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

Submission Identification Number (SID)		•						
Taxpayer's name	Social security number							
MOUNIKA POLURU	199-41-	7977						
Spouse's name	Spouse's socia	al security nu	mber					
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	⊥ r year you ar	e authoriz	ring.)					
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	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		5	3,228.					
5 Amount you owe	keep a copy	-	eturn)					
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov								
for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requibusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I a Electronic Funds Withdrawal Consent.	icated in the tax on to debit the e e the authorizat uests must be processing of to payment. I furth	c preparation of this ion. To revolve received not the electronier acknowless	n software for account. This oke (cancel) a o later than 2 ic payment of edge that the					
Taxpayer's PIN: check one box only								
▼ I authorize GLOBAL TAXES LLC to enter 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.	Ente	r five digits, t enter all ze	but					
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.								
Your signature ▶ Date ▶								
Spouse's PIN: check one box only								
☐ I authorize to enter or generate	mv PIN		as my					
ERO firm name		r five digits,						
signature on the income tax return (original or amended) I am now authorizing.		t enter all ze						
I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.								
Spouse's signature ▶ Date ▶								
Practitioner PIN Method Returns Only—continue below	1							
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	2 4 9 6		2 7 1					
	Don t enter	all ZC(US						
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income to authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submarequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	nitting this retur	n in accord	ance with the					
ERO's signature ▶ Date ▶								
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To I								

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



£1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20						See separate instructions.			
Your first name	and m	iddle initial	Last nan	ne							Your so	cial sec	urity numbe	er
MOUNIKA			POLUI	RU							199	41	7977	
	pouse's	s first name and middle initial	Last nan										security nu	mbei
Homo addrosa	/numb	or and street). If you have a D.O. have acco	inatruatio	200					Apt. no.		D			
8655 ARI		er and street). If you have a P.O. box, see	HISHUCHO)I IS.					.65	- 1			ection Camp ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	OW.	Sta	te	ZIP c					jointly, wan	
RIVERSII		,,,				CA		925		- 1	•		nd. Checkin	_
Foreign country			F	oreign pr	ovince/state/				n postal c	- 1	your tax		not change ind.	
											,			ouse
Filing Status	s ×	Single	'				Head of he	ouseh	old (HOH					
Check only		Married filing jointly (even if only o	ne had ir	ncome)			_							
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ring spou	use (C	QSS)			
		you checked the MFS box, enter the			ouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ır depen	dent:										
Digital		ny time during 2023, did you: (a) rec												
Assets	exch	nange, or otherwise dispose of a dig		•				t)? (Se	e instru	ctions	s.)	Y€	es 🔀 No)
Standard	Son	neone can claim: You as a de	pendent		Your spous	e as	a dependent							
Deduction	Ш:	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 Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{ip} (4) Check t	he bo	x if quali	fies for (see instructi	ions):
If more	(1) F	irst name Last name		number to you			Child tax of			dit	Credit fo	r other depen	ıdents	
than four														
dependents, see instruction	s ——													
and check	. —													
here L]													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		106,79	9.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also	C	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep		` '	,	nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29	•					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	,					i ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>li</u>				-		106 70	0
AII 1 2 : -	Z	Add lines 1a through 1h	 20		· · ;	 L T					1z		106,79	٠.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b			
	3a_ 4a		3a 4a				rdinary divider axable amoun				3b 4b			
Standard	4 а 5а	_	4 а 5а				axable amoun				5b			
Deduction for—	6a	_	6a				axable amoun				6b			
Single or Married filing	C	If you elect to use the lump-sum e		nethod 4	check here					· :]			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,				7			
Married filing	8	Additional income from Schedule		•	•					٠ ـ	8		-14,69	7
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		92,10	
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10			<u></u>
Head of household,	11	Subtract line 10 from line 9. This is									11		92,10	12.
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,85	
If you checked any box under	13	Qualified business income deduct		•		-					13			<u> </u>
Standard Deduction,	14										14		13,85	0 -
see instructions.	15	Subtract line 14 from line 11. If zer							=		15		78 25	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	12,528.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	12,528.
	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	12,528.
	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	12,528.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 15	756.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c .						25d	15,756.
If you have a	26	2023 estimated tax payment	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 fron	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							
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				33	15,756.
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	3,228.
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	3,228.
Direct deposit?	b	Routing number 0 2 1	2 0 0 3	3 9	c Type:	Checking	Savings		
See instructions.	d	Account number 3 8 1	0 4 2 2	3 5 7 4	4 3				
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.					
You Owe		For details on how to pay, go	_	-				37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	•						
Designee						_	•		⊠ No
		signee's me		Phone no.			onal ident ber (PIN)	itication	
Sign	Un	der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sched	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	h prepar	er has any knowledge.
пеге	Yo	ur signature		Date Your occupation					nt you an Identity
							tection P inst.)	IN, enter it here	
Joint return? See instructions.				5.	QA ENGINEE				
Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupation	on	Ider		nt your spouse an ection PIN, enter it here
		one no. (201)850-2655	7	Email address	MOIINITIA D1	ACMATT CO		,	
		one no. (201)850-2657 eparer's name	Preparer's signat		MOUNIKA.P1	Date	PTIN		Check if:
Paid					מווסיית ייתודת או	03/13/2024	P0208	2702	Self-employed
Preparer		<u> </u>							
Use Only				MCMTCK M	J 08816				(678)965-9522
	/F	m's address 245 ROONEY		TADATON IN	00010		Fill	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

