## 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  | rer's name   | Social securit  | y number  |   |  |  |
| JYC   | THIK VISHNU DUVVURU  | 849-33-   | 849-33-6445   |   |  |  |
| Spouse  | al security number   |   |   |   |  |  |
| Par   | Tax Return Information — Tax Year Ending December 31, 2023 (Ente   | r year you a  | re authorizin   | ıg.)  |  |  |
| Enter   | whole dollars only on lines 1 through 5.   | , ,   |   | <u> </u>  |  |  |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.   |   |   |   |  |  |
| 1   | Adjusted gross income  |   | 1   7   | 76,704.   |  |  |
| 2   | Total tax  |   | 2   | 9,140.  |  |  |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099  |   | 3 1   | L1,841.   |  |  |
| 4   | Amount you want refunded to you  |   | 4   | 2,701.  |  |  |
| 5   | Amount you owe   |   | 5   |   |  |  |
| Part  | Taxpayer Declaration and Signature Authorization (Be sure you get and  | keep a cop  | y of your re  | turn)   |  |  |
| return<br>to sen<br>for any<br>Agent<br>payme<br>author<br>payme<br>busine<br>taxes<br>persor | cowledge 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, transferd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for responsive to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for responsive to the IRS and the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income to my 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 terminate the Institution of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives 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 nal identification number (PIN) below is my signature for the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the payment (settlement) and the income tax return (original or amended) I applied to the income tax return (original or amended) I applied to the income tax return (original or amended) I applied to the income tax return (original or amended) I applied to the income tax return (original or amended) I applied to the income tax return (original or amende | nitter, or electro-<br>iection of the tr<br>J.S. Treasury ardicated in the ta-<br>ion to debit the<br>ee the authoriza-<br>quests must be<br>e processing of<br>payment. I furt | nic return original ansmission, (b) and its designated as preparation sentry to this action. To revoke the electronic the acknowled | nator (ERO) the reason definancial software for count. This e (cancel) a ater than 2 payment of lige that the |  |  |
| Тахра   | ayer's PIN: check one box only   |   |   |   |  |  |
|   | I authorize GLOBAL TAXES LLC to enter or generate  | mv PIN 3  | 6 4 4 5   | das m√  |  |  |
|   | ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | ř Ent   | er five digits, bu<br>n't enter all zero:   | rt ,  |  |  |
|   | 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 <b>and</b> your return is filed using the Practitioner PIN met below.   |   |   |   |  |  |
| Your  | signature ▶ Date ▶   |   |   |   |  |  |
| Snou  | oo's PINI, shook and hay only  |   |   |   |  |  |
| Spou  | se's PIN: check one box only  I authorize to enter or generate   | may DINI  |   |   |  |  |
| L   | to enter or generate to enter or generate  | _   | er five digits, bu  | as my   |  |  |
|   | signature on the income tax return (original or amended) I am now authorizing.   |   | i't enter all zero  |   |  |  |
|   | 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 <b>and</b> your return is filed using the Practitioner PIN met below.   |   |   |   |  |  |
| Spou  | se's signature ▶ Date ▶  |   |   |   |  |  |
|   | Practitioner PIN Method Returns Only—continue below  | /   |   |   |  |  |
| Part  | III 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<br>er all zeros   | 7 1   |  |  |
| author  | by that the above numeric entry is my PIN, which is my signature for the electronic individual income of the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsequents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of   | nitting this retu   | rn in accordan  | ce with the   |  |  |
| EDO'  | s signature ▶ Date ▶   |   |   |   |  |  |
| LNU   | s signature ► Date ►  ERO Must Retain This Form — See Instructions   |   |   |   |  |  |
|   | End widst netain this form — See instructions  |   |   |   |  |  |

