Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Subm	nission Identification Number (SID)				
Taxpay	ver's name	Social securit	y number		
TEJ	ASHIVA MEKAPOTHULA	292-25-	-8591		
	e's name	Spouse's soc	ial security	number	
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autho	rizing.)	
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	61,1	
2	Total tax		2	5 , 7	708.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,1	.31.
4	Amount you want refunded to you		4	5 , 4	123.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of you	ır return)
return to sen for any Agent payme author payme busine taxes persor	conveledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y 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 indicated in the financial institution account indicated in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transplant of 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 penal identification number (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the trans to debit the the authorizatests must be processing of ayment. I furt	anic return ansmission and its design ax prepara entry to the ation. To re- received the election	originator on, (b) the rignated Fin tion softwation softwation softwation socount evoke (care no later tronic paymowledge the	reason nancial are for nt. This ncel) a than 2 nent of nat the
Taxpa	ayer's PIN: check one box only				
	I authorize GLOBAL TAXES LLC to enter or generate r	Ent	8 5 er five digi n't enter al	its, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	uoi	i i enter ai	1 20103	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Г	I authorize to enter or generate	ny DINI			as my
	ERO firm name	_	er five diai		Silly
	signature on the income tax return (original or amended) I am now authorizing.		n't enter al		
	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 methodelow.				
Spou	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part	III Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 er all zeros		1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income ta rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in acco	ordance wi	
FR∩'	s signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				

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

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



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545-0	074	IRS Use Only	–Do not v	vrite or staple in	this space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instru	ıctions.
Your first name	e and m	niddle initial	Last na	ame						Your so	ocial security	number
TEJASHI'	VA		MEKA	APOTHU	JLA					292	25 85	91
		s first name and middle initial	Last na							Spouse	's social secu	rity numbe
Home address	(numb	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.	Preside	ntial Election	Campaigr
2313 ER	ICA	WAY LEWISVILLE								1	here if you, o	,
City, town, or	post off	ice. If you have a foreign address, also co	omplete s	spaces be	elow.	Sta	ite :	ZIP co	ode		if filing jointly	
LEWISVI	LLE					TΧ	ζ	750	67		this fund. C low will not cl	•
Foreign countr	y name	1		Foreign p	rovince/state/c	count	ty	Foreig	n postal code	I	x or refund.	J
											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		• .			
		you checked the MFS box, enter the		-	pouse. If you	che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if	the
	qι	ualifying person is a child but not you	ur depei	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or r	oavr	ment for propert	v or	services): or	(b) sell.		
Assets		nange, or otherwise dispose of a dig				-		-		. ,	☐ Yes	⊠ No
Standard	Son	neone can claim: You as a de	penden	nt 🔲	Your spouse	as	a dependent					
Deduction	_	Spouse itemizes on a separate retur			•		•					
Age/Blindnes	e Vou	: Were born before January 2, 1	050 [Are b	lind Spo	uea	. Was born	hofo	ore January 2	1050	☐ Is blin	
Dependent			000 [T	•	uoc		14		-	ifies for (see in	
•		First name Last name		(2)	Social security number		(3) Relationship to you)	Child tax c		Credit for othe	
If more than four	(, , .											 1
dependents,												i
see instruction and check	ıs ——											i
here]											j
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	67	7,602.
	b	Household employee wages not re	eported	on Form	n(s) W-2					. 1k)	
Attach Form(s) W-2 here. Also		Tip income not reported on line 1a	a (see in	struction	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	oorted o	n Form(s	s) W-2 (see in	stru	ıctions)			. 10	i	
W-2G and 1099-R if tax	е	Taxable dependent care benefits t								. 16	•	
was withheld.	f	Employer-provided adoption bene	efits fror	m Form 8	3839, line 29					. 11	:	
If you did not	g	Wages from Form 8919, line 6 .								. 19	,	
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1 ł	1	0.
instructions.	i	Nontaxable combat pay election (see inst	ructions))		1i					
	z	Add lines 1a through 1h								. 1z	6	7,602.
Attach Sch. B	2 a	Tax-exempt interest	2a			b T	axable interest			. 2t)	
if required.	3a	Qualified dividends	3a			b O	Ordinary dividend	ds .		. 3Ł)	
2	4a	IRA distributions	4a			b T	axable amount			. 4k)	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5k)	
 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	election	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		5,486.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is y	our total inc	ome	e			. 9	61	1,116.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household,	11	Subtract line 10 from line 9. This is								. 11		1,116.
\$20,800 • If you checked	12	Standard deduction or itemized		,		,				. 12	2 13	3,850.
any box under Standard	13	Qualified business income deduct	ion fron	n Form 8	1995 or Form	899	5-A			. 13		
Deduction,	14									. 14		3,850.
see instructions.) 15	Subtract line 1/1 from line 11 If zon	ra ar lac	o ontor	O This is ve	aur 1	tavabla incomo			1.5	: 1 / 1	7 266

