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

	5.0.100					
Submis	ssion Identification Number (SID)					
Taxpaye	r's name		Social se	curity numb	per	
REVA	ANTH REDDY NIMMALA		095-	5-87-4637		
Spouse's	s name		Spouse's	social seci	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 202	2 (Ent	er year yo	II are all	thorizing	1
	whole dollars only on lines 1 through 5.	3 (LIII	ei yeai yo	u ale au	unonzing.	.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
	Adjusted gross income			. 1	1 109	,830.
	Total tax					,434.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					,140.
	Amount you want refunded to you			. 4		706.
	Amount you owe					7,700.
Part					our retu	ırn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or inveledge and belief, it is true, correct, and complete. I further declare that the amounts in Proriginal or amended) I am now authorizing. I consent to allow my intermediate service provide my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas delay in processing the return or refund, and (c) the date of any refund. If applicable, I autho to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution act of my federal taxes owed on this return and/or a payment of estimated tax, and the financial return is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancell as days prior to the payment (settlement) date. I also authorize the financial institutions involve to receive confidential information necessary to answer inquiries and resolve issues related identification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent.	Part I about I	ove are the mitter, or elegiction of the U.S. Treasu dicated in the titon to debit atte the author quests muster processin payment. I	amounts for transmister transmister, and its one tax preparation. To be received the entry of the elements of the elements of the elements are the elements of	from the inturn original ssion, (b) the designated paration so to this acctor or late ectronic packnowledge.	come tax ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
Taxpay	yer's PIN: check one box only					
X		enerate	e mv PIN	7 4 6	6 3 7	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	,	- ,		digits, but er all zeros	,
X Your si	if you are entering your own PIN and your return is filed using the Practitioner F below.	PIN met		ERO mus		
Cnaus	o's DIN, shock are havenly					
Spous	e's PIN: check one box only		DIN			
	I authorize to enter or g	generate	e my Piin	Enter five	digits, but	as 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 amender if you are entering your own PIN and your return is filed using the Practitioner F below.					
Spouse	e's signature ► [Date ►				
	Practitioner PIN Method Returns Only—continu	e belov	w			
Part I	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		9 6 0 enter all ze	8 2 7 eros	7 1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provents	am sub	mitting this	return in a	accordance	
ERO's	signature ▶ [Date ►				
	ERO Must Retain This Form — See Instruc					
	Don't Submit This Form to the IRS Unless Request	ted To	Do So			

