# 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

|   | 1.070,1100  |  |  |   |   |
|---|---|--|--|---|---|
| Submi   | ssion Identification Number (SID)   |  |  |   |   |
| Taxpaye   | r's name  | Social securi  | ty numl  | per   |   |
| RAMA  | 861-95  | -061   | 5  |   |   |
| Spouse's  | s name  | Spouse's soo   | ial seci   | urity numbe   | er  |
| Part  | Tax Return Information — Tax Year Ending December 31, 2023 (Enter   | Vear vou a   | ro all   | thorizing   |   |
|   | whole dollars only on lines 1 through 5.  | year you a   | i e au   | uionzing  | ·· <i>)</i>   |
|   | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  |  |  |   |   |
| 1   | Adjusted gross income   |  | 1 1  | 56  | 5,798.  |
| 2   | Total tax   |  | 2  |   | 1,931.  |
| 3   | Federal income tax withheld from Form(s) W-2 and Form(s) 1099   |  | 3  |   | 7,132.  |
| 4   | Amount you want refunded to you   |  | 4  |   | 1,201.  |
| 5   | Amount you owe  |  | 5  |   |   |
| Part  |   | еер а сор  | y of y   | our retu  | ırn)  |
| my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal | penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmi my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday 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 indicated to my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised adays prior to the payment (settlement) date. I also authorize the financial institutions involved in the particular or confidential information necessary to answer inquiries and resolve issues related to the particle Funds Withdrawal Consent. | e are the ameter, or electro-<br>ction of the treatment of the authorization of the treatment | ounts for the counts of the co | from the inturn original sion, (b) to designate control sector this according to the control of | ncome tax<br>ator (ERO)<br>he reason<br>I Financial<br>oftware for<br>ount. This<br>(cancel) a<br>ter than 2<br>ayment of<br>e that the |
|   | yer's PIN: check one box only   |  |  |   |   |
| X   | <del>-</del>  | 5 DINI   | 0 6  | 6 1 5   | ac my   |
| ^   | I authorize GLOBAL TAXES LLC to enter or generate r  ERO firm name signature on the income tax return (original or amended) I am now authorizing.   | ř En   |  | digits, but<br>er all zeros   | as my   |
|   | I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.  |  |  |   |   |
| Your s  | gnature ► Date ►  |  |  |   |   |
| Spous   | e's PIN: check one box only   |  |  |   | ı   |
|   | I authorize to enter or generate r  | nv PIN   |  |   | as my   |
|   | ERO firm name   | En   |  | digits, but   | ,   |
|   | signature on the income tax return (original or amended) I am now authorizing.  | do   | n't ente   | er 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 <b>and</b> your return is filed using the Practitioner PIN methology.   |  |  |   |   |
| Spous   | e's signature ▶ Date ▶  |  |  |   |   |
|   | Practitioner PIN Method Returns Only—continue below   |  |  |   |   |
| Part I  | Certification and Authentication — Practitioner PIN Method Only   |  |  |   |   |
| ERO's   | <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2   | 2 4 9<br>Don't ent   | 6 0<br>er all ze   | -   | 7 1   |
| authoriz  | that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In   | tting this retu  | ırn in a   | accordanc   |   |
| ERO's   | signature ▶ Date ▶  |  |  |   |   |
|   | ERO Must Retain This Form — See Instructions  |  |  |   |   |
|   | Don't Submit This Form to the IRS Unless Requested To D   | o So   |  |   |   |

