			ection PIN, enter it here
your records.							(see	inst.)	
	Ph	one no. (337) 446-933	5	Email address	THAMBE164	@GMAIL.COM			
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/04/2024	P02082	2703	Self-employed
Preparer		m's name GLOBAL TAX							(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			's EIN	84-3171965
Go to www.irs.a		n1040 for instructions and the late			BAA	REV 02/23/24 PRO	'		Form 1040 (2023
						ILV UZIZJIZA FRU			,2020

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

SUNAND PALLAPATI

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.

	Sequence No. 01
Your soc	ial security number
842-54	-7074

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	ich Schedule E .	5	-13,422.
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 p8		
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			
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 422.

Page 2 Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			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)	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	041			
	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J Ia	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

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.

OMB No. 1545-0074

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

SUNA	AND PALLAPATI					842-54-7074						
Part	Note: If you are in the b	rom Rental Real Estate and pusiness of renting personal properson Form 4835 on page 2, line 40.			C . See	instru	ctions. If you a	re an ind	ividual, rep	ort farm		
	Did you make any payments	payments in 2023 that would require you to file Form(s) 1099? See instructions										
В	f "Yes," did you or will you	file required Form(s) 1099? .							. \(\sum \cdot \text{Y}\epsilon	es 🗌 No	_	
1a	Physical address of each	property (street, city, state, ZIF	code	e)								
Α	THIRMALAPUR MEDAK	TELANGANA IN 502313									_	
В												
С												
1b	(from list below) al	or each rental real estate proper bove, report the number of fair r	rental	and	F		ir Rental Days	Personal Use Days		QJV		
Α		ersonal use days. Check the QJ you meet the requirements to fi			Α		365		0			
В		ualified joint venture. See instru			В						_	
_ C		•			С						_	
1	ype of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)											
							Propertie	es:	1		_	
Incon					Α	0.0	В			С	_	
3 4			3		5	00.					_	
Exper			4								_	
5			5									
6	<u> </u>	ictions)	6								-	
7		e	7		1,3	45.					-	
8			8								-	
9			9								_	
10		nal fees	10								_	
11	Management fees		11		1,2	25.						
12	Mortgage interest paid to	banks, etc. (see instructions)	12									
13	Other interest		13									
14			14			65.						
15			15		2,0	24.					_	
16			16			0.6					_	
17			17			96.					_	
18		depletion	18		3,3	67.					_	
19 20		5 through 19	19		13,9	22					_	
21	•	3 (rents) and/or 4 (royalties). If	20		13,3	22.					-	
21		uctions to find out if you must	21	_	-13,4	22.						
22	Deductible rental real esta	ate loss after limitation, if any, etions)	22		13,42		()()	
23a	Total of all amounts repor	ted on line 3 for all rental proper	rties			23a		500.			ĺ	
b	Total of all amounts repor	ted on line 4 for all royalty prope	erties			23b						
С		ted on line 12 for all properties				23c						
d	-	ted on line 18 for all properties				23d		,367.				
е	-	ted on line 20 for all properties				23e	13	,922.				
24	· ·	ounts shown on line 21. Do not		-				. 24			-	
25	• •	from line 21 and rental real estate							(13,422.)	
26		and royalty income or (loss).										
		 and line 40 on page 2 do not ine 5. Otherwise, include this an 						26		-13.422		