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 (SID)					-						
Taxpayer's name So							Social security number					
GOW'	THAM CHARUKURI			298	8-21	-875	51					
Spouse	's name		S	pouse	e's so	cial se	curity	number				
Part	Tax Return Information — Tax Year Ending December 31, 2023	(Ente	er ye	ear y	ou a	are a	uthor	rizing.))			
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			,075.			
2	Total tax					2			,837.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					3			,360.			
4	Amount you want refunded to you					4		2	,523.			
5	Amount you owe		lee e			5			\			
Part	Taxpayer Declaration and Signature Authorization (Be sure you get penalties of perjury, I declare that I have examined a copy of the income tax return (original or an											
to send for any Agent to payme authori payme busines taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial is a to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellating so days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information necessary to answer inquiries and resolve issues related the financial information in the	n for re te the lount inc institut ermina ion red d in the to the	ejection U.S. dicate tion to the the question payr	on of Treasted in de	the factorial th	transmand its tax preentry e entry ation. The control of the contr	nissior designerat to the To re eived acknow	n, (b) the gnated ion softis accombos (continuity) accombos (con	e reason Financial ware for unt. This cancel) a r than 2 yment of that the			
	ayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or get	noroto		ואום	1	. 8	7 5	5 1	00 1001			
×	I authorize GLOBAL TAXES LLC to enter or ger	Herale	HIIIY	FIIN	Er	nter fiv			as my			
	signature on the income tax return (original or amended) I am now authorizing.				u	on't en	ter all	zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.	N met	hod	. The	e ER	O mu	st co					
Your s	signature ► Gowtham.c Da	ite ►	01	1/2	2/2	202	24					
Spous	se's PIN: check one box only											
. г	I authorize to enter or ger	nerate	e mv	PIN					as my			
	ERO firm name				Er	nter fiv			,			
	signature on the income tax return (original or amended) I am now authorizing.					on't en						
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.											
Spous		te ►										
	Practitioner PIN Method Returns Only—continue	belov	N									
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.	2 2	2 2		9	6 C	8	2 7	1			
				20	611	an	_0,03					
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual indized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are ments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provid	m subi	mittir	ng th	is ret	urn in	acco	rdance				
ERO's	s signature ► Da	ate ▶										
	ERO Must Retain This Form — See Instruction											
	Don't Submit This Form to the IRS Unless Requeste		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	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
GOWTHAM			CHAR	UKURI							298	21	8751
If joint return, s	pouse's	s first name and middle initial	Last na	me									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaigr
7919 N	GLEN	DR						3	3025				ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP o	ode		•	_	jointly, want \$3 nd. Checking a
IRVING						TX	Z.	750	63		•		not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	ry	Foreig	n postal c	ode	your tax	or refu	
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name o ur depen	of your sp dent:				surviv	ving spou	use (0 enter	the chi	ild's na	me if the
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										□ Ye	es 🗵 No
Standard Deduction	_	neone can claim:	•		•		a dependent						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janu	ary 2,	, 1959	ls	s blind
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali		(see instructions):
If more	(1) F	(1) First name Last name			number to you				Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents, see instruction	s												
and check here	1 —												
Income	 1a	Total amount from Form(s) W-2, be	ox 1 (see	e instruct	ions) .					''	1a	1	108,935.
	b	Household employee wages not re	eported	on Form(s) W-2 .						1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								10	;		
attach Forms	d									1d	ı		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e	,			
was withheld.	f	Employer-provided adoption bene								1f			
If you did not	g	Wages from Form 8919, line 6 .									1 g		
get a Form	h	Other earned income (see instructions)						1h		0.			
W-2, see instructions.	i	Nontaxable combat pay election (s	,	uctions)			1i						
	z	Add lines 1a through 1h						. .			1z	:	108,935.
Attach Sch. B	2a		2a			b Ta	axable interest	t.			2b		
if required.	3a		3a				rdinary divider						
	4a	•	4a				axable amoun						
Standard Deduction for—	5a	Pensions and annuities	5a				axable amount					,	
Single or	6a	Social security benefits	6a				axable amount				6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, c	heck here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D if	required	. If not requ	uired,	, check here				7		
 Married filing jointly or 	8	Additional income from Schedule									8		-10,860.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our total inc	ome	e				9		98 , 075.
\$27,700	10	Adjustments to income from Sche	dule 1, l	ine 26							10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a c	djusted g	ross incor	ne					11		98 , 075.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fron	n Schedule	A)					12	:	13,850.
any box under	13	Qualified business income deducti	ion from	Form 89	95 or Form	899	5-A				13	3	
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	antar -	This is w	Our t	avabla incom				15	:	8/1 225

