## 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

	5 50.1155							
Submission	Identification Number (SID)							
Taxpayer's nan	ne	Social securi	ty numb	er				
ANEESH	RAYALA	713-80-4412						
Spouse's name		Spouse's social security number						
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	ro aut	horizina	1			
	dollars only on lines 1 through 5.	ler year you a	ie aut	nonzing.	·)			
	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	sted gross income		11	96	,906.			
	I tax		2		,584.			
	eral income tax withheld from Form(s) W-2 and Form(s) 1099		3		,523.			
	unt you want refunded to you		4		,939.			
<b>5</b> Amo	unt you owe		5					
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cop	y of y	our retu	ırn)			
my knowledg return (origina to send my re for any delay Agent to initia payment of authorization payment, I m business day taxes to rece personal ider	ies of perjury, I declare that I have examined a copy of the income tax return (original or amending and belief, it is true, correct, and complete. I further declare that the amounts in Part I also allow a more and to receive from the IRS (a) an acknowledgement of receipt or reason for respective to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for respective in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the attenuance and the example of the example of the date of any refund in account in any federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminal techniques the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation respective confidential information necessary to answer inquiries and resolve issues related to the attrification number (PIN) below is my signature for the income tax return (original or amended) in the payment of the payment (PIN) below is my signature for the income tax return (original or amended).	ove are the amomitter, or electro- ejection of the to U.S. Treasury andicated in the toution to debit the authorizate the authorizate the authorizate payment. I fur to payment. I fur	ounts from the counts of the c	om the in urn origina sion, (b) the lesignated aration so this according to the lesignate of the lesignate o	come tax ktor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the			
	nds Withdrawal Consent.  PIN: check one box only							
	uthorize GLOBAL TAXES LLC to enter or generate	e my PIN	4 4	1 2	as my			
_	nature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but all zeros	aomy			
☐ I w	rill enter my PIN as my signature on the income tax return (original or amended) I am rou are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN melow.							
Your signate	ure ▶ Date ▶							
Snouse's P	IN: check one box only							
•	uthorize to enter or generat	e my PIN			as my			
	ERO firm name	-	ter five o	digits, but	as my			
sig	nature on the income tax return (original or amended) I am now authorizing.	do	n't ente	all zeros				
if y	rill enter my PIN as my signature on the income tax return (original or amended) I am you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN mellow.							
Spouse's si	gnature ► Date ►							
	Practitioner PIN Method Returns Only—continue belo	w						
Part III	Certification and Authentication — Practitioner PIN Method Only							
ERO's EFIN	I/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 0 er all ze	8 2 7	1			
authorized to	the above numeric entry is my PIN, which is my signature for the electronic individual income file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sult of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers o	omitting this retu	ırn in a	ccordance				
ERO's signa	ature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions	D- 0						
	Don't Submit This Form to the IRS Unless Requested To	00 סט ס						

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



<b>1040</b>		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	э.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	_
Your first name ANEESH If joint return, s		iddle initial s first name and middle initial	Last nar RAYA Last nar	YALA							Your social security number 713   80   4412  Spouse's social security number			
	-	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	- 1			ection Campa	
City, town, or p OVERLAN Foreign countr	oost offi DPA	ce. If you have a foreign address, also cc RK			ow. ovince/state/	Star KS count	5	ZIP o			spouse to go to	if filing this fur ow will		а
Check only one box.  Digital	If y	Single  Married filing jointly (even if only only only only only only only only	name o ur depen	of your sp dent:				surviv	ving spou	use (0 enter	the chi	ld's na	me if the	
Assets Standard Deduction	Som	nange, or otherwise dispose of a digneone can claim: You as a de Spouse itemizes on a separate retur	ital asse	t (or a fin	ancial inter Your spous	est ir e as	n a digital asse a dependent					Y	es 🗵 No	
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		s blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	<sub>iip</sub> (4	l) Check t	he bo	ox if qualifies for (see instructions			
If more	(1) F	irst name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other depende	ents
than four dependents,										<u> </u>				
see instruction and check here	s — ]								[					
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		110,679	
Attach Form(s)	b	Household employee wages not re	eported (	on Form	(s) W-2 .						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 from Form 2441, line 26								1e	_			
was withheld.	f	Employer-provided adoption bene	fits from	from Form 8839, line 29							1f			
If you did not get a Form	g								1g	4				
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						110 600	
	<u>z</u>	Add lines 1a through 1h			· · ;						1z	_	110,679	•
Attach Sch. B if required.	2a	· –	2a				axable interest				2b	_		
ıı requileu.	3a		3a				rdinary divide				3b	_		
Standard	4a	<del>-</del>	4a				axable amoun				4b	_		
Deduction for—	5a		5a				axable amoun				5b	_		
Single or Married filing	6a	,	-						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	+	10 000	
jointly or Qualifying	8		Additional income from Schedule 1, line 10							8	+	-13 <b>,</b> 773		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	+	96,906	•
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									10		06 00 0	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		96,906	
If you checked	12	Standard deduction or itemized									12		13,850	•
any box under Standard	13	Qualified business income deduct									13		10 050	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850 83 056	
	14	SUBTRACT LINE 1/1 trom line 11 It zon	O OF LOCA	- antar	II INC IC V	OUR t	avania incom				1 45		× × 1156	

