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

	1							
Submis	ssion Identification Number (SID)							
Taxpaye	r's name	Social securi	ty numl	per				
SAME	PATH GOUTHAM GOKEDA	802-52-						
Spouse's	s name	Spouse's social security number						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear voll a	re au	thorizina	1			
	whole dollars only on lines 1 through 5.	year you a	ii e au	u lonzing.	·)			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	Adjusted gross income		1	73	,894.			
	Total tax		2		,513.			
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,741.			
	Amount you want refunded to you		4		,228.			
	Amount you owe		5	_	72201			
Part		кеер а сор	y of y	our retu	rn)			
my kno return (of to send for any Agent to payment authoriz payment business taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised all all all all all all all and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular forms of the payment (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	e are the am itter, or electrication of the tas. Treasury a cated in the tas on to debit the taste the authorizates must be processing of ayment. I fur	ounts for the counts of the co	rom the in- turn original ssion, (b) the designated paration soft to this accor- ro revoke (ved no late ectronic parknowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the			
	yer's PIN: check one box only							
X	-	my DINI 2	7 2	L 8 2	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	as my			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.							
Your si	ignature ▶ Date ▶ _							
Snous	e's PIN: check one box only							
Spous	I authorize to enter or generate	my DINI			as my			
	ERO firm name		ter five	digits, but	as IIIy			
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.							
Spouse	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part I	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 9 Don't ent	6 0 er all ze	8 2 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 Ir	ax return (orig itting this ret	inal or urn in a	amended) accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	Oo 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 spac	e.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See sep	oarate i	instructions.	_
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	curity number	
SAMPATH	GOU'	THAM	GOKE	:DA							802	52	7182	
		s first name and middle initial	Last na								Spouse'		security num	ıbeı
											053	29	3793	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campa	aign
12221	FAIR	FIELD HOUSE DR						_ 1	.06				ou, or your	
City, town, or p	oost offi	ice. If you have a foreign address, also co	omplete s	paces bel	low.	Sta	te	ZIP c	ode		•	•	jointly, want nd. Checking	
FAIRFAX						VA	A	220	33		•		not change	a
Foreign countr	y name		F	Foreign pr	rovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu		use
Filing Status	s \square	Single					Head of h	ouseh	old (HOF					
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying		0 .	,	. ,			
	lf y	you checked the MFS box, enter the	name c	of your s	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ur deper	ndent: _C	SAYATRI	VOI	JIPALLI							
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payr	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🛛 No	
Standard	Son	neone can claim: 🗌 You as a de	penden	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959 F	Are bl	ind Sno	ouse	: Was bor	rn befo	ore Janua	arv 2	1959		s blind	
Dependent	-			Ī	<u> </u>			14					see instructio	ns):
-		First name Last name		(2) 3	Social security number	<i>'</i>	(3) Relationsh to you	lib	Child t				or other depend	
If more than four	、,													_
dependents,														_
see instruction and check	s								[
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		88,845	· .
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						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	from For	m 2441,	line 26						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			_
W-2, see	h	Other earned income (see instruct	,								1h	+-).
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>						00 045	-
	<u>z</u>	Add lines 1a through 1h			<u>i</u>	 					1z		88,845	
Attach Sch. B if required.	2a	· –	2a				axable interes				2b			•
	3a_	· · ·	3a 4a				ordinary divide				3b 4b			
Standard	4a		4 а 5а				axable amoun axable amoun				5b			
Deduction for—	5a 6a	_	6a				axable amoun				6b			_
Single or Married filing	C	If you elect to use the lump-sum e		method	check here					· ·] 00			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			. F	7			
Married filing jointly or	8	Additional income from Schedule		•						. –	8		-15,016	 5 .
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		73,894	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			_
Head of household,	11	Subtract line 10 from line 9. This is									11		73,894	<u> </u>
\$20,800	12	Standard deduction or itemized	-	-	_						12		13,850	
If you checked any box under	13	Qualified business income deduct				,					13			_
Standard Deduction,	14										14		13,850).
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		60 044	

Form 1040 (202)	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	8,513.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	8,513.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,513.	
	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	8,513.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 10	741			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,741.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27				
allacii Scii. Elc.	28	Additional child tax credit from	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,741.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	2,228.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	2,228.	
Direct deposit?	b	Routing number 0 7 4			c Type:	Checking	Savings			
See instructions.	d	Account number 7 9 9	1 8 0 9	0 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See				
Designee		,	•			_	omplete	below.	⋈ No	
		esignee's		Phone			onal iden	tification		
		me		no.	. ,		ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		our signature	,	Date	Your occupation				nt you an Identity	
	10	our signature		Date	Tour occupation				PIN, enter it here	
Joint return?				NETWORK ENGINEER				(see inst.)		
See instructions.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.			Identity Protection PIN, enter (see inst.)							
	Ph	one no. (260)745-672	6	Email address	GOUTHAM22NET	WORK@GMAIL.C	OM			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fire	n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

SAME	802-52-73	182		
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		-15,016.	
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation			
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			
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and o	n Form	

10

-15,016.

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				
	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				
	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	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0-	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 02/	11/24 PRO	ocnedu	le 1 (Form 1040) 2023

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

SAM	PATH GOUTHAM GOKEDA						802-5	2-7182	2	
Par										
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you are	e an indi	vidual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.	1 - CI -		0000	2 !				- V N -	
	Did you make any payments in 2023 that would require you									
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No	
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	RESAPUVANIPALEM VISAKHAPATNAM VISAKHA	APATN	IAM IN	530	013					
В										
С										
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		nal Use	QJV	
	(from list below) above, report the number of fair personal use days. Check the Qu		a sala s		Days	Da	ıys			
<u>A</u> _	ja personal use days. Check the Quite if you meet the requirements to f			Α		365		0		
В	qualified joint venture. See instru			В						
С				С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (describ	be)			
						Propertie	s:			_
Incor	ne:			Α		. В			С	_
3	Rents received	3		5	00.					_
4	Royalties received	4								_
Expe	nses:									_
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,5	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,2	30.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,8	34.					
15	Supplies	15		3,6	64.					
16	Taxes	16								
17	Utilities	17		3,8	17.					
18	Depreciation expense or depletion	18		2,4	21.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,5	16.					
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	-	-15,0	16.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(15,01		()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a		500.			
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		401			
d	Total of all amounts reported on line 18 for all properties				23d		421.			
е	Total of all amounts reported on line 20 for all properties				23e	15,	516.			
24	Income. Add positive amounts shown on line 21. Do not		-				24		4	
25	Losses. Add royalty losses from line 21 and rental real estate							(15,016.)
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)		_15 016	
	SCHERNIE LIEDTH HALL HOES LITHERWISE INCHINE THIS OF	11/11/IFT		Ser CATA II		111111111111111111111111111111111111111			_ 1 5 11 1 6	

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number SAMPATH GOUTHAM GOKEDA Sch E RESAPUVANIPALEM 802-52-7182 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 04/23 94,000. 2,421 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,421. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.