(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	sion Identification Number (SID)						
Taxpayer	's name	Social securi	ty numl	per			
NIHA	RIKA PRATAPANENI	887-30-5775					
Spouse's	name	Spouse's soo	ial sec	urity number			
Part l	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear volua	re au	thorizina \	<u> </u>		
	rhole dollars only on lines 1 through 5.	year 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	78	,886.		
	Total tax		2		,613.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,967.		
4	Amount you want refunded to you		4		,354.		
5	Amount you owe		5				
Part I	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retui	rn)		
my know return (o to send for any o 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) whedge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectlesy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal 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 terminates, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisits are contact the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment (Settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the payment (Settlement) are considered with the process.	e are the am tter, or electro- ction of the to S. Treasury a cated in the to the authorizatests must be processing of ayment. I fur	ounts fronic refransmind its cax preparation. The receiff the elater acceptance of the elater ac	from the inc turn originat ssion, (b) th designated paration soff to this acco To revoke (oved no late ectronic par cknowledge	come tax for (ERO) e reason Financial tware for unt. This cancel) a er than 2 yment of that the		
	ic Funds Withdrawal Consent. ver's PIN: check one box only						
X	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 0	5 '	7 7 5	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	as my		
	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 sig	gnature ▶ Date ▶						
Spouse	e's PIN: check one box only						
Opouse	I authorize to enter or generate	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 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						
Part II	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 0	8 2 7	1		
		Don't ent	er all Ze	#10S			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta 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 Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this retu	urn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To I	o So					

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending						ing			, 20	See se	parate instructions.	
Your first name	iddle initial	ame						Your social security number				
NIHARIKA		rapane	ENI					887	30 5775			
If joint return, spouse's first name and middle initial Last name					ie					Spouse's social security numb		
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Preside	ential Election Campaigr	
TOTS BITTE WINDITHOTON BEYENDE											here if you, or your	
										e if filing jointly, want \$3 this fund. Checking a		
KIRKLANI								980		box be	low will not change	
Foreign country name					rovince/state/o	county Foreign postal cod				your ta	x or refund. You Spouse	
Filing Status	, X	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)					, ,			
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the	
	qu	alifying person is a child but not you	r depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward	d, award, or	payr	nent for proper	ty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a digi						t)? (Se	ee instructio	าร.)	☐ Yes ⊠ No	
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate return			•		a dependent					
Age/Blindnes	s You:	Were born before January 2, 1	959	Are b	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	☐ Is blind	
Dependent	nts (see instructions):			(2)	(2) Social security (3) Relationship			p (4	(4) Check the box if		lifies for (see instructions)	
If more	(1) Fi	irst name Last name			number		to you		Child tax c	redit	Credit for other dependents	
than four												
dependents, see instruction	s ——											
and check	, —											
here L												
Income	1a	Total amount from Form(s) W-2, be								. 18	,	
Attach Form(s)	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								. 1k		
W-2 here. Also	С.	, ,										
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10		
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26							. 16			
was withheld. If you did not	f		8839, line 29	•				. 11				
get a Form	g	Wages from Form 8919, line 6								. 10		
W-2, see	h i									. 1h	· · ·	
instructions.	z	Add lines 1a through 1h	5CC 11131	ii uctionis)		•				. 12	92,150.	
Attach Sch. B	2 2a	1	2a		· · i ·	Ь Т	axable interest			. 12 . 2k		
if required.	3a	· · · · · · · · · · · · · · · · · · ·	3a				ordinary dividen			. 21 . 3k		
	4a		4a				axable amount			. 4k		
Standard	5a		5a				axable amount			. 5k		
• Single or	6a		6a				axable amount			. 6k		
Married filing separately,	С	If you elect to use the lump-sum e	_	method.					[
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7		
 Married filing jointly or 	8	Additional income from Schedule 1, line 10							. 8	-13,264.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		
\$27,700	10	Adjustments to income from Schedule 1, line 26										
 Head of household, 	11	Subtract line 10 from line 9. This is your adjusted gross income							. 11	78,886.		
\$20,800	12	Standard deduction or itemized deductions (from Schedule A)							. 12			
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A										
Standard Deduction,	14	Add lines 12 and 13								. 14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income								. 15		

Form 1040 (2023	3)									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌	:-		16	9,613.		
Credits	17	Amount from Schedule 2, lir							17			
	18	Add lines 16 and 17							18	9,613.		
	19	Child tax credit or credit for		19								
	20	Amount from Schedule 3, lir	•						20			
	21	•							21			
	22	Subtract line 21 from line 18							22	9,613.		
	23	Other taxes, including self-e	,						23	0.		
	24	Add lines 22 and 23. This is			•				24	9,613.		
Payments	25	Federal income tax withheld								.,		
i ayınıcını	а	Form(s) W-2				25a	13	,967.				
	b	Form(s) 1099				25b		,				
	С	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	•						25d	13,967.		
15	26	2023 estimated tax paymen							26			
If you have a l qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit fro			_	28						
	29	American opportunity credit				29						
	30	Reserved for future use .				30						
	31					31			-			
	31 Amount from Schedule 3, line 15											
	33	Add lines 25d, 26, and 32. T							33	13,967.		
Refund	34	If line 33 is more than line 24							34	4,354.		
neiulia	35a	Amount of line 34 you want				•	-		35a	4,354.		
Direct deposit?	b	Routing number 1 2 1				Checking		avings	Jour	-,		
See instructions.	d	Account number 3 2 5			2 6		9 🗀	avings				
	36	Amount of line 34 you want				36						
Amount	37	Subtract line 33 from line 24				00						
You Owe	31	For details on how to pay, g							37			
104 0110	38	Estimated tax penalty (see i	_	-		38			01			
Third Party		you want to allow another										
Designee		structions	•				Yes. Co	mplete k	oelow.	⋉ No		
Doolgiloo	Designee's Phone							ersonal identification				
	nai	name no. number (F										
Sign		der penalties of perjury, I declare t										
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									-		
	Your signature			Date Your occupation						nt you an Identity IN, enter it here		
Joint return?				SOFTWARE D	EVELO		inst.)	iiv, enter it nere				
See instructions.	Spouse's signature. If a joint return, both must sign.		Date	SOFTWARE DEVELOPER Spouse's occupation			If the	If the IRS sent your spouse an				
Keep a copy for your records.					Identity Protection PIN, ente (see inst.)							
	Phone no. (234) 567-1792 Email address NIHARIKAPRATAPANENI@GMAIL.COM						<u>.</u> М					
Daid	Pre	eparer's name	Preparer's signat	ure		Date	Ī	PTIN		Check if:		
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01	/2024	P02082	2703	Self-employed		
Preparer	Firm's name GLOBAL TAXES LLC								(678) 965-9522			
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816								's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074 Attachment Sequence No. **01**

Department of the Treasury

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number NIHARIKA PRATAPANENI 887-30-5775 Additional Income

Pal	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. Att	ach Schedule E .	5	-13,264.
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 (<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 . Ente			10.064
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 264.

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			
0 -					
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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 887-30-5775 NIHARIKA PRATAPANENI Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) H NO:5-5-146/3 SAMBHANI NAGAR, KHAMMAM TELANGANA IN 507001 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 510. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 855. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,774. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 2,650. Repairs 3,854. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,748. 18 2,893. 18 Depreciation expense or depletion Other (list) 19 19 20 20 13,774. Total expenses. Add lines 5 through 19 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 -13,264. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,264.) 510. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 2,893. 23d Total of all amounts reported on line 18 for all properties 23e 13,774. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,264. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 . -13,264.