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



| <b>£1040</b>                               | •         | artment of the Treasury-Internal Revenue Servi                                     |             | urn         | 202            | 3       | OMB No. 1545                      | -0074    | IRS Use     | Only-        | -Do not w  | rite or sta | aple in this space.       |
|--|-----------|--|-------------|-------------|----------------|---------|-----------------------------------|----------|-------------|--------------|------------|-------------|---------------------------|
| For the year Jar                           | n. 1–Dec  | c. 31, 2023, or other tax year beginning   |             |             | , 2023, end    | ling    |                                   |          | , 20        |              | See sep    | oarate i    | instructions.             |
| Your first name                            | and m     | niddle initial   | Last na     | me          |                |         |                                   |          |             | ,            | Your so    | cial sec    | curity number             |
| RAMA CH                                    | ARAN      | TEJA   | POLA        | NKI         |                |         |                                   |          |             |              | 861        | 95          | 0615                      |
|  |           | s first name and middle initial  | Last na     |             |                |         |                                   |          |             |              |            |             | security number           |
| Home address                               | (numb     | er and street). If you have a P.O. box, see  | instruction | ons.        |                |         |                                   |          | Apt. no.    |              | Preside    | ntial Ele   | ection Campaigr           |
| 4751 BE                                    |           |  |             |             |                |         |                                   |          |             | - 1          |            |             | ou, or your               |
|  |           | ice. If you have a foreign address, also co  | mplete s    | paces belo  | ow.            | Sta     | te                                | ZIP c    | ode         |              | •          | _           | jointly, want \$3         |
| ARBUTUS                                    |           |  |             |             |                | MD      | )                                 | 212      | 27          |              | •          |             | nd. Checking a not change |
| Foreign countr                             | y name    |  | F           | oreign pr   | ovince/state/  | count   | ту                                | Foreig   | jn postal c |              | your tax   |             | ınd.                      |
| Filing Status                              | s 🗵       | Single   | -           |             |                |         | Head of h                         | ouseh    | old (HOF    | <del> </del> |            |             |                           |
| Check only                                 | Ļ         | Married filing jointly (even if only o   | ne had i    | ncome)      |                |         |                                   |          |             |              |            |             |                           |
| one box.                                   | L         | Married filing separately (MFS)  |             |             |                |         | ☐ Qualifying                      |          | 0 1         | ,            | ,          |             |                           |
|  |           | you checked the MFS box, enter the   |             |             | oouse. If you  | ı che   | ecked the HOF                     | or Q     | SS box,     | enter        | the chi    | ld's na     | me if the                 |
|  | qι        | ualifying person is a child but not you  | ur depen    | ident:      |                |         |                                   |          |             |              |            |             |                           |
| Digital                                    | At a      | ny time during 2023, did you: (a) rec  | eive (as    | a reward    | l, award, or   | payn    | nent for prope                    | rty or   | services)   | ); or (l     | b) sell,   |             |                           |
| Assets                                     | excl      | nange, or otherwise dispose of a dig   | ital asse   | t (or a fin | ancial inter   | est ir  | n a digital asse                  | et)? (Se | ee instru   | ctions       | s.)        | Ye          | es 🗵 No                   |
| Standard                                   |           | neone can claim: 🔲 You as a de   | pendent     | t 🗌         | Your spous     | e as    | a dependent                       |          |             |              |            |             |                           |
| Deduction                                  |           | Spouse itemizes on a separate retur  | n or you    | were a      | dual-status    | alien   |                                   |          |             |              |            |             |                           |
| Age/Blindnes                               | s You     | : Were born before January 2, 1  | 959         | Are bli     | nd <b>Spc</b>  | use:    | : Was bor                         | n befo   | ore Janua   | ary 2,       | 1959       |             | s blind                   |
| Dependent                                  | s (see    | instructions):   |             | (2) S       | ocial security | ,       | (3) Relationsh                    | ip (4    | ) Check tl  | he box       | x if quali | fies for (  | (see instructions):       |
| If more                                    |           | First name Last name   |             | , ,         | number         |         | to you                            |          | Child to    | ax cre       | dit        | Credit fo   | or other dependents       |
| than four                                  |           |  |             |             |                |         |                                   |          | [           |              |            |             |                           |
| dependents, see instruction                | s —       |  |             |             |                |         |                                   |          |             |              |            |             |                           |
| and check                                  | , —       |  |             |             |                |         |                                   |          |             | <u>_</u>     |            |             |                           |
