## 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)		·				
Taxpaye	er's name	Social security number					
AAK.	ASH RAJ CHITTIMALLA	081-91-3403					
Spouse	's name	Spouse's soc	ial sec	urity numbe	er		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	1.)		
	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		7,200.		
2	Total tax		2		2 <b>,</b> 585.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5 <b>,</b> 161.		
4	Amount you want refunded to you		4	2	2,576.		
5 Part	Amount you owe	een a con	5 v of v	Our reti	urn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
for any Agent in payme authori payme busines taxes to person	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing 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 indit of 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 int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises 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 pall identification number (PIN) below is my signature for the income tax return (original or amended) I authoric Funds Withdrawal Consent.	S. Treasury as cated in the ta on to debit the the authoriza- uests must be processing of ayment. I furt	nd its of ax prepartion. The receive the elements of the eleme	designated paration so to this according to the total according to t	d Financial oftware for count. This (cancel) a ter than 2 sayment of e that the		
					1		
Тахра	ayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate.	my DINI 1	3 4	4 0 3	00 my		
	ERO firm name	ř Ent		digits, but er all zeros	as my		
	signature on the income tax return (original or amended) I am now authorizing.  I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.						
Yours	signature ▶ Date ▶						
Spous	se's PIN: check one box only	_					
	I authorize to enter or generate	mv PIN			as my		
	ERO firm name	-	er five	digits, but	j ao my		
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN meth below.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0		7 1		
		Don't ent	er all ze	eros			
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual income to ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	rn in a	accordanc			
ERO's	s signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To I	o So					

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

2023 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20					See separate instructions.				
Your first name and middle initial				Last name					Your social security number			
AAKASH RAJ				CHITTIMALLA						081 91 3403		
		s first name and middle initial	Last na	ame							curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Election	on Campaign	
13201 LE	EGENI	DARY DR					4205			here if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	е	ZIP code				tly, want \$3	
AUSTIN					TX		77827		to go to this fund. Checking a box below will not change			
Foreign country	/ name			Foreign province/state/o	county	/	Foreign posta	l code	your ta	x or refund.	_	
										You	Spouse	
Filing Status	; X	Single			[	Head of ho	ousehold (H0	OH)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)			[	Qualifying	surviving sp	ouse (	QSS)			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	or QSS box	k, ente	r the ch	ild's name	if the	
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rty or service	es): or	(b) sell.			
Assets		lange, or otherwise dispose of a digi								Yes	⊠ No	
Standard	Som	eone can claim: You as a de	pender	t Your spouse	e as a	a dependent	, ,					
Deduction		Spouse itemizes on a separate return										
A are /Disastrane									1050			
	•	Were born before January 2, 19	959 [		ouse:		n before Jan			∐ Is bli		
Dependents				(2) Social security number	/	(3) Relationsh to you	iP	tne bo d tax cr	-		instructions): her dependents	
If more	(1) [	irst name Last name		number		to you	Office		cuit	Credit for oth		
than four dependents,	-									L	┽──	
see instructions	s							$\overline{\Box}$		L	┽──	
and check here	ı —							$\overline{\Box}$			┽──	
-	10	Total amount from Form(s) W 2 h	ov 1 /or	o instructions)					10		<u> </u>	
Income	1a h	Total amount from Form(s) W-2, be	,	,					1a		13,430.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								;		
W-2 here. Also attach Forms	c d									, ,		
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1e			
If you did not	g	Wages from Form 8919, line 6.							10			
get a Form	9 h	Other earned income (see instructi							1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i					
instructions.	Z	Add lines to through th							1z	, 4	43,436.	
Attach Sch. B		J	2a		<b>b</b> Та	xable interest	 t		2b			
if required.	3a	'	3a			dinary divider			3b			
	4a		4a			xable amount			4b			
Standard Deduction for—	5a		5a		<b>b</b> Ta	xable amount	t		5b	,		
Single or	6a	Social security benefits	6a			xable amount			6b	,		
Married filing separately,	С	If you elect to use the lump-sum el						. [				
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here		. [	] 7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule							8	-	-6,236.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9		37,200.	
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					. 10	)	<u> </u>	
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	me				. 11	. 3	37 <b>,</b> 200.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	: A)				12		13,850.	
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 8995	5-A			13		<u> </u>	
Standard Deduction,	14	Add lines 12 and 13							14	1	13 <b>,</b> 850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our <b>t</b> a	axable incom	ie		15		23,350.	

