## 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				
Submis	ssion Identification Number (SID)				
Taxpaye	's name	Social securi	ty numb	per	
RAJI	THA MACHHARLA	041-33	-658	8	
Spouse's	name	Spouse's soo	ial secu	urity number	
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r vear vou a	re au	thorizina '	<u> </u>
	hole dollars only on lines 1 through 5.	i yeai you a	ı e au	uionzing.	<u> </u>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1	64	,403.
	Total tax		2		,434.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,116.
	Amount you want refunded to you		4		,682.
	Amount you owe		5		,002.
Part	,	keep a cop	y of y	our retu	rn)
my knoreturn (of to send for any Agent to payment authorize payment business taxes to personal	enalties 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 abourginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lorinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incident of the formal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires a 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 (PIN) below is my signature for the income tax return (original or amended) I a dicentification number (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payment (PIN) below is my signature for the income tax return (original or amended) I a dicentification or the payme	we are the am nitter, or electro- ection of the to I.S. Treasury a icated in the to on to debit the e the authorizates uests must be processing of payment. I fur	ounts for the counts of the country for the co	from the incturn original sistent, (b) the designated paration soff to this according to the control of the con	come tax tor (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the
Taxpay	/er's PIN: check one box only			-   0   0	
×	l authorize GLOBAL TAXES LLC to enter or generate	my PIN 3		5 8 8	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	Í
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methoelow.				
Your si	gnature ► Date ► _				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate	my DINI			ac my
Ш	ERO firm name	-	ter five	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 amended) I am r if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholow.				
Spouse	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	1			
Part I	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		6 0	8 2 7	1
		Don't ent	er all ze	eros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income t ed 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 <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this retu	urn in a	accordance	
FRO'∘	signature ▶ Date ▶				
<u> </u>	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

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



# <b>1040</b>		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
RAJITHA			MACH	HARLA							041	33	6588
	pouse's	s first name and middle initial	Last na										security number
											775	41	3518
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ection Campaigr
3711 MEI	DICA:	L DR						1	‡1125		Check h	nere if y	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode				jointly, want \$3
SAN ANTO	ONIO					TX	ζ	782	29		U		nd. Checking a not change
Foreign country	y name		F	oreign pro	ovince/state/	count	ty	Foreig	gn postal c		your tax	or refu	ınd.
							_					Yo	ou Spouse
Filing Status	s <u> </u>	Single					☐ Head of h	ouseh	old (HOI	<b>⊣</b> )			
Check only	L	Married filing jointly (even if only o	ne had ii	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying		0 .	,	,		
		you checked the MFS box, enter the						or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ialifying person is a child but not you	ır depen	ident: _S	ANTHOSH	N.A	AGARAPU						
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services	); or (	(b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)		es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗆 `	Your spous	e as	a dependent						
Deduction		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 <b>Spc</b>	ouse	: Was bor	n befo	ore Janua	arv 2	1959		s blind
Dependent				Ī	ocial security		(3) Relationsh	11					(see instructions)
=		irst name Last name		(2) 3	number		to you	lib ,	Child t				or other dependents
If more than four													
dependents,													
see instructions and check	s —												
here $\square$	]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		77,468.
	b	Household employee wages not re	eported	on Form(	(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	ions) .					ι.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						
	z	Add lines 1a through 1h			· · ·						1z		77,468.
Attach Sch. B	2a	· —	2a				axable interes				2b		
if required.	3a		3a				rdinary divide						
Standard	4a	<del>-</del>	4a				axable amoun						
Deduction for—	5a		5a				axable amoun						
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	C	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here						]					
\$13,850 Married filing	7							. L	7		10.005		
jointly or Qualifying	8	Additional income from Schedule	•								8		-13 <b>,</b> 065.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9		64,403.			
\$27,700 Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11	+	64,403.
If you checked	12	Standard deduction or itemized					 E A				12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

