Form 8879
(Rev. January 2021)
Department of the Treesury

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.

Submission Identification Number (SID)

Taxpay	ver's name	Social securi	ty numb	ber
RUS	HIRAJA PANUGANTI	342-47	-426	8
Spouse	s's name	Spouse's so	cial secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you a	are au	thorizing.)
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	87,757.
2	Total tax		2	11,566.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,568.
4	Amount you want refunded to you		4	2,002.
5	Amount you owe		5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				EBO firm name	, see 19	E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

7	4	2	6	8	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨	
Practitioner PIN	lethod Returns Only—continue below	
Part III Certification and Authentication – I	ractitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
ERO Don't Submi)	
For Denominary Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y−Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
RUSHIRAJ	ГA		PAN	UGANTI	C C					342	47	4268
-		s first name and middle initial	Last r							Spouse	's social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
72 N TUC	CKER	ST						2			,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		0	jointly, want \$3 nd. Checking a
Memphis						T		381	04			not change
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	l income)			□			()		
one box.		Married filing separately (MFS)					, ,		ing spouse	. ,		
		you checked the MFS box, enter the alifying person is a child but not you									ild's na	me if the
	qu	anying person is a child but not you	ii uepe									
Digital		ny time during 2023, did you: (a) rece									_	
Assets	exch	hange, or otherwise dispose of a digi	tal ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No
Standard	_	neone can claim: 🗌 You as a de					a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructions):
- If more		irst name Last name					Child tax o	redit	Credit fo	or other dependents		
than four												
dependents, see instructions	s ——											
and check	. —											
here 🗌												
Income	1a	Total amount from Form(s) W-2, be			,							96,853.
Attach Form(s)	b	Household employee wages not re			.,					. <u>1b</u>		
W-2 here. Also attach Forms	C	Tip income not reported on line 1a	•		-					. 10	-	
W-2G and	d	Medicaid waiver payments not rep			, ,			• •		. 1d		
1099-R if tax was withheld.	e f	Taxable dependent care benefits f						• •		. 1e	-	
lf you did not	f		Employer-provided adoption benefits from Form 8839, line 29 .<							· 1g		
get a Form	9 h	Other earned income (see instructi				• •		• •		· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				 1 i	.				
	z	Add lines 1a through 1h								. 1z		96,853.
Attach Sch. B	 2a	Ŭ	2a		ĺ	bТ	axable interest	: .		. 2b	-	617.
if required.	3a		3a		37.	bС	Drdinary divider	nds .		. 3b	,	37.
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b		
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b		
 Single or 	6a	Social security benefits	6a			bТ	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee							[7		
jointly or	8	Additional income from Schedule								. 8	_	-9,750.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total ind	com	е			. 9	_	87,757.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-					. 11		87,757.
If you checked	12	Standard deduction or itemized								. 12	-	13,850.
any box under <i>Standard</i>	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	95-A	• •		. 13		10 050
Deduction, see instructions.	14		 		•••••	• •			· · ·	. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	our	taxable incom	e.		. 15		73,907.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	11,566.
Credits	17	Amount from Schedule 2, line 3	3					17	
	18	Add lines 16 and 17						18	11,566.
	19	Child tax credit or credit for oth	ner dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8	3					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less,	enter -0				22	11,566.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is you	ur total tax					24	11,566.
Payments	25	Federal income tax withheld from	om:						
-	а	Form(s) W-2				25a 13	8,568.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	13,568.
If you have a	26	2023 estimated tax payments a	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 S	Schedule 8812			28			
	29	American opportunity credit fro	om Form 8863	8, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	15			31			
	32	Add lines 27, 28, 29, and 31. T	hese are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments				33	13,568.
Refund	34	If line 33 is more than line 24, s	ubtract line 2	4 from line 33.	This is the amou	int you overpaid		34	2,002.
	35a	Amount of line 34 you want ref			is attached, che	ck here	. 🗆	35a	2,002.
Direct deposit?	b	Routing number 0 6 4 0				Checking	Savings		
See instructions.	d	Account number 4 4 4 0	2 0 7	9283	3 1				
	36	Amount of line 34 you want app	olied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. T							
You Owe		For details on how to pay, go to	o www.irs.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see inst	ructions) .			38			
Third Party		you want to allow another pe	erson to disc						_
Designee		tructions					omplete b		X No
	De nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Sian		der penalties of perjury, I declare that	I have examined		accompanying sch			e best (of my knowledge and
Sign		ief, they are true, correct, and comple							, ,
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
									N, enter it here
Joint return?					SOFTWARE		(see i		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bot	h must sign.	Date	Spouse's occupation	tion			nt your spouse an action PIN, enter it here
your records.							(see i	,	ection Fin, enter it here
	Ph	one no. (660)822-1937		Email address	D DIIGHTDA	JA@GMAIL.CC			
		(***/*** = = ***	reparer's signat		I .NUSHIKA	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA S	- 1 - 1 - 1		AR GUDTA	04/16/2024	P02082	2703	Self-employed
Preparer		n's name GLOBAL TAXE			JUNE OUF IA	01/10/2024	Phon		678)965-9522
Use Only		n's address 245 ROONEY		NSWICK N.	08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the latest in		INDITUTE IN			1	, EUN	Form 1040 (2023)
00 10 W WW.IIS.90			mormation.		BAA	REV 03/07/24 PRO			10m 10-TO (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number		
RUSHIRAJA PANUGANTI 342-47-					

