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

Submission Identification Number (SID)		•				
Taxpayer's name	Social security	al security number				
SURENDRA KUTTUBOYINA	DRA KUTTUBOYINA 797-59-0190					
Spouse's name	Spouse's socia	cial security number				
VENKATA GAYATHRI AVULA	990-96-	-1100				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e authorizing.)				
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 47,	190.			
2 Total tax	[2 1,	948.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 6,	295.			
4 Amount you want refunded to you		4 4,	347.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сору	of your return	า)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requbusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electron ction of the tra S. Treasury an cated in the ta- n to debit the the authoriza ests must be processing of ayment. I furth	nic return originato ansmission, (b) the id its designated Fix preparation softventry to this accountion. To revoke (careceived no later the electronic paymer acknowledge to	or (ERO) reason inancial ware for nt. This ancel) a than 2 ment of that the			
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or generate n	ov DINI 9	0 1 9 0	ac my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž Ente	er five digits, but 't enter all zeros	as my			
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your signature ▶ Date ▶						
Spouse's PIN: check one box only						
	nv PIN 6	1 1 0 0				
		er five digits, but	as my			
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Spouse'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. 2 2	2 4 9 6 Don't ente		1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Indicated above.	tting this retur	n in accordance v				
ERO's signature ▶ Date ▶						
ERO's signature ► Date ► ERO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To 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		ırn	202	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		, 2023, ending					, 20		See separate instructions.			
Your first name	e and m	iddle initial	Last nar	me							Your so	cial sec	curity number
SURENDRA	A		KUTT	UBOYI	NA						797	59	0190
		s first name and middle initial	Last nar										security number
VENKATA	GAY	АТНКТ	AVUL	A							990	96	1100
		er and street). If you have a P.O. box, see						A	Apt. no.			-	ection Campaign
8100 MEI	MORI.	AL LN						1	0306	l	Check h	nere if y	ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	oaces belo	ow.	Sta	te	ZIP c	ode		•		jointly, want \$3
PLANO						TX	ζ	750	24		0		nd. Checking a not change
Foreign countr	y name		F	oreign pro	ovince/state/	count	ty	Foreig	ın postal c	ode	your tax		ınd.
Filing Status Check only one box.	_	Single Married filing jointly (even if only or Married filing separately (MFS)	ne had ir	ncome)			☐ Head of h		`		QSS)		
Digital	qu	you checked the MFS box, enter the alifying person is a child but not you ny time during 2023, did you: (a) receipt	ır depen	dent:								ld's na	me if the
Assets		nange, or otherwise dispose of a digi						-				□ Ye	es 🗵 No
Standard	Som	neone can claim:	pendent		Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	ary 2	, 1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more		First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents
than four													
dependents,													
see instruction and check													
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		55,418.
Attach Form(s)	b	Household employee wages not re	eported o	on Form	(s) W-2 .						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	ictions)				1d		
1099-R if tax	е	Taxable dependent care benefits f									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 instruction	•								1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>li</u>						
	z _	Add lines 1a through 1h	· ; ·		· · · ·						1z		55,418.
Attach Sch. B	2a	· —	2a				axable interes				-		
if required.	3a_		3a				rdinary divide						
Standard	4a	-	4a				axable amoun						
Deduction for—	5a	-	5a				axable amoun						
Single or Married filing	6a	,	6a				axable amoun	t		٠ _	6b		
separately,	C	If you elect to use the lump-sum e		•		`	,				- I		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7		0.000
jointly or Qualifying	8	Additional income from Schedule									8	+	-8 , 228 .
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9	+	47,190.
\$27,700 • Head of	10	Adjustments to income from Sche									10	_	47 100
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		47,190.
If you checked	12	Standard deduction or itemized									12		27,700.
any box under Standard	13	Qualified business income deducti									13		07 700
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 700.
	, Ih	SUBTROOT UPO 1/1 trom Upo 11 It 70r	O OF LOCK	Ontor			TOVODIO IDOOM	10					

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check it	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	1,948.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17						18	1,948.	
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	1,948.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	1,948.	
Payments	25	Federal income tax withheld f	from:							
-	а	Form(s) W-2				25a	6,295			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	6,295.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit f	rom Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	6,295.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amou	nt you overpai d	1.	34	4,347.	
	35a	Amount of line 34 you want re			is attached, che	ck here	[35a	4,347.	
Direct deposit?	b	Routing number 0 7 1				Checking [Saving	s		
See instructions.	d	Account number 3 7 4	0 0 0 3	6 9 9 4	4 3					
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. For details on how to pay, go						37		
rou owe	38	Estimated tax penalty (see ins	_	-		38		31		
Third Party		you want to allow another								
Designee		structions				Yes.	Complet	e below.	⋈ No	
		esignee's		Phone			rsonal ide mber (PIN	ntification		
0:		me der penalties of perjury, I declare tha	at I have examined	no.	accompanying scho		,	,	of my knowledge and	
Sign		lief, they are true, correct, and comp								
Here	Yo	ur signature		Date	Your occupation		l If	the IRS se	nt you an Identity	
		e-g					Pi	otection P	IN, enter it here	
Joint return?					INFORMATION	SECURITY E	NGI (s	ee inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
		one no. (205) 568-1429		Email address	HOME MAKER SKUTTUBOYI			. ,		
			Preparer's signat		SKUTTUBUTT	Date	PTIN		Check if:	
Paid		4 PRIYA RAM SAGAR GUPTA TALLAM			CIIDTA TATIAM	01/28/2024		82703	Self-employed	
Preparer				IVIII DUGUL	COLIA IALLAM	101/20/202			(678) 965-9522	
Use Only		m's name GLOBAL TAX m's address 245 ROONEY		NCWICK N	т 08816			rm's EIN	84-3171965	
	<u>'</u> -	1040 () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 CI E DEO	TADAATCI/ IV	00010			IIII S LIIN	- 4040	

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SURENDRA KUTTUBOYINA & VENKATA GAYATHRI AVULA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Your social security number 797-59-0190

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		5	-8,228.
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	here and on Form		0.000
	1040, 1040-SR, or 1040-NR, line 8		10	-8,228.

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

2023	
Attachment Sequence No. 13	

OMB No. 1545-0074

Name(s) shown on return Your social security number 797-59-0190 SURENDRA KUTTUBOYINA & VENKATA GAYATHRI AVULA 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) 17/84-3-8, BANTUMILLI ROAD PEDANA, KRISHNA ANDHRA PRADESH IN 521366 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 . 3 507. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,080. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,725. 11 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,410. Repairs 1,630. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,890. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 8,735. Total expenses. Add lines 5 through 19 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 -8,228. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 8,228.)(507. 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 8,735. Total of all amounts reported on line 20 for all properties 23e 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 8,228. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-8,228.