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

	1.01.01.00		_		
Submis	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	per	
PRAV	VALIKA PATKURI	629-89	-794	1	
Spouse's	s name	Spouse's soo	ial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enti-	er year you a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	er year you a	ii e au	ti ionzing.	·)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	95	,870.
	Total tax		2		,353.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,495.
	Amount you want refunded to you		4		,142.
	Amount you owe		5	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part		keep a cop	y of y	our retu	rn)
my knoreturn (control 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 amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the originate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the office of the date of any refund. If applicable, I authorize the originate and the financial institution account in the office of the decrease of the payment of the payment of estimated tax, and the financial institution in the contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the processor of the processor of the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the processor of the processor of the payment (settlement) date. I also authorize the financial institutions involved in the processor of the payment (settlement) and the processor of the payment (settlement) are processor of the payment (settlement) and the processor of the payment of the processor of the processor of the payment of the processor of the payment of the processor of the payment of the payment of the payment of the processor of the payment of the payment of the processor of the payment of the processor o	ove are the ammitter, or electro- ejection of the to U.S. Treasury and dicated in the to tion to debit the authorize quests must be processing of payment. I fur	ounts for the counts of the co	from the inturn original ssion, (b) the designated paration so to this according to the following part of the control of the c	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the
	yer's PIN: check one box only				
X		e my PIN	7 9	9 4 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.				
Your si	ignature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate	a my DINI			as my
	ERO firm name	_	ter 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 amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN medbelow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	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 2 4 9 Don't ent	6 0 er all 76	8 2 7	1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	tax return (orig	inal or urn in a	amended) accordance	
ERO'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



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, end	See separate instructions.									
Your first name	and m	iddle initial	Last na	ame					Your so	cial secu	urity number			
PRAVALII	KΣ		PATE	TIRT					629	89	7941			
		s first name and middle initial	Last na						 		security number			
•										1 1	•			
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no	٠.	Preside	ntial Elec	ction Campaign			
2701 KE	YSTO	NF. T.N					101				ou, or your			
		ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code				ointly, want \$3			
VIENNA					VA	A	22180		1 0	to go to this fund. Checking a box below will not change				
Foreign countr	y name			Foreign province/state/o			Foreign post	al code		our tax or refund.				
										You				
Filing Status	s 🗵	Single				Head of he	ousehold (F	IOH)						
Check only		Married filing jointly (even if only or	ne had	income)										
one box.		Married filing separately (MFS)				☐ Qualifying	surviving s	pouse	(QSS)					
	lf y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOF	or QSS bo	x, ent	er the ch	ild's nan	ne if the			
	qu	ialifying person is a child but not you	ır deper	ndent:										
District	Λ+ οι	ny time during 2023, did you: (a) rece	oivo (ac											
Digital Assets		nange, or otherwise dispose of a digi								Ye	s 🗵 No			
Standard		neone can claim: You as a de		_ <u>_</u>			-,- (,					
Deduction		Spouse itemizes on a separate return	•	•		•								
		·		_	<u> </u>									
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	use	: U Was bor	n before Ja	nuary	2, 1959	☐ Is	blind			
Dependent	s (see	instructions):		(2) Social security	·	(3) Relationsh	ιρ · ·		•	,	see instructions):			
If more	(1) F	irst name Last name		number	to you	Chi	ld tax o	redit	Credit for	other dependents				
than four								_Ц			ᆜ			
dependents, see instruction	s							<u> </u>						
and check	, —							<u> </u>						
here L									-					
Income	1a	Total amount from Form(s) W-2, be	•	•					. 1a		114,245.			
Attach Form(s)	b	(4)												
W-2 here. Also	C	Tip income not reported on line 1a	reported on Form(s) W-2 (see instructions)											
attach Forms W-2G and	d													
1099-R if tax	e	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		0.			
W-2, see	h	Other earned income (see instructi	,			٠	· · ·		. 1h		0.			
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>			-		114,245.			
AII 1 6 : 5	Z				 L T				. 1z					
Attach Sch. B if required.	2a		2a			axable interest			. 2b					
	3a		3a 4a			ordinary divider axable amoun			. 3b					
Standard	4a					axable amoun								
Deduction for—	5a 6a		5a 6a			axable amoun			. 5b					
Single or Married filing	C	If you elect to use the lump-sum e												
separately, \$13,850	7	Capital gain or (loss). Attach Sched		•	•	,			<u> </u>					
Married filing	8	Additional income from Schedule						!	. 8		-18,375.			
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						. 9		95,870.			
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•					. 10					
Head of	11	Subtract line 10 from line 9. This is			. 11		95,870.							
household, \$20,800	12	Standard deduction or itemized	-	-						12 13,850.				
If you checked any box under	13	Qualified business income deducti				5-A			. 13					
Standard	14	Add lines 12 and 13							. 14		13,850.			
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss. enter -0 This is v	 our t	taxable incom	ie		. 15		82,020.			
				,										

