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 Identific	ication Number (SID)						
Taxpayer's name	<u> </u>	Social securit	y numb	er			
SANTHOSH NAG	SARAPU	775-41-3518					
Spouse's name		Spouse's social security number					
Doy I Toy D	Datum Information Toy Voca Ending December 21	- ntor voor vou	KO 01.14	horizina			
		Enter year you a	re aut	nonzing.	<u>) </u>		
	s only on lines 1 through 5. SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	oss income		11	48	,420.		
			2		,929.		
3 Federal inco	ome tax withheld from Form(s) W-2 and Form(s) 1099		3		,766.		
4 Amount you	u want refunded to you		4		,837.		
5 Amount you	Jowe		5				
Part II Taxpa	ayer Declaration and Signature Authorization (Be sure you get a	ind keep a cop	y of y	our retu	rn)		
return (original or ame to send my return to a for any delay in proce Agent to initiate an AC payment of my federa authorization is to re payment, I must con business days prior to taxes to receive conf personal identification	belief, it is true, correct, and complete. I further declare that the amounts in Part I ended) I am now authorizing. I consent to allow my intermediate service provider, trace the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for essing the return or refund, and (c) the date of any refund. If applicable, I authorize the CH electronic funds withdrawal (direct debit) entry to the financial institution accountal taxes owed on this return and/or a payment of estimated tax, and the financial instimation in full force and effect until I notify the U.S. Treasury Financial Agent to termitact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation to the payment (settlement) date. I also authorize the financial institutions involved in fidential information necessary to answer inquiries and resolve issues related to an number (PIN) below is my signature for the income tax return (original or amended	ansmitter, or electron rejection of the traction to debit the initiate the authorization requests must be in the processing of the payment. I furt	onic retuents ansmissed its distance of the entry to ation. To the electric the electric the electric receivers and the electric returns a return and the electric returns and the electric returns a return and the electric return and the electric returns a return a return a return and the electric retur	urn origina sion, (b) the esignated aration sofo this according to the edno late extronic paramours.	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the		
Electronic Funds With	ndrawal Consent. heck one box only						
	e GLOBAL TAXES LLC to enter or gene	rato my DIN	3 5	1 8	ac my		
_	ERO firm name	ř Ent		ligits, but all zeros	as my		
-	on the income tax return (original or amended) I am now authorizing.		Ol-	1 - 41-1 - 1-			
	r my PIN as my signature on the income tax return (original or amended) I a entering your own PIN and your return is filed using the Practitioner PIN r						
Your signature ► _	Date						
Spouse's PIN: che	eck one hox only						
I authorize	•	rate my PIN			as my		
	ERO firm name	Ent		ligits, but	ao my		
signature o	on the income tax return (original or amended) I am now authorizing.	doı	n't enter	all zeros			
	r my PIN as my signature on the income tax return (original or amended) I a entering your own PIN and your return is filed using the Practitioner PIN r						
Spouse's signature	Date	>					
	Practitioner PIN Method Returns Only—continue be	elow					
Part III Certif	fication and Authentication — Practitioner PIN Method Only						
ERO's EFIN/PIN. E	Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 0 er all zei	8 2 7 ros	1		
authorized to file for	ve numeric entry is my PIN, which is my signature for the electronic individual incortax year indicated above for the taxpayer(s) indicated above. I confirm that I am structioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	ccordance			
ERO's signature ▶	Date	>					
	ERO Must Retain This Form — See Instruction						
	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	ling _			, 20	See separate instructions.				
Your first name and middle initial			Last na	ıme					┤,	Your so	cial security nu	mber
SANTHOSE	ſ		NAGA	ARAPU						775	41 3518	3
		s first name and middle initial	Last na						- 1		s social security	
										041	33 6588	3
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			,	Apt. no.	T I		ntial Election Ca	
3711 MED	ICAI	L DR						#1125			nere if you, or yo	
		ce. If you have a foreign address, also co	mplete s						spouse if filing jointly, want \$3			
SAN ANTO	OIN				Т	X	782	229		•	this fund. Chec ow will not char	•
Foreign country	name			Foreign province/state/o	coun	ty	Forei	gn postal co		your tax or refund.		
											You	Spouse
Filing Status		Single				☐ Head of he	ouseh	nold (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.	X	Married filing separately (MFS)				☐ Qualifying	survi	ving spou	se (C	(SS		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	d or Q	SS box, e	enter	the chi	ld's name if th	е
	qu	alifying person is a child but not you	ır depei	ndent: RAJITHA	MA	CHHARLA						
Digital	Δt ar	ny time during 2023, did you: (a) rece	oivo (ac	a reward award or i	navr	ment for prope	rty or	convices):	or (h	المء (د		
Digital Assets		lange, or otherwise dispose of a digi									☐ Yes 🏻 🔻	No
Standard	_	eone can claim: You as a de		_ <u>`</u>			, (-			,		
Deduction		Spouse itemizes on a separate return	•	•		•						
				_				1		4050		
		Were born before January 2, 1	959 [_ Are blind Spo	ouse	:: □ Was bor		ore Janua	•		☐ Is blind	
Dependents	•	•		(2) Social security number		(3) Relationsh to you	ip (4) Check th Child ta		1	fies for (see instru Credit for other de	
If more	(1) F	irst name Last name		Tidifibei		to you	-		7	uit		
than four dependents,							-	<u>L</u>	_			
see instructions	· —											
and check here \square												
-	1a	Total amount from Form(s) W-2, be	ov 1 (ec	e instructions)						1a	T 60	828.
Income	b	Household employee wages not re	,	,						1b		020.
Attach Form(s)	c	Tip income not reported on line 1a (see instructions)							1c			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•						1d		
W-2G and	e	Taxable dependent care benefits f		.,	10110					1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		•						1f		
If you did not	g	Wages from Form 8919, line 6.		•						1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	Ì					
	z	Add lines to through th								1z	60,	828.
Attach Sch. B	2a		2a		b T	axable interest	t.			2b		
if required.	За	Qualified dividends	3a		b 0	Ordinary divider	nds .			3b		
	4a	IRA distributions	4a			axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t			5b		
• Single or	6a	Social security benefits	6a		b T	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection									
\$13,850	7	Capital gain or (loss). Attach Schee	dule D i	f required. If not requ	iired	l, check here				7		
 Married filing jointly or 	8	Additional income from Schedule								8	-12,	408.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	om	e				9		420.
\$27,700	10	Adjustments to income from Sche		•						10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11	48,	420.
\$20,800 • If you checked T	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12		850.
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	95-A				13		
Standard 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 w	our :	taxable incom	ne.			15		570.