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	2,585.
Credits	17	Amount from Schedule 2, lir						17	
	18	Add lines 16 and 17					[	18	2,585.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	,
	20	Amount from Schedule 3, lir	•					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			[	22	2,585.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is			•		[	24	2,585.
Payments	25	Federal income tax withheld							,
. ayınıcınıc	а	Form(s) W-2				<b>25a</b> 5	,161.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	•					25d	5 <b>,</b> 161.
If you have a	26	2023 estimated tax paymen					[	26	· ·
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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other p	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	-				[	33	5,161.
Refund	34	If line 33 is more than line 24						34	2,576.
	35a	Amount of line 34 you want				•	. 🗆 [	35a	2,576.
Direct deposit?	b	Routing number 0 8 1					Savings		
See instructions.	d	Account number 3 5 5			3   6		, i		
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>am</b> e	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				. 🗌 <b>Yes.</b> Co	mplete be	low.	<b>X</b> No
		signee's		Phone			onal identific	ation	
<del></del>	naı	der penalties of perjury, I declare t	hat I hava avancina	no.			per (PIN)	boot	of my line who does and
Sign									
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which Your signature    Date						If the IF	25 sai	nt you an Identity
								IN, enter it here	
Joint return?					STUDENT		(see ins	st.)	
See instructions. Keep a copy for							nt your spouse an		
your records.						(see ins		ection PIN, enter it here	
		000 00 (016) 017 040	0	Email address	א א א א א א א א א א א א א א א א א א א	ITMATTA GOMATT CO	(		
		one no. (816) 217-849 eparer's name	Preparer's signat	Email address	AAKASHKAJCHI'I'I	'IMALLA@GMAIL.CO Date	PTIN	—	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM	01/23/2024	P020827	702	Self-employed
Preparer			1	NAPI DAGAK	GOLIW INTINU	01/23/2024	_		678) 965-9522
Use Only			XES LLC Y CT E BRU	INIQWITOK NI	J 08816		Firm's		
Go to want im ~		n1040 for instructions and the late		YMONTCI/ IN			1 1 11111 S	LIIN	84-3171965 Form <b>1040</b> (2023)
GO TO WWW.IIS.go	וווטיווער	TOTO IOI IIISII UCIIOIIS AIIU IIIE IAIE	acimornation.		BAA	REV 01/12/24 PRO			FOITH 1070 (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

AAKASH RAJ CHITTIMALLA

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.

Your social security number 081-91-3403

	t I Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes		1	
a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):		_	
•	Business income or (loss). Attach Schedule C			
-	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-6,236
)	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		7	
3	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		
o	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	

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			
<b>0</b> -					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE E** (Form 1040)

#### **Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

AAK	ASH RAJ CHITTI	MALLA							081-9	1-3403		
Par	Note: If you are	Loss From Rental Real e in the business of renting persor loss from Form 4835 on pag	sonal proper	d Roy ty, use	yalties Schedule	C. See	instruc	tions. If you a	are an indi	vidual, rep	ort farm	
		ayments in 2023 that would r										
		vill you file required Form(s)									s No	
1a		of each property (street, city			<u> </u>							
A	1-4-514/4 JA	YASHANKAR COLONY KA	AMAREDDY	,TEL	LANGANA	IN	50311	1				
B												
C									ı			
1b	Type of Property (from list below)	above, report the num	above, report the number of fair rental			and <b>Days</b>			Person Da	QJV		
A	3	personal use days. Chif you meet the require				Α		365		0		
B		qualified joint venture	. See instru	ctions	a i.	В						
C						С						
1	of Property: Single Family Reside Multi-Family Reside		-Term Rent	tal	5 Land 6 Roya			Self-Rental Other (desc				
						_		Propert	ies:			
Incor						Α		В			С	
3				3		3.	57.					
4				4								
_	nses:			_								
5 6				5 6			-					_
7		e instructions)		7		1,4	0.0					_
8				8		1,4	90.					_
9				9								
10		ofessional fees		10								
11				11		1,3	63					_
12		paid to banks, etc. (see inst		12		1,5	03.					_
13			,	13								
14				14		1,4	66					_
15				15		1,0						
16				16								_
17				17		1,2	54.					
18		nse or depletion		18		•						
19		dd linno E through 10		19								_
20	Total expenses. Ac	dd lines 5 through 19		20		6,5	93.					
21	result is a (loss), se	om line 3 (rents) and/or 4 (ro ee instructions to find out if	you must	21		-6,2	3.6					
22	Deductible rental re	eal estate loss after limitations instructions)	on, if any,	22	(	6,23				(		
23a		s reported on line 3 for all re		$\overline{}$		.	23a		357.			
b		s reported on line 4 for all re					23b					
C		s reported on line 12 for all					23c					
d		s reported on line 18 for all					23d					
е		s reported on line 20 for all					23e	(	5,593.			
24		tive amounts shown on line							. 24			
25	•	losses from line 21 and rental			•		nter tota	al losses her	-	(	6,236.	
26		estate and royalty income										
	here. If Parts II, III,	, and IV, and line 40 on pag 1040), line 5. Otherwise, inc	ge 2 do no	t apply	y to you,	also er	nter th	is amount o			-6,236	5.