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	So	cial security	y numb	er	
MOU	UNIKA POLURU	1	199-41-	-7977	7	
Spouse	e's name	Sp	ouse's soci	al secu	rity numbe	r
Par	Tax Return Information — Tax Year Ending December 31,	023 (Enter ye	ar you ar	e aut	horizing	.)
	whole dollars only on lines 1 through 5.					,
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income			1	92	,102.
2	Total tax			2	12	,528.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	15	,756.
4	Amount you want refunded to you			4	3	,228.
5	Amount you owe			5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you	get and kee	p a copy	of y	our retu	ırn)
return to send for any Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in (original or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or regionally delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution entry of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent entry. I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can east days prior to the payment (settlement) date. I also authorize the financial institutions into the receive confidential information necessary to answer inquiries and resolve issues related the confidential information in the symptomic funds withdrawal Consent.	vider, transmitter, eason for rejectio thorize the U.S. To account indicate incial institution to to to terminate the cellation requests volved in the properties of the payments of the payme	or electron of the trace as a debit the authorization of the trace authorization of the trace. If the trace are traced to the tr	nic returnismismismismismismismismismismismismismi	urn origina sion, (b) the lesignated aration so this according to the lesignate of the lesi	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	ayer's PIN: check one box only					
-		or generate my	PIN 1	7 9	7 7	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Ent	er five o	digits, but r all zeros	,
Your	I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below. signature ▶		The ERO	must		
Snou	se's PIN: check one box only					
Spou	_	or gonorata my	DINI			00 mv
	ERO firm name	or generate my		er five o	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing				r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amen if you are entering your own PIN and your return is filed using the Practitions below.					
Spous	se's signature ▶	Date ▶				
	Practitioner PIN Method Returns Only—conti	nue below				
Part	Certification and Authentication — Practitioner PIN Method On	ly		, .		
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	1. 2 2 2	4 9 6 Don't ente	5 0 er all ze	8 2 7 ros	1 1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individurized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file F	at I am submitting	g this retu	rn in a	ccordance	
ERO's	s signature ▶	Date ▶				
	ERO Must Retain This Form — See Instr					