| here L                                     |           |  |             |             |                |         |                                   |          |             |              |            |             |                           |
| Income                                     | 1a        | Total amount from Form(s) W-2, b   | ,           |             | ,              |         |                                   |          |             |              | 1a         |             | 70,224.                   |
| Attach Form(s)                             | b         | Household employee wages not re  | •           |             |                |         |                                   |          |             |              | 1b         |             |                           |
| W-2 here. Also                             | С.        | Tip income not reported on line 1a   |             |             | •              |         |                                   |          |             |              | 1c         |             |                           |
| attach Forms<br>W-2G and                   | d         | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)            |             |             |                |         |                                   |          | 1d          |              |            |             |                           |
| 1099-R if tax                              | e         | Taxable dependent care benefits f  |             |             |                |         |                                   |          |             |              | 1e         |             |                           |
| was withheld.                              | f         | Employer-provided adoption bene  | tits from   | 1 Form 8    | 839, line 29   | ٠       |                                   |          |             |              | 1f         |             |                           |
| If you did not get a Form                  | g         | Wages from Form 8919, line 6.  |             |             |                |         |                                   |          |             |              | 1g         |             | 0.                        |
| W-2, see                                   | h<br>:    | Other earned income (see instruct Nontaxable combat pay election (s                | ,           |             |                |         |                                   | Ϊ.       |             |              | 1h         |             |                           |
| instructions.                              | i         |  | see iiisii  | uctions)    |                |         |                                   |          |             |              | 1z         |             | 70,224.                   |
| Attach Cab C                               | z<br>2a   | Add lines 1a through 1h  Tax-exempt interest                                       | 2a          |             |                | <br>h T | axable interes                    |          |             |              | 2b         |             |                           |
| Attach Sch. B if required.                 | 2a<br>3a  | ·  | 3a          |             |                |         | axable interes<br>Ordinary divide |          |             |              | 3b         |             |                           |
|  | <u>3a</u> | · · ·  | 4a          |             |                |         | axable amoun                      |          |             |              | 4b         |             |                           |
| Standard                                   | 5a        | _  | 5a          |             |                |         | axable amoun                      |          |             |              | 5b         |             |                           |
| Deduction for— Single or                   | 6a        | _  | 6a          |             |                |         | axable amoun                      |          |             |              | 6b         |             |                           |
| Married filing                             | C         | If you elect to use the lump-sum e   |             | nethod.     | <br>check here |         |                                   |          |             | . Ė          | ]          |             |                           |
| separately,<br>\$13,850                    | 7         | Capital gain or (loss). Attach Schedule D if required. If not required, check here |             |             |                |         |                                   |          | 7           |              |            |             |                           |
| Married filing jointly or                  | 8         | Additional income from Schedule  |             | •           | •              |         |                                   |          |             |              | 8          |             | -13,426.                  |
| Qualifying surviving spouse,               | 9         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  | -           |             |                |         |                                   |          |             |              | 9          |             | 56,798.                   |
| \$27,700                                   | 10        | Adjustments to income from Sche  |             | •           |                |         |                                   |          |             |              | 10         |             |                           |
| <ul> <li>Head of<br/>household,</li> </ul> | 11        | Subtract line 10 from line 9. This is  |             |             |                |         |                                   |          |             |              | 11         |             | 56,798.                   |
| \$20,800                                   | 12        | Standard deduction or itemized   | •           | -           | _              |         |                                   |          |             |              | 12         |             | 13,850.                   |
| If you checked any box under               | 13        | Qualified business income deduct   |             | •           |                |         | 5-A                               |          |             |              | 13         |             |                           |
| Standard<br>Deduction,                     | 14        | Add lines 12 and 13  |             |             |                |         |                                   |          |             |              | 14         |             | 13,850.                   |
| see instructions.                          | 15        | Subtract line 1/1 from line 11. If zer   | ro or loce  | e antar -   | O This is v    | our t   | avabla incom                      |          |             |              | 15         |             | 12 918                    |