Don't Submit This Form to the IRS Unless Requested To Do So

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| £1040   |                          | artment of the Treasury—Internal Revenue Servi  S. Individual Income Tax |   | urn                 | 202              | 3          | OMB No. 1545-0     | 0074           | IRS Use Only               | –Do not v        | vrite or staple in                | this space.     |
|---|--------------------------|--|---|---------------------|------------------|------------|--------------------|----------------|----------------------------|------------------|-----------------------------------|-----------------|
| For the year Jai                                  | n. 1–Dec                 | c. 31, 2023, or other tax year beginning                                 |   | , 2023, ending , 20 |                  |            |                    |                | See separate instructions. |                  |                                   |                 |
| Your first name                                   | e and m                  | iddle initial  | Last na   | ame                 |                  |            |                    |                |                            | Your so          | ocial security                    | number          |
| JYOTHIK   | VIS                      | HNU  | DUV   | JURU                |                  |            |                    |                |                            | 849              | 33 64                             | 45              |
| If joint return, s                                | spouse's                 | s first name and middle initial  | Last na   | ame                 |                  |            |                    |                |                            | Spouse           | 's social secu                    | ırity numbe     |
|   |                          |  |   |                     |                  |            |                    |                |                            |                  |                                   |                 |
|   | -                        | er and street). If you have a P.O. box, see                              | instruct  | ions.               |                  |            |                    | <i>P</i>       | Apt. no.                   | ł                | ential Election<br>here if you, o |                 |
| 8933 SU'  |                          |  | mploto  | spaces be           | low              | Sta        | ıto I              | ZIP co         | odo                        | 1                | if filing jointl                  | ,               |
| -   |                          | •  | inpiete:  | spaces be           | iow.             |            |                    |                |                            | to go to         | this fund. C                      | hecking a       |
| EDEN PR   |                          |  |   | Foreign n           | rovince/state/o  | M          |                    | 553<br>Foreign | n postal code              | I                | low will not c<br>x or refund.    | hange           |
| r oreign count                                    | y mamo                   |  |   | r orcigir p         | TOVITIOO/State/C | Journ      | ''y                | Orcig          | jii postai code            | your ta          | You                               | Spouse          |
| Filing Status                                     | s 🗵                      | Single   |   |                     |                  |            | ☐ Head of ho       | useh           | old (HOH)                  | I                |                                   |                 |
| Check only  |                          | Married filing jointly (even if only o                                   | ne had  | income)             |                  |            |                    |                |                            |                  |                                   |                 |
| one box.  |                          | Married filing separately (MFS)  |   |                     |                  |            | ☐ Qualifying s     | urviv          | ing spouse                 | (QSS)            |                                   |                 |
|   | lf y                     | you checked the MFS box, enter the                                       | name  | of your s           | pouse. If you    | ı che      | ecked the HOH      | or Q           | SS box, ente               | er the ch        | ild's name it                     | f the           |
|   | qu                       | ialifying person is a child but not you                                  | ır depe   | ndent:              |                  |            |                    |                |                            |                  |                                   |                 |
| Digital   | At a                     | ny time during 2023, did you: (a) rec                                    | eive (as  | a reward            | d, award, or     | payr       | ment for propert   | y or           | services); or              | (b) sell,        |                                   |                 |
| Assets  | exch                     | nange, or otherwise dispose of a dig                                     | ital ass  | et (or a fi         | nancial intere   | est ir     | n a digital asset) | ? (Se          | ee instructio              | ns.)             | ☐ Yes                             | ⊠ No            |
| Standard  |                          | neone can claim:   You as a de   | pender  | nt 🗌                | Your spouse      | e as       | a dependent        |                |                            |                  |                                   |                 |
| Deduction   |                          | Spouse itemizes on a separate retur                                      | n or yo   | u were a            | dual-status      | alien      | 1                  |                |                            |                  |                                   |                 |
| Age/Blindnes                                      | s You                    | : Were born before January 2, 1  | 959   | Are b               | lind <b>Spo</b>  | use        | : Uas born         | befo           | ore January 2              | 2, 1959          | ☐ Is blin                         | ıd              |
| Dependent   | s (see                   | instructions):   |   | (2)                 | Social security  |            | (3) Relationship   | (4             | ) Check the b              |                  | 1                                 |                 |
| If more   | (1) First name Last name |  |   | number              |                  | to you     |                    | Child tax c    | redit                      | Credit for other | r dependents                      |                 |
| than four   |                          |  |   |                     |                  |            |                    |                |                            |                  | ]                                 |                 |
| dependents, see instruction                       | ıs —                     |  |   |                     |                  |            |                    |                |                            |                  |                                   | ]               |
| and check   | , —                      |  |   |                     |                  |            |                    |                |                            |                  | L                                 |                 |