MOUNIKA POLURU

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.

Your social security number 199-41-7977

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	-14,697.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
C	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 (<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:	_		
_		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	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,697.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
_	tax law violations	24i		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		05	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

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 Name(s) shown on return

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

cs, etc.)	2023							
	Attachment Sequence No. 13							
Your social security number								

MOUN	IIKA POLURU						199-4	1-7977	
Par									
	Note: If you are in the business of renting personal proper			c . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you								
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, ZII								
			<u>, </u>						
<u>A</u> _	NEHRU NAGAR TIRUPATI ANDHRA PRADESH IN	N 51/	501						
B									
<u>C</u>									
1b	Type of Property 2 For each rental real estate property				Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair						Da	ıys	
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	qualified joint venture. See institu	JCLIONS		С					
Type	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	d	7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (desc	ribe)		
	- Toolaonoo Toolaonoo								
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		5	60.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8					
8	Commissions	8			, _ •				
9	Insurance	9							
10	Legal and other professional fees	10							
11		11		1 2	<u>с</u> г				
	Management fees	-		1,3	65.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			4.5				
14	Repairs	14		2,1					
15	Supplies	15		2,6	32.				
16	Taxes	16							
17	Utilities	17		2,9					
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 prope				23a	\	560.	,	,
b	Total of all amounts reported on line 4 for all royalty prop				23b				
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		1,275.		
	Total of all amounts reported on line 20 for all properties				23e		5,257.		
e 24					236	15			
24	Income. Add positive amounts shown on line 21. Do not		-			ا با د	. 24	/ -	14 607 \
25	Losses. Add royalty losses from line 21 and rental real estat							(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						I		14 607
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount	in the to	tai on li	ne 41	on page 2	. 26		-14,697.

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 Attachment Sequence No. 858

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

Identifying number 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 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

14,697.

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

Form 8582 (2023) Page **2**

	-,									. 490 =	٠
Part V	Complete This Part Before	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instruc	tions.				
	Name of a skink		Currer		Prior y	ears	Overall gain or loss				
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)				(e) Loss	
											-
											-
	on Part I, lines 2a, 2b, and 2c	* 14	Chaum an F	Dowt II	Lina O. C	an inateur	tiono				
Part VI	Use This Part if an Amour			art II,	, Line 9. S	ee instruc	tions.				
	Name of activity	ar to	rm or schedule nd line number be reported on see instructions)	(a) Loss (b) Rat		atio (c) Specia allowance			(d) Subtract column (c) from column (a).		
NEHRU NA	AGAR		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			S.						-
	Name of activity Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Unallowed loss				
											-
Total	<u> </u>							1.00			_
Part VIII	Allowed Losses. See instru	ucti									-
	Name of activity		Form or sched and line numb to be reported (see instructio		mber ted on (a) L		(b) Unallowed loss		((c) Allowed loss	
											-
Total											