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌	1	<b>6</b> 13,584.
Credits	17	Amount from Schedule 2, lin					1	7
	18	Add lines 16 and 17					1	<b>8</b> 13,584.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne 8				2	20
	21	Add lines 19 and 20					2	:1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	13,584.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	13,584.
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				<b>25a</b> 18	,523.	
	b	Form(s) 1099				25b		
	С	Other forms (see instruction	s)			25c		
	d	Add lines 25a through 25c					25	5d 18,523.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return		2	
qualifying child,	27	Earned income credit (EIC)				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						
	32	Add lines 27, 28, 29, and 31	3	12				
	33	Add lines 25d, 26, and 32. T					3	18,523.
Refund	34	If line 33 is more than line 24	•					4,939.
11010110	35a	Amount of line 34 you want				•	. 🗆 35	5a 4,939.
Direct deposit?	b	Routing number 0 8 1					Savings	
See instructions.	d	Account number 3 5 5						
	36	Amount of line 34 you want				36		
Amount	37	Subtract line 33 from line 24	This is the ame	ount vou owe				
You Owe	٠.	For details on how to pay, g	3	5 <b>7</b>				
	38	Estimated tax penalty (see in	_	-		38		
Third Party	Do	you want to allow another				See		
Designee		structions	•				mplete belo	w. 🔀 No
Ü		signee's	nal identificati	ion				
	naı			no.			er (PIN)	<del></del>
Sign		der penalties of perjury, I declare to ief, they are true, correct, and com						
Here			picte. Deciaration		. , ,			. , ,
	Yo	ur signature		Date	Your occupation		S sent you an Identity on PIN, enter it here	
Joint return?					SOFTWARE I	DEV ENGINEE	(aaa inat )	*
See instructions.	Sp	ouse's signature. If a joint return, I	Date Spouse's occupation			_	sent your spouse an	
Keep a copy for your records.		-	_				,	Protection PIN, enter it here
your records.							(see inst.)	)
		one no. (816) 517-946		Email address	ANEESHR030	2@GMAIL.CO		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/01/2024	P0208270	)3 Self-employed
Use Only	Fire	m's name GLOBAL TA					Phone no	o. (678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	·
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form <b>1040</b> (2023

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ANEESH RAYALA

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 social security number
713-80-4412

Par	t 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	-13,773.
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			
	1040. 1040-SR. or 1040-NR. line 8		10	-13,773.

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-basis governr	nent		
	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		9a	
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)			
b	Deductible expenses related to income reported on line 8I 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			
_	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 adjustments to income. Enter here and			
	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.

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

ANE	ESH RAYALA									713-	80-4412	
Par	Note: If you ar	re in the b	ousiness of renti	Real Estate ar ng personal prope on page 2, line 40.	rtv. use		<b>c</b> . See	instruc	ctions. If you a	l		
	Did you make any pa If "Yes," did you or v											
							· ·	<u> </u>		· · ·		.5 _ 110
1a						<u> </u>						
_ <u>A</u>	13-284/4, TEACHERS COLONY KANURU, VIJAYAWADA ANDHRA PRADESH IN 520007											
B												
<u>C</u>								_				
1b	Type of Property (from list below)	al	oove, report th	real estate proper ne number of fair	rental	and	and Days				onal Use Days	QJV
A	3			ys. Check the Q requirements to			Α		365		0	
B		l "aı	ualified ioint ve	enture. See instru	uctions	a S.	В					
C							С					
1	of Property: Single Family Reside Multi-Family Reside		3 Vacation 4 Commer	/Short-Term Rer cial	ntal	5 Lanc 6 Roya			Self-Rental Other (desc			
									Properti	ies:		
Inco							Α		В			С
3	Rents received .				3		6	96.				
	Royalties received	1			4							
_	nses:				_							
5					5 6							
6	Auto and travel (se				7		2,3	2.2				
7 8	Cleaning and mair Commissions .	8		2,3	32.							
9	Insurance				9							
10	Legal and other pr				10							
11	Management fees				11		1,4	52				
12	Mortgage interest				12		1,7	52.				
13	Other interest .	•		,	13							
14	Repairs				14		3,6	52.				
15	Supplies				15		2,3					
16	Taxes				16		, -					
17	Utilities				17		2,1	41.				
18	Depreciation expe				18		2,5					
19	Other (list)				19							
20	Total expenses. A	dd lines	5 through 19		20		14,4	69.				
21	Subtract line 20 from result is a (loss), so file Form 6198.	ee instru	uctions to find	out if you must			-13 <b>,</b> 7	73.				
22	Deductible rental on Form 8582 (see			, , ,	22	(	13 <b>,</b> 77	3.)(	′		)(	)
23a	Total of all amoun							23a		696.		,
b	Total of all amount	-						23b				
С	Total of all amount							23c				
d												
е	Total of all amount							23e	14	,469.		
24	Income. Add posi					•				. 24	l l	
25	Losses. Add royalt	ty losses	from line 21 ar	id rental real estat	te losse	es from lin	e 22. Er	nter to	tal losses her	e <b>25</b>	5 (	13 <b>,</b> 773.)
26	Total rental real											
	here. If Parts II, III Schedule 1 (Form									on   . <b>26</b>	6	-13 <b>,</b> 773.