| here L  |                          | T  | - 4 /   | <u> </u>            | \                |            |                    |                |                            |                  |                                   | ]               |
| Income  | 1a                       | Total amount from Form(s) W-2, b   | ,   |                     | ,                |            |                    |                |                            |                  |                                   | 9,000.          |
| Attach Form(s)                                    |                          | Household employee wages not re  | •   |                     | . ,              |            |                    |                |                            |                  |                                   |                 |
| W-2 here. Also<br>attach Forms                    | C C                      | Tip income not reported on line 1a<br>Medicaid waiver payments not rep   | ,   |                     | •                |            |                    |                |                            | . 10             |                                   |                 |
| W-2G and  | d<br>e                   | Taxable dependent care benefits for                                      |   |                     |                  | ISTI       | ictions)           |                |                            | . 16             |                                   |                 |
| 1099-R if tax was withheld.                       | f                        | Employer-provided adoption bene  |   |                     | •                |            |                    |                |                            | . 11             |                                   |                 |
| If you did not                                    | ,                        | Wagaa from Form 2010 line 6  |   |                     | ·                |            |                    | •              |                            | . 10             |                                   |                 |
| get a Form  | g<br>h                   | Other earned income (see instruct  |   |                     |                  |            |                    |                |                            | . 11             |                                   | 0.              |
| W-2, see instructions.                            | i                        | Nontaxable combat pay election (s  | ,   |                     |                  | •          |                    | <br>           |                            |                  |                                   |                 |
|   | Z                        | Add lines 1a through 1h  |   |                     |                  | •          |                    |                |                            | . 1z             | . 8                               | 9,000.          |
| Attach Sch. B                                     | <u>-</u><br>2a           |  | 2a  |                     |                  | <b>b</b> Т | axable interest    |                |                            | . 2t             |                                   |                 |
| if required.                                      | 3a                       | · –  | 3a  |                     |                  |            | Ordinary dividen   | ds .           |                            |                  |                                   |                 |
|   | 4a                       |  | 4a  |                     |                  |            | axable amount      |                |                            |                  |                                   |                 |
| Standard  | 5a                       | _  | 5a  |                     |                  |            | axable amount      |                |                            |                  |                                   |                 |
| • Single or                                       | 6a                       | _  | 6a  |                     |                  |            | axable amount      |                |                            | . 6k             | ,                                 |                 |
| Married filing separately,                        | С                        | · -  | use the lump-sum election method, check here (see instructions) [ |                     |                  |            |                    |                |                            |                  |                                   |                 |
| \$13,850  | 7                        | Capital gain or (loss). Attach Sche                                      |   |                     |                  | `          | ,                  |                | [                          | <b>_</b> 7       |                                   |                 |
| <ul> <li>Married filing<br/>jointly or</li> </ul> | 8                        | Additional income from Schedule  |   |                     |                  |            |                    |                |                            | . 8              | -1:                               | 2,296.          |
| Qualifying surviving spouse,                      | 9                        |  | o, 7, and 8. This is your <b>total income</b>                     |                     |                  |            | . 9                |                | 6,704.                     |                  |                                   |                 |
| \$27,700  | 10                       | Adjustments to income from Sche  | dule 1,   | line 26             |                  |            |                    |                |                            | . 10             | )                                 |                 |
| <ul> <li>Head of household,</li> </ul>            | 11                       | Subtract line 10 from line 9. This is                                    | s your <b>a</b>   | djusted             | gross incon      | ne         |                    |                |                            | . 11             | 7                                 | 6,704.          |
| \$20,800  | 12                       | Standard deduction or itemized   | -   |                     |                  |            |                    |                |                            | . 12             |                                   | 3 <b>,</b> 850. |
| If you checked<br>any box under                   | 13                       | Qualified business income deduct   | ion fror  | n Form 8            | 995 or Form      | 899        | 5-A                |                |                            | . 13             |                                   |                 |
| Standard<br>Deduction,                            | 14                       | Add lines 12 and 13  |   |                     |                  |            |                    |                |                            | . 14             | 1                                 | 3 <b>,</b> 850. |
| see instructions.                                 | 15                       | Subtract line 1/1 from line 11. If zer                                   | o or los  | oc ontor            | O This is w      | our t      | tavabla inaama     |                |                            | 15               | 6                                 | 2 85/           |