| Form 1040 (2023                    | 3)  |  |                   |                      |                           |         |   |                         |                                 | Page <b>2</b>      |  |
|------------------------------------|---|--|-------------------|----------------------|---------------------------|---------|---|-------------------------|---------------------------------|--------------------|--|
| Tax and                            | 16  | Tax (see instructions). Check if any f   | rom Form          | ı(s): <b>1</b>       | 4 <b>2</b> 4972           | 3 🗌     |   |                         | 16                              | 4,931.             |  |
| Credits                            | 17  | Amount from Schedule 2, line 3   |                   |                      |                           |         |   |                         | 17                              |                    |  |
|                                    | 18  | Add lines 16 and 17  |                   |                      |                           |         |   |                         | 18                              | 4,931.             |  |
|                                    | 19  | Child tax credit or credit for other d   | lependen          | ts from Schedi       | 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                              | 4,931.             |  |
|                                    | 23  | Other taxes, including self-employr  |                   |                      |                           |         |   |                         |                                 | 0.                 |  |
|                                    | 24  | Add lines 22 and 23. This is your to   |                   |                      |                           |         |   |                         |                                 | 4,931.             |  |
| Payments                           | 25  | Federal income tax withheld from:  |                   |                      |                           |         |   |                         |                                 |                    |  |
| •                                  | а   | Form(s) W-2  |                   |                      |                           | 25a     | 9   | ,132                    |                                 |                    |  |
|                                    | b   | Form(s) 1099   |                   |                      |                           | 25b     |   |                         |                                 |                    |  |
|                                    | С   | Other forms (see instructions) .   |                   |                      |                           | 25c     |   |                         |                                 |                    |  |
|                                    | d   | Add lines 25a through 25c  |                   |                      |                           | ·       |   |                         | 25d                             | 9,132.             |  |
| 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)   |                   |                      | No .                      | 27      |   |                         |                                 |                    |  |
| attach Sch. EIC.                   | 28  | Additional child tax credit from Sche  | dule 8812         | 2                    |                           | 28      |   |                         |                                 |                    |  |
|                                    | 29  | American opportunity credit from F   | orm 8863          | 3, 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          | ındabl  | credits   |                         | 32                              |                    |  |
|                                    | 33  | Add lines 25d, 26, and 32. These a   | re your <b>to</b> | tal payments         |                           |         |   |                         | 33                              | 9,132.             |  |
| Refund                             | 34  | If line 33 is more than line 24, subtr   | act line 2        | 4 from line 33.      | This is the amou          | nt you  | overpaid  |                         | 34                              | 4,201.             |  |
|                                    | 35a   | Amount of line 34 you want refund  |                   |                      | is attached, ched         | ck here |   |                         | 35a                             | 4,201.             |  |
| Direct deposit?                    | b   | Routing number 0 5 5 0 0   |                   |                      | c Type: 🛛                 | Check   | ing 🗌   | Saving                  | s                               |                    |  |
| See instructions.                  | d   | Account number 5 8 3 7 2   | 9 8               | 4 0 4                |                           |         |   |                         |                                 |                    |  |
|                                    | 36  | Amount of line 34 you want applied   | l to your         | 2024 estimate        | ed tax                    | 36      |   |                         |                                 |                    |  |
| Amount<br>You Owe                  | 37  | Subtract line 33 from line 24. This is For details on how to pay, go to we                     |                   | •                    |                           |         |   |                         | 37                              |                    |  |
|                                    | 38  | Estimated tax penalty (see instructi   |                   | -                    |                           | 38      |   |                         |                                 |                    |  |
| Third Party<br>Designee            |   | you want to allow another perso  | n to disc         | cuss this retur      | n with the IRS?           | See     | Yes. C  | omolet                  | e below                         | ⊠ No               |  |
| Designee                           |   | signee's   |                   | Phone                |                           | ,       |   | •                       | ntification                     |                    |  |
|                                    | na  | me   |                   | no.                  |                           |         | num   | ber (PIN                | )                               |                    |  |
| Sign<br>Here                       |   | der penalties of perjury, I declare that I hav<br>ief, they are true, correct, and complete. D |                   |                      |                           |         |   |                         |                                 |                    |  |
| Here                               | Yo  | Your signature   |                   | Date Your occupation |                           |         |   |                         | If the IRS sent you an Identity |                    |  |
|                                    |   |  |                   |                      | CHILDENE                  |         |   | otection P<br>ee inst.) | IN, enter it here               |                    |  |
| Joint return?<br>See instructions. |   | ours's signature. If a joint return, both mu   | ot sign           | Date                 | STUDENT Spouse's occupati | ion     |   | , ,                     |                                 | nt vour englies en |  |
| Keep a copy for your records.      | Spouse's signature. If a joint return, <b>both</b> must sign. |  |                   | Date                 | Spouse's occupan          | ld      | the IRS sent your spouse an<br>lentity Protection PIN, enter it here<br>ee inst.) |                         |                                 |                    |  |
|                                    |   | one no. (443)449-8375  |                   | Email address        | RAMCHARANTEJP             | OLANKI  | @GMAIL.C  | MC                      |                                 |                    |  |
| Paid                               | Pre   | eparer's name Prepar   | rer's signat      | ture                 |                           | Date    |   | PTIN                    |                                 | Check if:          |  |
| Preparer                           | SYA   | M PRIYA RAM SAGAR GUPTA SYAM   | 1 PRIY            | A RAM SAG            | SAR GUPTA                 | 04/0    | 2/2024  | P020                    | 82703                           | Self-employed      |  |
| Use Only                           | Firm's name GLOBAL TAXES LLC Phone no                         |  |                   |                      |                           |         | none no. (  | (678)965-9522           |                                 |                    |  |
|                                    | Fir   | m's address 245 ROONEY CT  | E BRU             | NSWICK NO            | 08816                     |         |   | Fi                      | rm's EIN                        |                    |  |
| o                                  |   | 40406 1 1 11 11 11 11 6  |                   |                      |                           |         |   |                         |                                 | - 4040             |  |