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 4972	3 🗌		. 16	5,708.
Credits	17	Amount from Schedule 2, line	3					. 17	
	18	Add lines 16 and 17						. 18	5,708.
	19	Child tax credit or credit for ot	her 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. I	f zero or less,	enter -0				. 22	5,708.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			. 23	0.
	24	Add lines 22 and 23. This is yo	our total tax					. 24	5,708.
Payments	25	Federal income tax withheld fr	rom:						
•	а	Form(s) W-2				25a	11,13	31.	
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						. 25d	11,131.
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	Schedule 8812			28			
	29	American opportunity credit fr	om Form 8863	3, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. 1	. 32						
	33	Add lines 25d, 26, and 32. The	,	-	-			. 33	11,131.
Refund	34	If line 33 is more than line 24,							5,423.
	35a	Amount of line 34 you want re				•		35a	5,423.
Direct deposit?	b	Routing number 1 0 1 :				Checking	☐ Savi		·
See instructions.	d	Account number 5 1 8 (_		
	36	Amount of line 34 you want ap				36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe					
You Owe	٠.	For details on how to pay, go						. 37	
	38	Estimated tax penalty (see ins	tructions) .			38			
Third Party	Do	you want to allow another p	person to disc	uss this retu	n with the IRS?	See			
Designee	ins	structions				LYe	s. Comp	lete below.	⋉ No
		signee's me		Phone no.			Personal i number (F	dentification	
<u>C:</u>			t I have evamine		accompanying sche		,		of my knowledge and
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Υo	ur signature		Date	Your occupation	1	If the IRS se	nt you an Identity	
		a. o.ga.a.o			Tour occupation		Protection P	PIN, enter it here	
Joint return?					DEVOPS EN	GINEER		(see inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupat		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (813) 313-7832		Email address	TEJASHIVA.ORI(GINHUBS@GMAI	L.COM		
D.:.I	Pre		Preparer's signat	ure		Date	PTI	N	Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/20	24 P02	2082703	Self-employed
Preparer		m's name GLOBAL TAXI				1			(678) 965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			Firm's EIN	84-3171965
<u> </u>	<u></u>	40406 1 1 11 11 11 11							= 1040 (

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

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

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

Internal Revenue Service	Sequence No. 0 *				
Name(s) shown on Fo	Your social security numl				
TEJASHIVA MEKA	292-25	-8591			
Part I Additi	onal Income				
	·				

ıaı	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	-6,486.
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			
	1040. 1040-SR. or 1040-NR. line 8		10	-6,486.

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.

Your social security number

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

OMB No. 1545-0074

TEJZ	ASHIVA MEKAPOTHULA						292-2	5-8591			
Par		and Ro	yalties								
	Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use	Schedul	e C . See	instru	ctions. If you are	e an indiv	vidual, rep	ort farm		
•											
	Did you make any payments in 2023 that would require y										
В	If "Yes," did you or will you file required Form(s) 1099?							. <u> </u>	es 🗌 N	10	
1a	Physical address of each property (street, city, state,	ZIP code	e)								
Α											
В											
С											
1b	Type of Property 2 For each rental real estate pro	perty lis	ted	ed Fair Renta			Person	al Use	e on		
	(from list below) above, report the number of fa	air rental	and			Days	Da	ys	QJV	,	
Α	gersonal use days. Check the			Α		365		0			
В	if you meet the requirements qualified joint venture. See ins			В							
С	qualified joint venture. See ins	Sti uctions	5.	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term R	Rental	5 Land	b	7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descril	be)				
						Propertie					
lnaar	mai			Α		В	5.		С		
Incor 3	Rents received	3			12.	В					
4	Royalties received				12.						
	nses:	+-									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,2	26.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		8	65.						
12	Mortgage interest paid to banks, etc. (see instructions										
13	Other interest	13									
14	Repairs	14		1,2	26.						
15	Supplies	15		1,8	81.						
16	Taxes	16									
17	Utilities	17		1,6	00.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		6 , 7	98.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).	If									
	result is a (loss), see instructions to find out if you mu-	st									
	file Form 6198	21		-6,4	86.						
22	Deductible rental real estate loss after limitation, if an	-									
	on Form 8582 (see instructions)	22	(6,48		()	()	
23a	Total of all amounts reported on line 3 for all rental pro	-			23a		312.				
b	Total of all amounts reported on line 4 for all royalty pr	-			23b						
С	Total of all amounts reported on line 12 for all properti				23c						
d	Total of all amounts reported on line 18 for all properti				23d						
е	Total of all amounts reported on line 20 for all properti				23e	6,	798.				
24	Income. Add positive amounts shown on line 21. Do		•				24	/			
25	Losses. Add royalty losses from line 21 and rental real es							(6,486	o.)	
26	Total rental real estate and royalty income or (loss										
	here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include this								_6 10) <i>E</i>	
	Schedule i (Form 1040), line 3. Otherwise, include this	amoulli	נווו נוופ נט	nai Ull II	116 4 I	un paye 2 .	26		-6,48	. O c	