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check if any f	rom Form(s):	1 8814	2 4972	3 🗌		16	13,353.	
Credits	17							17		
	18	Add lines 16 and 17						18	13,353.	
	19	Child tax credit or credit for other d	ependents fro	m Schedu	le 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, enter	r-0				22	13,353.	
	23	Other taxes, including self-employr	nent tax, from	Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is your to	-		-			24	13,353.	
Payments	25	Federal income tax withheld from:							· ·	
. aymome	а	Form(s) W-2				25a 17	,495.			
	b	Form(s) 1099				25b	-			
	C	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	17,495.	
If you have a	26	2023 estimated tax payments and a						26		
If you have a qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from Sche			_	28				
	29	American opportunity credit from F	orm 8863. 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	32							
	33	Add lines 25d, 26, and 32. These ar						33	17,495.	
Refund	34	If line 33 is more than line 24, subtr						34	4,142.	
riciana	35a	Amount of line 34 you want refund				•	. 🗀	35a	4,142.	
Direct deposit?	b	Routing number 0 8 1 0 0					Savings			
See instructions.		Account number 3 5 5 0 0					9-			
	36	Amount of line 34 you want applied				36				
Amount	37	Subtract line 33 from line 24. This is								
You Owe	0.	For details on how to pay, go to ww			see instructions .			37		
	38	Estimated tax penalty (see instructi				38				
Third Party Designee		you want to allow another persor	n to discuss	this return			mplete b	elow.	X No	
Doorginoo	De	signee's		Phone			nal identifi			
	na			no.			er (PIN)			
Sign Here		der penalties of perjury, I declare that I havief, they are true, correct, and complete. De			, , ,		•		, ,	
Here	Yo	ur signature	Date	e	Your occupation		I .		nt you an Identity	
							Prote (see i		N, enter it here	
Joint return? See instructions.		ouse's signature. If a joint return, both mu	st sign. Date	2	SOFTWARE D		`		at vour spouso an	
Keep a copy for your records.		ouse's signature. If a joint return, both mu	ist sign. Date	9	Spouse's occupation	Identi	the IRS sent your spouse an entity Protection PIN, enter it here ee inst.)			
	Ph	one no. (916)541-5319	Ema	ail address	PRAVALIKAPO	04@GMAIL.CO	M			
Deid	Pre		er's signature			Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM	1 PRIYA R	AM SAG	AR GUPTA	04/13/2024	P02082	703	Self-employed	
Preparer		n's name GLOBAL TAXES I							678)965-9522	
Use Only	Fir	m's address 245 ROONEY CT		VICK NJ	08816		Firm's	EIN	84-3171965	
Go to www irs o	ov/Forr	a1040 for instructions and the latest inforn	nation		DAA	DEV 02/07/24 DDO			Form 1040 (2023)	

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

PRAVALIKA PATKURI

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 629-89-7941

Par	t 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	ich Schedule E .	5	-18,375.
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	-18,375.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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

PRA	VALIKA PATKURI						629-89	9-7941	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rtv. use S		C. See	instru	ctions. If you a	re an indiv	idual, rep	ort farm
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .						. 🗌 Ye	s 🗌 No	
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	NIZAMABAD NIZAMABAD TELANGANA IN 5031	175							
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental a	nd		Fa	ir Rental Days	Person Day		QJV
Α	personal use days. Check the Q		only	Α		365		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	qualified joint voltare. God instite	dotiono.		С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ibe)		
						Properti			
Incor	ne:			Α		В			С
3	Rents received	3			00.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	58.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,9	97.				
15	Supplies	15		3,6	58.				
16	Taxes	16							
17	Utilities	17			91.				
18	Depreciation expense or depletion	18		4,3	71.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		18,9	75.				
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	_	-18,3	75				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (18,37		()(<u> </u>)
23a	Total of all amounts reported on line 3 for all rental prope	`			23a		600.		
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	4	,371.		
е	Total of all amounts reported on line 20 for all properties				23e	18	,975.		
24	Income. Add positive amounts shown on line 21. Do not						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here	-		18,375.)
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	ot apply	to you,	also e	nter th	nis amount o			
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	ımount ir	n the tot	al on li	ne 41	on page 2	. 26		-18,375.

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment

11

12

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number PRAVALIKA PATKURI Sch E NIZAMABAD 629-89-7941 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10

Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions

14 15 **16** Other depreciation (including ACRS) 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11

13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general

Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 125,417. 4,371 S/L 27.5 yrs. MM property S/L 39 yrs. ММ i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life S/L **b** 12-year 12 yrs. ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs.

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28										21	ı
			 				,		 	_		

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 4,371.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.