| Form 1040 (2023                    | 3)  |  |                          |                      |                        |                       |   |                                 | Page Z                |
|------------------------------------|---|--|--------------------------|----------------------|------------------------|-----------------------|---|---------------------------------|-----------------------|
| Tax and                            | 16  | Tax (see instructions). Check          | if any from Form         | n(s): <b>1</b> 881   | 4 <b>2</b> 🗌 4972      | з 🗌                   |   | 16                              | 9,140.                |
| Credits                            | 17  | Amount from Schedule 2, lin            | ne 3                     |                      |                        |                       |   | 17                              |                       |
|                                    | 18  | Add lines 16 and 17                    |                          |                      |                        |                       |   | 18                              | 9,140.                |
|                                    | 19  | Child tax credit or credit for         | other dependen           | ts from Sched        | ule 8812               |                       |   | 19                              |                       |
|                                    | 20  | Amount from Schedule 3, lin            | ne 8                     |                      |                        |                       |   | 20                              |                       |
|                                    | 21  | Add lines 19 and 20                    |                          |                      |                        |                       |   | 21                              |                       |
|                                    | 22  | Subtract line 21 from line 18          | . If zero or less,       | enter -0             |                        |                       |   | 22                              | 9,140.                |
|                                    | 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                              | 9,140.                |
| Payments                           | 25  | Federal income tax withheld            | l from:                  |                      |                        |                       |   |                                 |                       |
| •                                  | а   | Form(s) W-2                            |                          |                      |                        | <b>25a</b> 11         | ,841.   |                                 |                       |
|                                    | b   | Form(s) 1099                           |                          |                      |                        | 25b                   |   |                                 |                       |
|                                    | С   | Other forms (see instructions          | s)                       |                      |                        | 25c                   |   |                                 |                       |
|                                    | d   | Add lines 25a through 25c              |                          |                      |                        |                       |   | 25d                             | 11,841.               |
| 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           | 32                       |                      |                        |                       |   |                                 |                       |
|                                    | 33  | Add lines 25d, 26, and 32. T           | hese are your <b>to</b>  | otal payments        |                        |                       |   | 33                              | 11,841.               |
| Refund                             | 34  | If line 33 is more than line 24        | 1, subtract line 2       | 4 from line 33.      | This is the amour      | t you <b>overpaid</b> |   | 34                              | 2,701.                |
|                                    | 35a   | Amount of line 34 you want             | refunded to you          | u. If Form 8888      | 3 is attached, chec    | k here                |   | 35a                             | 2,701.                |
| Direct deposit?                    | b   | Routing number 0 5 1                   |                          |                      |                        | Checking              | Savings   |                                 |                       |
| See instructions.                  | d   | Account number 4 3 5                   | 0 3 8 8                  | 4 9 2 :              | 3 5                    |                       |   |                                 |                       |
|                                    | 36  | Amount of line 34 you want             | applied to your          | 2024 estimate        | ed tax                 | 36                    |   |                                 |                       |
| Amount                             | 37  | Subtract line 33 from line 24          |                          |                      |                        |                       |   |                                 |                       |
| You Owe                            |   | For details on how to pay, g           | o to <i>www.irs.go</i> u | v/Payments or        | see instructions .     |                       |   | 37                              |                       |
|                                    | 38  | Estimated tax penalty (see in          | nstructions) .           |                      |                        | 38                    |   |                                 |                       |
| <b>Third Party</b>                 |   | you want to allow another              | •                        |                      |                        | _                     |   |                                 |                       |
| Designee                           |   |  |                          |                      |                        |                       | •   |                                 | ⊠ No                  |
|                                    |   | esignee's<br>me                        |                          | Phone no.            |                        |                       | onal identi<br>ber (PIN)                                  | tication                        |                       |
| Sign                               | Un  | der penalties of perjury, I declare t  | hat I have examine       | d this return and    | accompanying sched     | dules and statemen    | ts, and to  | the best                        | of my knowledge and   |
| Here                               | be  | lief, they are true, correct, and com  | plete. Declaration       | of preparer (othe    | r than taxpayer) is ba | sed on all informati  | on of whic  | n prepare                       | er has any knowledge. |
| Here                               | Yo  | ur signature                           |                          | Date Your occupation |                        |                       |   | If the IRS sent you an Identity |                       |
|                                    |   |  |                          | SOFTWARE ENGINEER    |                        |                       |   | IN, enter it here               |                       |
| Joint return?<br>See instructions. |   | accada alamatuwa. If a lalat vatuwa. I | hadb mulat alam          | Data                 | SOFTWARE E             |                       |   |                                 |                       |
| Keep a copy for your records.      | Spouse's signature. If a joint return, <b>both</b> must sign. |  | Date                     | וזכ                  |                        |                       | RS sent your spouse an<br>y Protection PIN, enter it here |                                 |                       |
| ,                                  |   |  |                          | Frank salaha         | TV/ORDITET/TT          | NITTO CN42 TT - 22    | ,   |                                 |                       |
|                                    |   | eparer's name                          | Preparer's signat        | Email address        | JYOTHIKVISH            | NU@GMAIL.CO<br>Date   | )M<br>PTIN  |                                 | Check if:             |
| Paid                               |   | ·                                      | '                        |                      | רווחחת החדד אינ        |                       |   | 2702                            | Self-employed         |
| Preparer                           |   | 4 PRIYA RAM SAGAR GUPTA TALLAM         |                          | KAM SAGAK            | GUPIA TALLAM           | 02/08/2024            | P0208   |                                 |                       |
| Use Only                           |   | m's name GLOBAL TA                     |                          | INICIAIT OIZ NI      | T 00016                |                       |   |                                 | (678) 965-9522        |
|                                    | rir<br>   | m's address 245 ROONE                  | Y CT E BRU               | MOMICY N             | 0 00010                |                       | Firm  | 's EIN                          | 84-3171965            |