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	13,837.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	13,837.	
	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	B. If zero or less,	enter -0				22	13,837.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your total tax					24	13,837.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 16	360			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	16,360.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			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	16,360.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	2,523.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,523.	
Direct deposit?	b	Routing number 1 2 1				Checking	Savings			
See instructions.	d	Account number 3 2 5	0 6 3 4	7 2 2 4	4 0					
	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		structions				. 🗌 Yes. C	omplete	below.	⋈ No	
		esignee's		Phone			onal iden	tification		
<u></u>		me	hat I hava avamina	no.			ber (PIN)	the best	of my lenguilodes and	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Vo	ur signature	•	Date	Your occupation		If +F	ne IRS se	nt you an Identity	
	10	di Signature		Date	Tour occupation				PIN, enter it here	
Joint return?				SOFTWARE ENGINEER				see inst.)		
See instructions. Keep a copy for		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	on			nt your spouse an	
your records.						Identity Protection PIN, enter it here (see inst.)				
	Ph	one no. (669) 265-897	7	Email address	GOWTHAM198	9C@GMAIL.CO	M			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/17/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	hone no. (678) 965-9522		
Use Only	Fir	m's address 245 ROONE	J 08816			Firm's EIN 84-3171965				

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

GOWTHAM CHARUKURI

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
200_21	_0751

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	-10,860.
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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-10,860.

Page **2** Schedule 1 (Form 1040) 2023

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			
		24c		
d		24d		
е	Repayment of supplemental unemployment benefits under the Trade			
		24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	046		
	, , , , , , , , , , , , , , , , , , ,	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		
	Housing deduction from Form 2555	24j		
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	27)	-	
ĸ		24k		
z	Other adjustments. List type and amount:	Z-TK		
_	onor adjustments. List type and amount.	24z		
25	Total other adjustments. Add lines 24a through 24z		 25	
<u> 26</u>	Add lines 11 through 23 and 25. These are your adjustments to income			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA			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.

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

OMB No. 1545-0074

GOWI	HAM CHARUKURI						298-2	21-8751	
Part		d Ro	yalties						
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you	are an ind	ividual, rep	ort farm
	Did you make any payments in 2023 that would require you								
В	f "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	od(e)						
Α	OPP TO APMC, KOTTAL ROAD KAKATIYA NAG	GAR I	KAMPLI	BELLZ	ARY	KARANATA	KA IN	583132	
В									
С									
1b	Type of Property 2 For each rental real estate prope	ertv lis	ted		Fa	ir Rental	Perso	nal Use	0.07
	(from list below) above, report the number of fair	rental	and			Days	D	ays	QJV
Α	g personal use days. Check the Q			Α		365		0	
В		meet the requirements to file as fied joint venture. See instructions							
С	quaimed joint venture. See instru	ICLIONS	S.	С					
Гуре	of Property:						•		
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	l	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
			· ·						
				•		Propert	ies:		
ncon				<u>A</u>	1 /	В			С
3	Rents received	3		/	14.				
4	Royalties received	4							
-	nses:	_							
5	Advertising	6							
6 7	Auto and travel (see instructions)	7		2,0	1 /				
8	Cleaning and maintenance	8		2,0	14.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	<u> </u>				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,0	00.				
13	Other interest	13							
14	Repairs	14		2 7	50.				
15	Supplies	15		2,3					
16	Taxes	16		2,0					
17	Utilities	17		2,5	50				
18	Depreciation expense or depletion	18		2/5	.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,5	74.				
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		-10,8	60.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(10,86	50.)	()(,
23a	Total of all amounts reported on line 3 for all rental prope				23a		714.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	1.	1,574.		
24	Income. Add positive amounts shown on line 21. Do not		de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses he	re 25	(10,860.
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 10/0) line 5. Otherwise include this as	mount	t in the to	tal on li	na /11	on nage 2	00		_10 860