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

- Internal F	evenue Service			-			
Submis	ssion Identification Number (SID)	•					
Taxpaye	's name	<u>'</u>		Social secu	rity number		
SAI	JASWANTH KUTUMBAKA	784-32	784-32-1105				
Spouse's	name	Spouse's so	Spouse's social security number				
Doub	Tou Determ lefe musting	Tan Vara Fadir a Dana		/F			
Part		Tax Year Ending Decei	mber 31, 2023	(Enter year you	are autho	orizing.)	
	hole dollars only on lines 1 throug Form 1040-SS filers use line 4 only		ank				
	Adjusted gross income				11	72,	032.
	Total tax				2		106.
3	Federal income tax withheld from	Form(s) W-2 and Form(s) 1099			3	12,	265.
4	Amount you want refunded to you				4		159.
5	Amount you owe				5		
Part	Taxpayer Declaration ar	nd Signature Authorization	n (Be sure you get	and keep a co	py of you	ır retur	n)
return (of to send for any Agent to payment authorize payment business taxes to personal	wledge and belief, it is true, correct, original or amended) I am now authorizmy return to the IRS and to receive free delay in processing the return or refunction in the return or refunction in the return or refunction is to remain in full force and effect, I must contact the U.S. Treasury is days prior to the payment (settlement receive confidential information need to receive confidential information need to receive the total contact the U.S. Treasury is days prior to the payment (settlement) receive confidential information need to receive the the the receive the treatment of the receive the treatment of the receive the receive the receive the treatment of the receive the receive the receive the receive the received the	zing. I consent to allow my intermor the IRS (a) an acknowledgement, and (c) the date of any refund. Idrawal (direct debit) entry to the furn and/or a payment of estimated fect until I notify the U.S. Treasu Financial Agent at 1-888-353-45 ant) date. I also authorize the financessary to answer inquiries and increase.	ediate service provider, tent of receipt or reasor If applicable, I authoriz financial institution accord d tax, and the financial ry Financial Agent to the 137. Payment cancellat incial institutions involved resolve issues related to	transmitter, or elect of for rejection of the e the U.S. Treasury punt indicated in the institution to debit the erminate the authori- tion requests must be d in the processing to the payment. I fur	ronic return transmission and its des tax prepara se entry to tot zation. To be received of the elect of the racknown	n originate on, (b) the ignated f ation soft his accourevoke (c I no later ronic pay owledge	or (ERO) e reason Financial ware for unt. This rancel) a r than 2 ment of that the
	ic Funds Withdrawal Consent. /er's PIN: check one box only						
X	lauthorize GLOBAL TAXES	LLC	to enter or ge	nerate mv PIN	2 1 1	0 5	as my
		ERO firm name		· E	nter five dig on't enter a		,
	signature on the income tax retu	,	•	Lam nove outhori-	ina Chas	ا منطع با	ov onl v
	I will enter my PIN as my signat if you are entering your own PII below.						
Your si	gnature ▶	K flot	Da	te ► <u>04/10/2024</u>			
Spous	e's PIN: check one box only			_			
	I authorize		to enter or ge	nerate my PIN			as my
		ERO firm name		, _	nter five dig	its, but	ac my
	signature on the income tax retu	urn (original or amended) I am	now authorizing.	d	on't enter a	l zeros	
	I will enter my PIN as my signat if you are entering your own PII below.						
Spouse	e's signature ▶		Da	te ▶			
		ctitioner PIN Method Retur		below			
Part I	Certification and Auther	ntication — Practitioner P	IN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EF	IN followed by your five-digit s	self-selected PIN.	2 2 2 4 9 Don't er	6 6 1	9 8	9
authoriz	that the above numeric entry is my P ed to file for tax year indicated abov nents of the Practitioner PIN method a	e for the taxpayer(s) indicated at	oove. I confirm that I ar	m submitting this re	turn in acc	ordance	
ERO's	signature ►		Da	te ▶			
		RO Must Retain This Form					
	Don't Sul	bmit This Form to the IRS	uniess Requeste	a 10 Do 50			