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	ach Schedule E .	5	-9,750.
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		
I	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		
ο	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	<u>8u</u>	_	
Z	Other income. List type and amount:			
~	Tatal 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 . Enter 1040, 1040-SR, or 1040-NR, line 8	nere and on Form	10	-9,750.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · · · · · · ·		1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m			
d				
e	Repayment of supplemental unemployment benefits under the Trade		-	
e	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
-	Contributions by certain chaplains to section 403(b) plans		-	
g			-	
n	Attorney fees and court costs for actions involving certain unlawful			
_	discrimination claims (see instructions)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	3/07/24 PRO	Schedule 1 (F	orm 1040) 202

(Form 1040)		(Fr	om r	ental real estat	te, royalties, partnersl	hips, S	6 corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	96	93
Department of the Treasury Internal Revenue Service										Attachm Sequend	Attachment Sequence No. 13		
Name(s) shown on return											Your soci	al security r	
RUSHIRAJA PANUGANTI									342-4	7-4268			
Part	I Income	or	Los	s From Rent	al Real Estate an	d Ro	yalties						
	rental inco	ome (or los	s from Form 48	enting personal proper 35 on page 2, line 40.	-				-			
		You make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
1a	Physical addr	ress	of ea	ach property (street, city, state, ZIF	⊃ code	e)						
Α	3-78-177/	871	,CH	ENGI CHER	LA RANGAREDDY	TELA	ANGANA	IN	5000	92			
B													
<u>C</u>		.							_		_		
1b	Type of Prope (from list below		2	above, report the number of fair i		rental and			Fair Rental Days		Personal Use Days		QJV
	3				onal use days. Check the QJV I u meet the requirements to file				365		0		
B C					it venture. See instru			B					
	of Property:							U					
1	Single Family R Multi-Family Re			e 3 Vacat 4 Comr	ion/Short-Term Ren nercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
										Properti	es:		
Incom								Α		В			С
3						3		7	50.				
_4		ived				4							
Exper						-							
5 6						5 6							
7						7		1,9	48				
8	-					8		1,7	10.				
9						9							
10						10							
11						11		1,6	36.				
12					(see instructions)	12							
13	Other interest		· 			13							
14	Repairs					14		2,7	11.				
15						15		2,4	18.				
16						16							
17						17		1,7	87.				
18	•	expe	nse o	or depletion .		18							
19 00	Other (list)				40	19		10 5	0.0				
20	•				19	20		10,5	00.				
21	result is a (loss	s), s	ee in	structions to f	d/or 4 (royalties). If ind out if you must	21		-9,7	50.				
22					er limitation, if any,	22	(9,75	50.)	()	()
23 a			-		3 for all rental prope				23a		750.		
b					4 for all royalty prop	erties			23b				
С					12 for all properties	• •		•	23c				
d					18 for all properties				23d				
e					20 for all properties				23e	10	,500.		
24 25					n on line 21. Do not and rental real estate		-		 nter to	tal losses her	. 24 re 25	(9,750.)
<u> </u>		y ait'	y 1033		i and ionial toal colal	~ 10030		L		un 1000000 1101		1	~, · J U · 1

Supplemental Income and Loss

isses from line 21 and rental real estate losses from line 22. Enter total losses here 20 LOSSES. Aud roya 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

Schedule E (Form 1040) 2023

-9,750.

26

OMB No. 1545-0074

SCHEDULE E

(Form 1040)