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 4972	3 🗌		16	3,929.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	3,929.	
	19	Child tax credit or credit for oth	ner dependent	s 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, e	enter -0				22	3,929.	
	23	Other taxes, including self-emp	oloyment tax, f	rom Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ur total tax					24	3,929.	
Payments	25	Federal income tax withheld fro	om:							
-	а	Form(s) W-2				25a	5,766.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	5 , 766.	
If you have a	26	2023 estimated tax payments a	and amount ap	oplied 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	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31				
	32	Add lines 27, 28, 29, and 31. Th	nese are your	total other pa	yments and refu	ındable credits		32		
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	5,766.	
Refund	34	If line 33 is more than line 24, s						34	1,837.	
	35a	Amount of line 34 you want refu	unded to you	. If Form 8888	is attached, che	ck here	🗆	35a	1,837.	
Direct deposit?	b	Routing number 1 1 1 0	0 0 0	2 5	c Type:	Checking	Savings			
See instructions.	d	Account number 5 8 6 0	3 8 8	4 3 5 8	8 8					
	36	Amount of line 34 you want app	olied to your 2	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. Th	his is the amo	unt you owe.						
You Owe		For details on how to pay, go to	o www.irs.gov	/Payments or	see instructions .			37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party		you want to allow another pe								
Designee		structions					omplete		⊠ No	
		signee's me		Phone no.			sonal identi iber (PIN)	ification		
Sign		der penalties of perjury, I declare that	I have examined		accompanying sche		, ,	the best	of my knowledge and	
Sign		lief, they are true, correct, and complet			, , ,		,		, ,	
Here	Yo	ur signature		Date	Your occupation	If the	e IRS sei	nt you an Identity		
		_					1,	Protection PIN, enter it here (see inst.)		
Joint return?						WARE ENGINE	rv ,			
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (726) 218-0252		Email address	SANTHOSH.NAGA	RAPU50@GMAIL.	OM			
Daid	Pre		reparer's signati	ure		Date	PTIN		Check if:	
Paid	SYAN	1 PRIYA RAM SAGAR GUPTA TALLAM SY	YAM PRIYA 1	RAM SAGAR	GUPTA TALLAM	02/07/2024	P0208	2703	Self-employed	
Preparer		Firm's name GLOBAL TAXES LLC Phone no. (678) 965-952								
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			ı's EIN	84-3171965	
<u> </u>		4040 () 1 1 1 1 1 1 1 1 1 1							- 4040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Internal Revenue Service		Sequence No. 01	
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SANTHOSH NAGAR	APU	775-41	-3518