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



OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20					5	See separate instructions.				
Your first name	and m	iddle initial	Last na	ame					١	our so	cial sec	urity number	
MOUNIKA			POLU	IRII						199	41	7977	
	pouse's	s first name and middle initial	Last na						_			security number	
•										•		•	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.	F	Preside	ntial Ele	ection Campaig	
8655 ARI	LTNG	TON AVE						165	- 1	Check here if you, or your			
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP c			spouse if filing jointly, want \$3			
RIVERSI			·		CA	<u> </u>	925	503		0		nd. Checking a not change	
Foreign countr				Foreign province/state/o				gn postal c			ow will i		
· ·	•								1		☐ Yo	_	
Filing Status	s 🗵	Single				Head of he	ouseh	nold (HOH					
Check only		Married filing jointly (even if only o	ne had i	income)				·					
one box.		Married filing separately (MFS)				☐ Qualifying	survi	ving spou	ıse (Q	(SS)			
	lf v	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's nar	me if the	
		ialifying person is a child but not you		adant.									
<u></u>	Λ+ o	outime during 2002 did you (a) you	air (a (a a										
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig									∏Ye	es 🗵 No	
		neone can claim: You as a de		_ <u>_</u>			,,, (O	00 11101110	0110110	·· <i>)</i>		.5 - 110	
Standard Deduction		Spouse itemizes on a separate retur	•	•		•							
		·		_	anon								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	use	: U Was bor		ore Janua				s blind	
Dependent				(2) Social security	·	(3) Relationsh	nip (•			,	see instructions	
If more	(1) F	First name Last name		number to you				Child t	ax cred	dit	Credit for	r other dependent	
than four									<u> </u>				
dependents, see instruction	s								<u> </u>				
and check	, —								_			Ц	
here L													
Income	1a	Total amount from Form(s) W-2, b	•	•						1a 1b	_	106,799.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2									_		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c	_		
attach Forms W-2G and	d									1d	_		
1099-R if tax	е	Taxable dependent care benefits f		•						1e	_		
was withheld.	f	Employer-provided adoption bene		•						1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6.								1g			
W-2, see	h	Other earned income (see instruct	,				ή.			1h	_	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>l 1i</u>						106 700	
	Z		· ;							1z	_	106,799.	
Attach Sch. B	2a	·	2a			axable interest				2b	_		
if required.	3a_		3a			ordinary divider				3b	_		
Standard	4a		4a			axable amoun				4b	_		
Deduction for—	5a	-	5a			axable amoun				5b			
Single or Married filing	6a	,	6a			axable amoun	t		٠ ـ	6b			
separately,	С	If you elect to use the lump-sum e		·	•	,			. 📙				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee				•			. Ш	7	_		
jointly or	8	Additional income from Schedule	,							8		-14,697.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		· · · · · · · · · · · · · · · · · · ·	ome	e				9		92,102.	
\$27,700 • Head of	10	Adjustments to income from Sche								10	_		
household,	11	Subtract line 10 from line 9. This is	-	-						11		92,102.	
\$20,800 If you checked	12	Standard deduction or itemized								12		13,850.	
any box under Standard	13	Qualified business income deduct	ion from	n Form 8995 or Form	899	5-A				13			
Deduction,	14	Add lines 12 and 13								14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ne .			15		78 , 252.	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	12,528.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	12,528.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	12,528.
	23	Other taxes, including self-e			•			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	12,528.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25 a 1	5,756	•	
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,756.
If you have a	26	2023 estimated tax paymen	ts 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	m 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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32]
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,756.
Refund	34	If line 33 is more than line 24						34	3,228.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	🗆	35a	3,228.
Direct deposit?	b	Routing number 0 2 1	,						
See instructions.	d	Account number 3 8 1							
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount vou owe.					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	structions				Yes.	Complete	e below.	⋉ No
		signee's		Phone			rsonal ider mber (PIN)		
0:		me der penalties of perjury, I declare t	hat I have examine	no.	accompanying solu				of my knowledge and
Sign		lief, they are true, correct, and com							, ,
Here	Υn	ur signature	İ	Date	Your occupation		l If t	he IRS se	ent you an Identity
		Tour signature			Tour occupation				PIN, enter it here
Joint return?					QA ENGINE	(se	e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	ooth must sign.	Date	Spouse's occupa	ion			nt your spouse an
your records.								entity Prot e inst.)	ection PIN, enter it here
		2011050 265	7	Email address	MOUNTERA	1 A C W A T T			
		one no. (201)850-265 eparer's name	Preparer's signat		MOUNIKA.P	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	' "		מווסיים ייאדדאו			82703	Self-employed
Preparer			1	MADAG PIAM	GOTTA TALLAN	. 103/13/2024			
Use Only		m's name GLOBAL TA		NCWTCV N	J 08816			one no. (m's EIN	(678)965-9522
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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.

Attachment Sequence No. **01** Your social security number

MOUN	IIKA POLURU		199-41-79	77
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			-14,697.
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation			
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:			
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on	Form	

1040, 1040-SR, or 1040-NR, line 8 . .

-14,697.

10

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					
	-	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 adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26		
	1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			. 20	י ע	

SCHEDULE E (Form 1040)