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 t	his space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instru	ctions.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security r	number
SAI JASI	WANT	H	KUTU	JMBAK <i>A</i>	A					784	32 110)5
If joint return, s	spouse's	s first name and middle initial	Last na	ame						Spouse	's social secur	ity numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				A	pt. no.	Preside	ential Election	Campaigr
686 CYP	RESS	DOWN LN								Check	here if you, or	your
		ice. If you have a foreign address, also co	mplete s	spaces be	elow.	Sta	ite	ZIP co	ode		if filing jointly	
COLLIER	VILL	E				TN	1	380	17		o this fund. Ch low will not ch	_
Foreign countr				Foreign p	rovince/state/o	count			n postal code	I	x or refund.	arige
											You [Spouse
Filing Status	s 🗵	Single	'				☐ Head of ho	useh	old (HOH)	•		
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying s	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name o	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if	the
	qu	ualifying person is a child but not you	ır depei	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or i	payr	ment for propert	y or	services); or	(b) sell,		
Assets		nange, or otherwise dispose of a dig						-	,	. ,	☐ Yes	⊠ No
Standard	Som	neone can claim: You as a de	penden	ıt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	l					
Age/Blindnes	s You	: Were born before January 2, 1	959 [Are b	lind Spo	use	: Was born	befo	ore January 2	2, 1959	☐ Is blind	t
Dependent	s (see	instructions):		(2) 5	Social security		(3) Relationship	, (4) Check the b	ox if qual	ifies for (see in:	structions)
If more	(1) First name Last name			number to you			Child tax c	redit	Credit for other	dependents		
than four												
dependents,	_											
see instruction and check	IS —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	a 88	,000.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see in	struction	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted o	n Form(s	s) W-2 (see ir	nstru	ıctions)			. 10	t k	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441	, line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	3839, line 29					. 11	f	
If you did not	g	Wages from Form 8919, line 6 .								. 19	9	
get a Form W-2, see	h	Other earned income (see instruct	,							. <u>1</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions))		<u>1i</u>					
	z	Add lines 1a through 1h	. ;							. 12	<u>z</u> 88	,000.
Attach Sch. B	2 a	Tax-exempt interest	2a			b T	axable interest			. 2b)	
if required.	3a_	Qualified dividends	3a			b C	Ordinary dividend	ds .		. 3b)	
Ot	4a	IRA distributions	4a			b T	axable amount			. 4t)	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5t)	
 Single or 	6a	Social security benefits	6a			b T	axable amount			. 6k)	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche		•					[□		
jointly or	8	Additional income from Schedule	1, line 1	0						. 8	-15	,968.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	ome	e			. 9	72	,032.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11	I 72	,032.
\$20,800 • If you checked	12	Standard deduction or itemized	deduct	tions (fro	m Schedule	A)				. 12	2 13	8,850.
any box under	13	Qualified business income deduct	ion fron	n Form 8	1995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14		,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or les	c ontor	O This is w	our t	tavabla inaama			15	- I 50	182