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

RAMA CHARAN TEJA POLANKI

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

861-95-0615

| Par | 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                                 |                    | 5  | -13,426. |
| 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 <b>additional income</b> . Enter 1040 1040-SR or 1040-NR line 8 | r here and on Form | 10 | -13.426. |

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

| Par | t II Adjustments to Income  |         |            |              |     |   |
|-----|---|---------|------------|--------------|-----|---|
| 11  | Educator expenses   |         |            | . 11         | 1   | _ |
| 12  | Certain business expenses of reservists, performing artists, and fee-   |         |            |              |     |   |
|     | officials. Attach Form 2106   |         |            | . 12         | 2   |   |
| 13  | Health savings account deduction. Attach Form 8889  |         |            | . 13         | 3   |   |
| 14  | Moving expenses for members of the Armed Forces. Attach Form 3903   |         |            | . 14         | 4   |   |
| 15  | Deductible part of self-employment tax. Attach Schedule SE  |         |            |              | 5   |   |
| 16  | Self-employed SEP, SIMPLE, and qualified plans  |         |            | . 16         | 6   |   |
| 17  | Self-employed health insurance deduction  |         |            | . 17         | 7   |   |
| 18  | Penalty on early withdrawal of savings  |         |            |              | 3   |   |
| 19a | Alimony paid  |         |            |              | a   |   |
| b   | Recipient's SSN   |         |            |              |     |   |
| С   | Date of original divorce or separation agreement (see instructions):  |         |            |              |     |   |
| 20  | IRA deduction   |         |            |              | _   |   |
| 21  | Student loan interest deduction   |         |            |              |     | _ |
| 22  | Reserved for future use   |         |            |              |     |   |
| 23  | Archer MSA deduction  |         |            | . 23         | 3   |   |
| 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 Act of 1974   | 24e     |            |              |     |   |
| f   |   | 24f     |            |              |     |   |
| g   |   | 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  |         |            |              |     |   |
|     | <del>-</del>  | 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     |            |              |     |   |
| 25  | Total other adjustments. Add lines 24a through 24z  |         |            |              | 5   |   |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10 | . Enter | r here and | on <b>26</b> |     |   |
|     | 1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10  |         |            | .   20       | י ע |   |

