## 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

IIILEIIIAI	nevertue Service									
Subm	ission Identification Number (SID)									
Taxpaye	er's name		Social secu	ırity numk	per					
ВНА	RGAV DAVULURI		032-99-5299							
Spouse	's name		Spouse's social security number							
D .	To Date of Control To Market Providence	/ <b>-</b>			U					
Part	· · · · · · · · · · · · · · · · · · ·	2023 <b>(Ente</b> i	year you	are au	thorizing	g.)				
	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.  Adjusted gross income			1 1	1 10	9,906.				
2	Total tax			2		6,458.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		3,110.				
4	Amount you want refunded to you			4		6,652.				
5	Amount you owe			-		0,032.				
Part		u get and l	кеер а со	py of y	our ret	urn)				
my know return to send for any Agent in payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (origin owledge and belief, it is true, correct, and complete. I further declare that the amounts (original or amended) I am now authorizing. I consent to allow my intermediate service prd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or delay in processing the return or refund, and (c) the date of any refund. If applicable, I are to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the finization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cass days prior to the payment (settlement) date. I also authorize the financial institutions it to receive confidential information necessary to answer inquiries and resolve issues retail identification number (PIN) below is my signature for the income tax return (original or the payment Withdrawal Consent.	in Part I above ovider, transmoreason for rejetuthorize the Unaccount indiancial institution to terminate incellation required in the elated to the positive of the part of th	re are the autiter, or election of the aution of the action of the action of the author uests must processing ayment. I fi	mounts for transmise and its content tax preprince entry fization. The received of the eleurther acceptance of the eleurther acceptance accepta	rom the inturn origin ssion, (b) designated paration so this according to the revoke ved no la ectronic psknowledge.	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the				
	ayer's PIN: check one box only		Г			1				
X		or generate	my PIN	9   5   2	2 9 9	as my				
<u> </u>	ERO firm name signature on the income tax return (original or amended) I am now authorizin	· ·	, i		digits, but er all zeros	as my				
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.	ended) I am n								
Yours	signature ▶	Date ► _								
Spaur	se's PIN: check one box only									
Spous	_	or generate	my DINI			00 mv				
	ERO firm name	or generate	-	Enter five	digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizin	g.			r all zeros					
	I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN <b>and</b> your return is filed using the Practition below.									
Spous	se's signature ▶	Date ►								
	Practitioner PIN Method Returns Only—con									
Part	Certification and Authentication — Practitioner PIN Method O	nly								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	N. 2 2	2 4 9	6 0	-	7 1				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic indivized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file	hat I am subm	ax return (or litting this re	iginal or eturn in a	amended) accordanc					
ERO's	s signature ▶	Date ►								
	ERO Must Retain This Form — See Inst	ructions								
	Don't Submit This Form to the IRS Unless Requ		Do So							

# E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



<b>£104</b> (		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructio	ns.
Your first name	e and m	iddle initial	Last nar	me							Your so	cial sec	urity num	ıber
BHARGAV			DAVU	LURI							032	99	5299	
	pouse's	s first name and middle initial	Last nar										security n	number
	•	er and street). If you have a P.O. box, see	instructio	ons.				P	Apt. no.	- 1			ection Can	
8212 14						1							ou, or you jointly, wa	
		ice. If you have a foreign address, also co	mplete sp	paces belo	OW.	Sta		ZIP o			•	•	nd. Check	
LAKE ST						WA		982					not chang	је
Foreign countr	y name			oreign pr	ovince/state/	count	У	Foreig	n postal c	ode	your tax	or refu		Spouse
Filing Status	×	Single					☐ Head of h	ouseh	old (HOI	 <del>-</del> 1)				
-		Married filing jointly (even if only o	ne had ir	ncome)						,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spoi	use (C	QSS)			
one box.	lf v	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box.	enter	the chi	ld's na	me if the	
		, ialifying person is a child but not you												
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	payn	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a dig											es 🗵 N	No
Standard	Som	neone can claim:   You as a de	pendent	: 🔲 ,	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	nd <b>Sp</b> o	ouse:	: Was bor	n befo	ore Janua	ary 2,	1959		blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationship		) Check t	he bo	x if quali	fies for (	see instrud	ctions):
If more	(1) F	(1) First name Last name			number to you				Child t	ax cre	edit	Credit fo	r other dep	endents
than four														
dependents, see instruction	۰													
and check	·													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a	_	124,4	27.
Attach Form(s)	b	Household employee wages not re	•								1b	_		
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c	_		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ctions)				1d	_		
1099-R if tax	е		care benefits from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, 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 instruct	,					· ·			1h	_		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						1011	
	<u>z</u>	Add lines 1a through 1h			· · ;						1z		124,4	21.
Attach Sch. B	2a	· -	2a				axable interest				2b			
if required.	3a_		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 _	6b			
separately,	C	If you elect to use the lump-sum e		•		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or Qualifying	8	Additional income from Schedule	•								8		<del>-14,5</del>	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		109,9	106.
\$27,700 • Head of	10	Adjustments to income from Sche									10		1.5.5	
household, \$20,800	11	Subtract line 10 from line 9. This is	-								11		109,9	
If you checked	12	Standard deduction or itemized									12		13,8	50.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14										14		13,8	
see instructions.) 15 Subtract line 14 from line 11. If zero or less, enter -0. This is your tayable income						46 N	156							