Name(s) shown on return

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

Your social security number

MOUN	IIKA POLURU						199-4	1-7977	
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roy ty, use	yalties Schedule	e C. See	instru	ctions. If you are	e an indi	vidual, rep	ort farm
A I	Did you make any payments in 2023 that would require you	structions		. \(\subseteq \text{Ye}	s 🛛 No				
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α	NEHRU NAGAR TIRUPATI ANDHRA PRADESH IN	1 517	7501						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the following state of the property above.				Fa	ir Rental Days	Persor Da	nal Use iys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru	ile as	a	В					
С	quaimed joint venture. See instru	Ctions		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (describ			
						Propertie	s:		
Incon				Α		В			С
3	Rents received	3		5	60.				
4	Royalties received	4							
Expe		_							
5	Advertising	5 6							
6 7	Cleaning and maintenance	7		1,8	7.1				
8	Commissions	8		1,0	/4.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	65.				
12	Mortgage interest paid to banks, etc. (see instructions)	12		-,5	03.				
13	Other interest	13							
14	Repairs	14		2,1	47.				
15	Supplies	15		2,6					
16	Taxes	16		-					
17	Utilities	17		2,9	64.				
18	Depreciation expense or depletion	18		4,2	75.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,2	57.				
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		-14,6	97.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,69	7.)	()	()
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		560.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b				
С	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		275.		
е	Total of all amounts reported on line 20 for all properties				23e	15,	257.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate						25	(14 , 697.)
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 Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-14,697.

Form **8582**

Department of the Treasury

Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment Sequence No. 858

Name(s) shown on return Identifying number MOUNIKA POLURU 199-41-7977 Part I 2023 Passive Activity Loss Caution: Complete Parts IV and V before completing Part I. Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.) 1a Activities with net income (enter the amount from Part IV, column (a)) . . . **b** Activities with net loss (enter the amount from Part IV, column (b)) 1b 14,697.) c Prior years' unallowed losses (enter the amount from Part IV, column (c)) . . . **d** Combine lines 1a, 1b, and 1c 1d -14,697. **All Other Passive Activities** 2a Activities with net income (enter the amount from Part V, column (a)) . . . **b** Activities with net loss (enter the amount from Part V, column (b)) 2b **c** Prior years' unallowed losses (enter the amount from Part V, column (c)) . 2c (2d Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules 3 -14,697. If line 3 is a loss and: • Line 1d is a loss, go to Part II. • Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10. Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10. Special Allowance for Rental Real Estate Activities With Active Participation Part II Note: Enter all numbers in Part II as positive amounts. See instructions for an example. 4 Enter the **smaller** of the loss on line 1d or the loss on line 3 14,697. 5 Enter \$150,000. If married filing separately, see instructions 150,000. Enter modified adjusted gross income, but not less than zero. See instructions 6 106,799. Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0on line 9. Otherwise, go to line 7. 7 43,201. Multiply line 7 by 50% (0.50). **Do not** enter more than \$25,000. If married filing separately, see instructions 8 21,601. 14,697. Part III **Total Losses Allowed** 10 0. 10 Total losses allowed from all passive activities for 2023. Add lines 9 and 10. See instructions to find 14,697. 11 Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions. Part IV Overall gain or loss Current year Prior years Name of activity (a) Net income (b) Net loss (c) Unallowed (d) Gain (e) Loss (line 1a) loss (line 1c) (line 1b) 0. 14,697. 14,697. NEHRU NAGAR

0.

14,697.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.			•	
Name of activity		Currer	nt year		Prior ye	ears	Overall gain or loss			
Name of activity	(a) Net income (line 2a)		(b) (li	Net loss ne 2b)	(c) Unallowed loss (line 2c)				(e) Loss	
Total. Enter on Part I, lines 2a, 2b, and 2c										
Part VI Use This Part if an Amour	nt Is	s Shown on F	Part II,	Line 9. S	ee instruc	tions.				
Name of activity	ar to	rm or schedule nd line number be reported on ee instructions)	(a) Loss	(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).	
NEHRU NAGAR		E Ln 22		14,697.	1.0000	0000	14,69	7.	0.	
Total				14,697.	1.00)	14,69	7.	0.	
Part VII Allocation of Unallowed L	oss	ses. See instr	uction	S.						
Name of activity	Form or sche and line nur to be reporte (see instruct		mber ted on (a) L		Loss		(b) Ratio		(c) Unallowed loss	
Total							1.00			
Part VIII Allowed Losses. See instru	ucti	ons.								
Name of activity		Form or sched and line num to be reported (see instruction		(a) l	_oss	(b) Unallowed los		(c) Allowed loss	
		1								
Total										