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ch Schedule E .	5	-12,408.
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		8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g		8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k		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			
	, ·	8m		
n		8n		
0	·	80		
р		8p		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	0. (
	· · · · · · · · · · · · · · · · · · ·	8s ()	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	01		
	a nongovernmental section 457 plan	8t		
u		8u		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		3	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on Fulli	10	-12,408.
	10.0, 10.0 011, 01.10.10.111, 111.00	<u> </u>	ויי	

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				
	-	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			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

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

Your social security number 775-41-3518

SANTHOSH NAGARAPU							775-41-3518				
Part	Note: If you are in the business of renting personal proper	rty, use		C . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm		
Α Γ	rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you		. Form(a) :	10002 0	San inc	tructions			a V Na		
	f "Yes," did you or will you file required Form(s) 1099?										
				• •	• •		· · ·	. 🗆 10	3 110		
1a											
Α	H.NO 24-273 ASHOK ROAD MANCHERIAL TELANGANA IN 504208										
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair							nal Use ays	QJV		
Α	gersonal use days. Check the Q			Α		340	D.	0			
В	if you meet the requirements to	file as	a	В		340		0			
C	qualified joint venture. See instru	uction	S.	С							
	of Property:								Ш		
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Lanc	l	7	Self-Rental					
	Multi-Family Residence 4 Commercial		6 Roya			Other (desci	ribe)				
	,		,								
				Α		Properti	es:		С		
ncom 3	Rents received	3		A	80.	В			C		
4	Royalties received	4									
Exper		+-									
-xpei 5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		9	80.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,7	48.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		3 , 5	10.						
15	Supplies	15		4,8	00.						
16	Taxes	16									
17	Utilities	17		1,9	50.						
18	Depreciation expense or depletion	18									
19	Other (list)	19		400	0.0						
20	Total expenses. Add lines 5 through 19	20		12,9	88.						
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		-12,4	N 8						
22	Deductible rental real estate loss after limitation, if any,	21		12,1							
22	on Form 8582 (see instructions)	22	(12,40	18 1	()	()		
23a	Total of all amounts reported on line 3 for all rental prope				23a	\		\	,		
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						
е	Total of all amounts reported on line 20 for all properties				23e	12	,988.				
24	Income. Add positive amounts shown on line 21. Do not		de any lo	sses			. 24				
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses her	e 25	(12,408.)		
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						on				
	Schedule 1 (Form 1040) line 5. Otherwise, include this at	moun.	t in the to	tal on li	ina /11	on nage 2	06	1 .	_12 /08		