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	16,458.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	16,458.
	19	Child tax credit or credit for	other dependent	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	16,458.
	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 <b>total tax</b>					24	16,458.
Payments	25	Federal income tax withheld	l from:						
-	а	Form(s) W-2				<b>25a</b> 23	3,110.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	23,110.
If you have a	26	2023 estimated tax paymen	ts 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	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							
	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 <b>to</b>	tal payments				33	23,110.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you <b>overpaid</b>		34	6,652.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	6,652.
Direct deposit?	b	Routing number 0 8 1				Checking	Savings		
See instructions.	d	Account number 3 5 5	0 1 2 4	4 8 8 9	9 7				
	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	=	-		38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete	below.	<b>⋉</b> No
		esignee's		Phone			dentification		
	name no. number (PIN)							W IA	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi								
Here	Vο	ur signature		Date	Your occupation		l If th	e IRS se	nt you an Identity
	rour signature		Date Four occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					SOFTWARE DI	(see	inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.									ection PIN, enter it here
	Ph	Phone no. (816) 255-0906 Email address BHARGAVDAVULURI98@GMAIL.COM							
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/29/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

BHARGAV DAVULURI

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 soci	ial security number
032-00	-5200

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. Att	ach Schedule E .	5	-14,521.
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		
- 1	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		
	1040, 1040-SR, or 1040-NR, line 8		10	-14 <b>,</b> 521.

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s)	s) shown on return						Your social	security r	number
BHAR	RGAV DAVULURI						032-99	-5299	
Part	Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	roperty, use 40.	Schedule						
	Did you make any payments in 2023 that would require								
B I	If "Yes," did you or will you file required Form(s) 1099?							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state	e, ZIP code	e)						
A	9-274/A TARAKARAMANAGAR SVN COLONY,	·	<u> </u>	\ DD7\1	JESH	TN 52200	6		
B	3 2747A TAKAKAKAMANAGAK SVN COLONI,	GONTON	ANDIIN	1 11/71	711	111 32200	0		
C									
1b	Type of Property (from list below)  2 For each rental real estate property above, report the number of				_	Rental Days	Persona Day		QJV
Α	personal use days. Check th	e QJV box	c only	Α		365		0	П
В	if you meet the requirements	s to file as	a	В					
С	qualified joint venture. See ir	nstructions	S.	С					
Type	of Property:				l	l .			
1	Single Family Residence 3 Vacation/Short-Term Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya			Self-Rental Other (descri	ibe)		
						Propertie	es:		
Incom				Α		В			С
3	Rents received			6	83.				
4	Royalties received	. 4							
Exper									
5	Advertising								
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			2,8	90.				
8	Commissions	. 8							
9	Insurance	. 9							
10	Legal and other professional fees								
11	Management fees	. 11		2,3	15.				
12	Mortgage interest paid to banks, etc. (see instruction								
13	Other interest	. 13							
14	Repairs				63.				
15	Supplies			2,8	74.				
16	Taxes								
17	Utilities	. 17		2,5					
18	Depreciation expense or depletion			2,2	81.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	. 20		15,2	04.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties) result is a (loss), see instructions to find out if you m	ust							
	file <b>Form 6198</b>			<b>-14,</b> 5	21.				
22	Deductible rental real estate loss after limitation, if a on <b>Form 8582</b> (see instructions)	. 22	(	14,52	1.)(		)(		
23a	Total of all amounts reported on line 3 for all rental pr	•			23a		683.		
b	Total of all amounts reported on line 4 for all royalty p				23b				
С	Total of all amounts reported on line 12 for all proper				23c				
d	Total of all amounts reported on line 18 for all proper				23d		,281.		
е	Total of all amounts reported on line 20 for all proper				23e	15	,204.		
24	Income. Add positive amounts shown on line 21. Do						. 24		
25	Losses. Add royalty losses from line 21 and rental real e	estate losse	es from lin	e 22. E	nter tota	ıl losses here	25 (		14,521.
26	Total rental real estate and royalty income or (los								
	here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include th						n <b>26</b>	-	-14 <b>,</b> 521.