Form 1040 (202)	3)								Page 2		
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> $\square$ 881	4 <b>2</b> 🗌 4972	з 🗌		. 16	6,434.		
Credits	17	Amount from Schedule 2, line 3	3					. 17			
	18	Add lines 16 and 17						. 18	6,434.		
	19	Child tax credit or credit for oth	ner dependent	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	6,434.		
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	2, line 21 .			. 23	0.		
	24	Add lines 22 and 23. This is you	ur <b>total tax</b>					. 24	6,434.		
Payments	25	Federal income tax withheld from	om:								
•	а	Form(s) W-2				25a	9,1	L6.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions)				25c					
	d	Add lines 25a through 25c .						. 25d	9,116.		
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) .				27					
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28					
	29	American opportunity credit fro	m Form 8863	3, line 8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line				31					
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits										
	33	Add lines 25d, 26, and 32. The	•	-	-			. 33	9,116.		
Refund	34	If line 33 is more than line 24, s							2,682.		
	35a	Amount of line 34 you want ref				•		35a	2,682.		
Direct deposit?	b	Routing number 1 1 1 0				Checking	☐ Savi				
See instructions.	d	Account number 4 8 8 1					_				
	36	Amount of line 34 you want app				36					
Amount	37	Subtract line 33 from line 24. T	his is the <b>am</b> o	ount vou owe							
You Owe	••	For details on how to pay, go to						. 37			
	38	Estimated tax penalty (see inst	ructions) .			38					
Third Party	Do	you want to allow another pe	erson to disc	cuss this retu	n with the IRS?	See					
Designee		structions				. 🗌 Ye	s. Comp	ete below.	<b>⋈</b> No		
		signee's		Phone				dentification			
		me	I le acces accessiones	no.		-lll -4-4.	number (F				
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which										
Here	Vo	ur cignaturo		Date	Vour occupation		If the IRS se	nt you an Identity			
	10	Your signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here			
Joint return?				CONSULTANT				(see inst.)			
See instructions.		ouse's signature. If a joint return, bot	<b>h</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an		
Keep a copy for your records.								Identity Prot (see inst.)	ection PIN, enter it here		
,		(706) 010 0050		- "		7700000	~~	(366 1131.)			
		one no. (726) 218-0252	ronoror's sier-t	Email address	MRAJITHA.1	1		NI .	Chapk if:		
Paid			reparer's signat		OHDER	Date	PTI		Check if:		
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM SY		KAM SAGAR	GUPTA TALLAM	02/07/20	124   PO:	2082703	Self-employed		
Use Only		m's name GLOBAL TAXE			- 00016				one no. (678) 965-9522		
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	1 08816			Firm's EIN	84-3171965		
	/	10 10 f : : + :   +									

# SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

RAJITHA MACHHARLA

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. <b>01</b>
Your soc	ial security number
041-33	-6588

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	-13,065.
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		
- 1	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 (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	a nongovernmental section 457 plan	8t		
u -	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	0_		
0	Total ather income. Add lines to through the	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on Form	10	-13 <b>,</b> 065.
	10+0, 10+0-011, 01 10+0-1111, III1 <del>0</del> 0		IU	, 000.

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				
	<b>-</b>	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			
<b>0</b> -					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟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.

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.

Attachment Sequence No. 13

Your social security number

	ITHA MACHHARLA						041-3	3-6588	;
Par									
	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	ty, use <b>Sc</b>	hedule	C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
_		to file Fee	rm(a) 1	0000	oo ina	tructions			es 🛛 No
A	Did you make any payments in 2023 that would require you								
<u>B</u>	If "Yes," did you or will you file required Form(s) 1099? .		• •	• •	• •			. <u> </u>	3S   NO
1a	Physical address of each property (street, city, state, ZIF	ode)							
Α	H.NO 24-273 ASHOK ROAD MANCHERIAL TEL	LANGANA	NI A	5042	208				
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty listed			Fa	ir Rental	Persor	nal Use	QJV
	(from list below) above, report the number of fair i					Days	Da	ays	QJV
Α	personal use days. Check the Q		nly	Α		365		0	
В	if you meet the requirements to fi qualified joint venture. See instru			В					
С	quained joint venture. See instru	ictions.		С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Rent	tal 5	Land		-	Self-Rental			
2	Multi-Family Residence 4 Commercial	6	Roya	lties	8	Other (desc	ribe)		
						Propert			
Inco	mor.			A		В	162.		С
3	Rents received	3			80.	ь			
4	Royalties received	4			00.				
	nses:	7							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	80.				
8	Commissions	8			00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,0	62				
12	Mortgage interest paid to banks, etc. (see instructions)	12		2,0	02.				
13	Other interest	13							
14	Repairs	14		3,4	15				
15	Supplies	15		5,1					
16	Taxes	16		<b>○</b> / ±					
17	Utilities	17		2,1	44.				
18	Depreciation expense or depletion	18		,_					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,6	45.				
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 <b>Form 6198</b>	21	_	13,0	65.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (	-	L3 <b>,</b> 06	5.)	(	)	(	)
23a	Total of all amounts reported on line 3 for all rental proper	<u> </u>			23a		580.		
b	Total of all amounts reported on line 4 for all royalty prope				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				
е	Total of all amounts reported on line 20 for all properties				23e	13	3,645.		
24	Income. Add positive amounts shown on line 21. Do not		any los	ses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he	re <b>25</b>	(	13,065.)
26	Total rental real estate and royalty income or (loss).	Combine	lines 2	24 and	25. E	nter the resi	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do not	t apply to	o you,	also e	nter th	nis amount o			
	Schedule 1 (Form 10/0) line 5. Otherwise, include this ar	mount in	the tot	al on li	na /11	on nage 2	000		_13 065