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate ins	structions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial secur	ity number
REVANTH	REDI	DY	NTMI	MALA						095	87 4	1637
		s first name and middle initial	Last n									ecurity number
										-		-
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.			A	Apt. no.		Preside	ntial Elect	tion Campaign
10550 NE	29	TH ST					Ιτ	JNIT-(1		here if you	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP c					ntly, want \$3
BELLEVUE					W.Z	A	980	0.4		-	o this fund. Iow will no	. Checking a
Foreign country						gn postal c			x or refund	0		
											You	Spouse
Filing Status	X	Single				☐ Head of h	ouseh	old (HOI	 ∃)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ing spo	use (0	QSS)		
	lf y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the ch	ild's name	e if the
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	Δ+ 21	ny time during 2023, did you: (a) rece	aiva (ac	a reward award or	nav	ment for prope	rty or	convices): or (h) call		
Digital Assets		nange, or otherwise dispose of a digi			-		-				Yes	⊠ No
Standard		neone can claim: You as a de					, (-					
Deduction		Spouse itemizes on a separate return	•	-		•						
		<u> </u>										
	_	: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor						olind
Dependents				(2) Social security	′	(3) Relationsh	ip (4	-			1	e instructions):
If more	(1) First name Last name			number		to you		Child t	ax cre	eait	Credit for o	ther dependents
than four dependents,												
see instructions	; —								<u> </u>			
and check									<u> </u>			
here \square		T. I	4 /								1	04 100
Income	1a	Total amount from Form(s) W-2, be	•	,						1a		24,189.
Attach Form(s)	b	Household employee wages not re		• • •						1b		
W-2 here. Also	C	Tip income not reported on line 1a	•	•						10		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						10				
1099-R if tax	e	Taxable dependent care benefits f		•						16		
was withheld.	f	Employer-provided adoption bene								1f		
If you did not get a Form	9	Wages from Form 8919, line 6.								10		0.
W-2, see	h :	Other earned income (see instruction	,				i.			1h	1	<u></u>
instructions.	i _	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>						24,189.
A# C D	z 2a	· ·	2a	· · · · · · · · · · · · · · · · · · ·	 	axable interest				1z 2b		<u></u>
Attach Sch. B if required.	3a	'	3a			Ordinary divide				3b		
	<u> </u>		4a			axable amoun				4b		
Standard	т а 5а		та 5а			axable amoun				5b		
Deduction for— Single or	6a		6a							6b		
Married filing	C							· -				
separately, \$13,850	7	•		•	`	,				7	7	
Married filing	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							8		14,359.	
jointly or Qualifying	9	·						9		.09,830.		
surviving spouse, \$27,700	10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							10		55, 556.	
Head of	11	Adjustments to income from Schedule 1, line 26							11		.09,830.	
household, \$20,800	12	Standard deduction or itemized deductions (from Schedule A)							12		13,850.	
If you checked any box under	13	Qualified business income deducti		,	,	 95-А				13		<u> </u>
Standard	14	Add lines 12 and 13	011 1101		000	ю д				14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss enter-0- This is v	our	taxable incom	 ne			15		95,980.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check it	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	16,434.	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	16,434.	
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	e8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	16,434.	
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	16,434.	
Payments	25	Federal income tax withheld	from:							
•	а	Form(s) W-2				25a 20	,140.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	20,140.	
If you have a	26	2023 estimated tax payments	s 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	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	20,140.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,706.	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,706.	
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 6 9 5	3 1 8 3	9 1						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions.			37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party		you want to allow another	•							
Designee		structions					•		⊠ No	
		signee's me		Phone no.			onal iden ber (PIN)	tification		
Sign	Un	der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sche	dules and statemen	ts, and to	the best	of my knowledge and	
Here	be	lief, they are true, correct, and comp	olete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informati	on of whic	ch prepar	er has any knowledge.	
Here	Yo	Your signature		Date				If the IRS sent you an Identity		
				Protection PIN, enter it here (see inst.)			IN, enter it here			
Joint return? See instructions.		augo'a signatura. If a joint return. h	ath must sign	SOFTWARE ENGINEER				· ,		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
, ca. 1000.ac.								= IIISL.)		
		one no. (425) 273–3260) Preparer's signat	Email address	REVANTHREDDY				Chock if:	
Paid		eparer's name			OUDER PRINT	Date	PTIN	0700	Check if:	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/01/2024	P0208		Self-employed	
Use Only		m's name GLOBAL TAX		NIODIT OF ST	T 00016				(678) 965-9522	
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	7 08810		Firr	n's EIN	84-3171965	

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

REVANTH REDDY NIMMALA

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.

	Sequence No. 01
Your soc	ial security number
095-87	-4637

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	ach Schedule E .	5	-14,359.
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		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 (<u> </u>	
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:			
_	Total ather income. Add lines On through On	8z	-	
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8			-14,359.
	1040, 1040-30, 01 1040-110, 11110 0		10	-14,339.

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, Attachment

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

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

Sequence No. 13

Your social security number

OMB No. 1545-0074

095-87-4637 REVANTH REDDY NIMMALA Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 1-54, SANGVI K, MDL JAINATH, DIST ADILABAD, TELANGANA IN 504309 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 658. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,896. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,631. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,762. 14 Repairs 2,810. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,433. 18 2,485. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 15,017. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -14,359.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,359.) 658. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,485. 23d Total of all amounts reported on line 18 for all properties 23e 15,017. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,359. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -14**,**359.