#### **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

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

Attachment Sequence No. 13

| Name(s) | ) shown on return  |                     |                  |              |         | ,                             | Your socia   | al security | number   |
|---------|--|---------------------|------------------|--------------|---------|-------------------------------|--------------|-------------|----------|
| RAMA    | A CHARAN TEJA POLANKI  |                     |                  |              |         |                               | 861-9        | 5-0615      |          |
| Part    | Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line       | roperty, use<br>40. | Schedule         |              |         |                               |              |             |          |
|         | Did you make any payments in 2023 that would require   |                     |                  |              |         |                               |              |             |          |
| B I     | f "Yes," did you or will you file required Form(s) 1099?   |                     |                  |              |         |                               |              | . 🗌 Ye      | es 🗌 No  |
| 1a      | Physical address of each property (street, city, state   | e, ZIP code         | e)               |              |         |                               |              |             |          |
|         | VASANTHAPET, PRODDATUR KADAPA DISTRI   |                     | <u> </u>         | DECH         | TN      | 516360                        |              |             |          |
| B       | VASANIHAPEI, PRODDATOR RADAPA DISTRI   | CI ANDE             | IKA PKA          | ирезп        | TIN     | 310300                        |              |             |          |
|         |  |                     |                  |              |         |                               |              |             |          |
| 1b      | Type of Property (from list below)  2 For each rental real estate property above, report the number of             |                     |                  |              | Fa      | ir Rental<br>Days             | Person<br>Da |             | QJV      |
| A       | gersonal use days. Check th  |                     |                  | Α            |         | 365                           |              | 0           |          |
| B       | if you meet the requirements   |                     |                  | В            |         | 303                           |              |             |          |
|         | qualified joint venture. See ir  | nstructions         | i.               | C            |         |                               |              |             |          |
|         | of Property:   |                     |                  |              |         |                               |              |             |          |
| 1       | Single Family Residence 3 Vacation/Short-Term<br>Multi-Family Residence 4 Commercial                               | Rental              | 5 Land<br>6 Roya |              |         | Self-Rental<br>Other (describ | be)          |             |          |
|         |  |                     |                  |              |         | Propertie                     | s:           |             |          |
| Incom   | ne:  |                     |                  | Α            |         | В                             |              |             | С        |
| 3       | Rents received   | . 3                 |                  | 5            | 90.     |                               |              |             |          |
| 4       | Royalties received   | . 4                 |                  |              |         |                               |              |             |          |
| Exper   |  |                     |                  |              |         |                               |              |             |          |
| 5       | Advertising  | . 5                 |                  |              |         |                               |              |             |          |
| 6       | Auto and travel (see instructions)   |                     |                  |              |         |                               |              |             |          |
| 7       | Cleaning and maintenance   |                     |                  | 2,9          | 50.     |                               |              |             |          |
| 8       | Commissions  |                     |                  |              |         |                               |              |             |          |
| 9       | Insurance  |                     |                  |              |         |                               |              |             |          |
| 10      | Legal and other professional fees  |                     |                  |              |         |                               |              |             |          |
| 11      | Management fees  |                     |                  | 1.7          | 55.     |                               |              |             |          |
| 12      | Mortgage interest paid to banks, etc. (see instruction   |                     |                  |              | -       |                               |              |             |          |
| 13      | Other interest   |                     |                  |              |         |                               |              |             |          |
| 14      | Repairs  |                     |                  | 2,8          | 60.     |                               |              |             |          |
| 15      | Supplies   |                     |                  |              | 40.     |                               |              |             |          |
| 16      | Taxes  |                     |                  | • -          |         |                               |              |             |          |
| 17      | Utilities  |                     |                  | 1.7          | 60.     |                               |              |             |          |
| 18      | Depreciation expense or depletion  |                     |                  |              | 51.     |                               |              |             |          |
| 19      | Other (liet)   | 19                  |                  | •            |         |                               |              |             |          |
| 20      | Total expenses. Add lines 5 through 19   |                     |                  | 14,0         | 16.     |                               |              |             |          |
| 21      | Subtract line 20 from line 3 (rents) and/or 4 (royalties   |                     |                  |              |         |                               |              |             |          |
|         | result is a (loss), see instructions to find out if you m  |                     |                  |              |         |                               |              |             |          |
|         | file <b>Form 6198</b>  |                     |                  | <b>-13,4</b> | 26.     |                               |              |             |          |
| 22      | Deductible rental real estate loss after limitation, if a on <b>Form 8582</b> (see instructions)                   | ny,                 | (                | 13,42        | 26.)    | (                             | )            | (           |          |
| 23a     | Total of all amounts reported on line 3 for all rental pr  | roperties           |                  |              | 23a     |                               | 590.         |             |          |
| b       | Total of all amounts reported on line 4 for all royalty  | -                   |                  |              | 23b     |                               |              |             |          |
| С       | Total of all amounts reported on line 12 for all proper  |                     |                  |              | 23c     |                               |              |             |          |
| d       | Total of all amounts reported on line 18 for all proper  |                     |                  |              | 23d     | 2,                            | 751.         |             |          |
| е       | Total of all amounts reported on line 20 for all proper  |                     |                  |              | 23e     |                               | 016.         |             |          |
| 24      | <b>Income.</b> Add positive amounts shown on line 21. <b>Do</b>  |                     |                  | sses         |         |                               | 24           |             |          |
| 25      | Losses. Add royalty losses from line 21 and rental real  |                     | -                |              | nter to | tal losses here               |              | (           | 13,426.  |
| 26      | Total rental real estate and royalty income or (los  |                     |                  |              |         |                               |              | `           |          |
|         | here. If Parts II, III, and IV, and line 40 on page 2 do<br>Schedule 1 (Form 1040), line 5. Otherwise, include the | o not apply         | y to you,        | also e       | nter tl | nis amount or                 |              |             | -13,426. |