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

JYOTHIK VISHNU DUVVURU

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. <b>01</b> |
|----------|------------------------|
| Your soc | ial security number    |
| 849-33   | -6445                  |

| 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 | Schedule E . | 5 | -12,556. |          |
| 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:   |              |   |          |          |
|     | Other Income from box 3 of 1099-Misc 260.                                     | 8z           |   |          | _        |
| 9   | Total other income. Add lines 8a through 8z                                   |              |   | 9        | 260.     |
| 10  | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente |              |   |          |          |
|     | 1040, 1040-SR, or 1040-NR, line 8   |              |   | 10       | -12,296. |

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       |   |         |             |     |  |
| 25<br>26 | Total other adjustments. Add lines 24a through 24z                            | <br>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,

Attachment

Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return Your social security number JYOTHIK VISHNU DUVVURU 849-33-6445 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) CHILLAKUR MANDAL, GUDUR NELLORE DISTRICT ANDHRAPRADESH IN 524412 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 600. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,226. 8 Commissions . . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . . . 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,375. Repairs . . . . 3,184. 15 Supplies . . . . . . . 15 16 16 Taxes 17 Utilities . . . . . . . 17 4,371. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 13,156. 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 -12,556.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 12,556.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties 23e 13,156. 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 12,556.

26

26

-12**,**556.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2