Form 1040 (202)	3)							Page Z		
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 881	4 2 4972	3 🗌		16	8,106.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	8,106.		
	19	Child tax credit or credit for other depende	ents from Sched	dule 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	s, enter -0				22	8,106.		
	23	Other taxes, including self-employment ta	x, from Schedul	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax					24	8,106.		
Payments	25	Federal income tax withheld from:			1 1					
	а	Form(s) W-2			25a 12	2,265.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	12,265.		
If you have a	26	2023 estimated tax payments and amount	t applied from 20	022 return			26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27					
attaci Scii. Lio.	28	Additional child tax credit from Schedule 88	12		28					
	29	American opportunity credit from Form 88	63, 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 yo	ur total other p	ayments and refu	ındable credits		32			
	33	Add lines 25d, 26, and 32. These are your	total payments	.			33	12,265.		
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you overpaid		34	4,159.		
	35a	Amount of line 34 you want refunded to y		8 is attached, ched	ck here	🗌	35a	4,159.		
Direct deposit?	b	Routing number 0 2 1 1 0 0		c Type:	Checking	Savings				
See instructions.	d	Account number 3 7 2 9 3 2	7 3 8							
	36	Amount of line 34 you want applied to you	ur 2024 estimat	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the a ll For details on how to pay, go to <i>www.irs.g</i>					37			
	38	Estimated tax penalty (see instructions)			38					
Third Party Designee		you want to allow another person to d	iscuss this retu	ırn with the IRS?		Complete	below.	⊠ No		
gc	De	signee's	Phone)	Pers	sonal identi	ification			
		me	no.			ber (PIN)				
Sign Here		der penalties of perjury, I declare that I have exami lief, they are true, correct, and complete. Declaration								
11010	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here			
				COEMMADE (CI	OUD) ENCINE	1,	ection P inst.)	IN, enter it nere		
Joint return? See instructions. Keep a copy for your records.		ouse's signature. If a joint return, both must sign.	Date	SOFTWARE (CLOUD) ENGINEER Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (901) 864-6463	Email address	JASWANTH.KUTU	MBAKA@GMATT. C	OM				
		eparer's name Preparer's sign			Date	PTIN		Check if:		
Paid	VENF	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SA	AI PAVAN KUN	MAR DUDIPALLI		P0247	0833	Self-employed		
Preparer		m's name GLOBAL TAXES LLC			1			678) 965-9522		
Use Only		m's address 245 ROONEY CT E BE	RUNSWICK N	J 08816			ı's EIN	88-2145487		
<u> </u>	<u></u>	40406 1 1 11 11 11 11 11 11				1		- 4040		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

SAI JASWANTH

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

KUTUMBAKA

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

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

	Sequence No. 01
Your soc	ial security number
784-32	-1105

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-15,968.
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	4	
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n	4	
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	4	
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (4	
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	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		9	
10	1040, 1040-SR, or 1040-NR, line 8	nele and on Form	10	-15 , 968.
	10.0, 10.0 011, 01.10.10.1111, 111100		10	1 -0,000.

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-basis governr	nent		
	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		9a	
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	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	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. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

784-32-1105

SAI	JASWANTH KUTUMBAKA							784-32-1105			
Part		nd Roya	alties								
	Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40.	rty, use S	Schedule	C . See	instru	ctions. If you ar	e an ind	ividual, rep	ort farm		
Α [Did you make any payments in 2023 that would require you		orm(s) 1	099? S	See ins	structions		. \(\tag{Y}\epsilon	s X No		
	f "Yes," did you or will you file required Form(s) 1099? .										
1a	Physical address of each property (street, city, state, ZI										
Α	VENKATAYA PALEM KHAMMAM TELANGANA IN										
B	VINIVITY I TABLE KINTERNE I I III KOMUL IN	307310									
1b	Type of Property 2 For each rental real estate property	ertv liste	d		Fa	ir Rental	Perso	nal Use	0.11/		
	(from list below) above, report the number of fair	rental a	nd	Days				ays	QJV		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to qualified joint venture. See instru			В							
С				С							
	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren		5 Land		-	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	lities	8	Other (descri	be)				
						Propertie	es:				
Incom	ne:			Α		В			С		
3	Rents received	3		5	40.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6		1 -	0.0						
7	Cleaning and maintenance	7		1,5	90.						
8	Commissions	9									
9 10	Insurance	10									
11	Management fees	11		1,2	70						
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,2	70.						
13	Other interest	13									
14	Repairs	14		4,8	57.						
15	Supplies	15			15.						
16	Taxes	16									
17	Utilities	17		4,5	76.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		16,5	08.						
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	24	_	-15 , 9	68						
22	Deductible rental real estate loss after limitation, if any,	21		±0,9	50.						
22	on Form 8582 (see instructions)	22 (15 , 96	58 N	(,	\((١		
23a	Total of all amounts reported on line 3 for all rental prope			10,00	23a	\	540.	/ (
b	Total of all amounts reported on line 4 for all royalty prop			•	23b		010.	_			
C	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d						
е	Total of all amounts reported on line 20 for all properties				23e	16,	,508.				
24	Income. Add positive amounts shown on line 21. Do no		e any los	sses			24				
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from lin	e 22. Eı	nter to	tal losses here	25	(15 , 968.)		
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no								1		
	Schedule 1 (Form 10/0) line 5. Otherwise include this a	mount i	n tha tat	al on li	nΔ /11	on nage 2	0.0	1	_15 060		