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)

Taxpayer's name

Taxpay	ver's name	Social securit	y numb	er	
REV	859-10-	-8153	3		
Spouse's name Spouse's social security numb					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	re aut	horizing.)	
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	72,912.	
2	Total tax		2	8,304.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,578.	
4	Amount you want refunded to you		4	2,274.	
5	Amount you owe		5		
Dow	Townshow Declaration and Construe Authorization (Decume you not and	keen e een			

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

Under penalties of perjury, 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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

0	8	1	5	3	
Ent don	er fiv i't er	ve di nter a	gits, all ze	but ros	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.

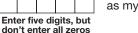
Your signature >

Date 🕨 _

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN



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 signatur	re 🕨 🛛 Da	te 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III Certi	ification 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		 	0 all ze	 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.

O's signature ► Date ►									
ERO Must Retain This F Don't Submit This Form to the I									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/12/24 PRO	Form 8879 (Rev. 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 v	vrite or sta	aple in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number	
REVANTH	KUM	AR	LAN	KIPALI	ΞE					859	10	8153	
-		s first name and middle initial	Last r								-	l security numbe	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ential Ele	ection Campaigr	
_1475 MOE	3LEY	СТ										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 c	ode	1 1	0	jointly, want \$3 nd. Checking a	
FREDERIC	CK					MI	2	217	01			not change	
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta:	_	_	
											∐ Yo	ou Spouse	
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)				
Check only	Ľ	Married filing jointly (even if only or	ne hac	l income)			_						
one box.		Married filing separately (MFS) Qualifying surviving spouse (QSS)											
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ir depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); oi	r (b) sell,			
Assets	exch	nange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ons.)	Y	es 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	ı						
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	in (4) Check the b	box if qual	ifies for	(see instructions):	
If more		First name Last name		(2)	number	,	to you		Child tax c	redit	Credit fo	or other dependents	
than four													
dependents,													
see instructions and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	83,412.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ıs)					. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 10	1		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	•		
was withheld.	f	Employer-provided adoption bene			,					. <u>1</u> f	:		
lf you did not get a Form	g	Wages from Form 8919, line 6 .								. 1g			
W-2, see	h	Other earned income (see instructi	,				· · · · ·	· ·		. <u>1</u> h	<u>ا</u>	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i			_		02 410	
		Add lines 1a through 1h	· ·		· · · ·	 				. 1z		83,412.	
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b			
	<u>3a</u>		3a 4a				Ordinary divider			. 3b	-		
Standard	4a 50		4a				axable amount			. 4b			
Deduction for –	5a 6a		5a				axable amount		· · ·	. 5b			
 Single or Married filing 	6а с	Social security benefits	6a	method	check boro		axable amount	· · ·	· · ·		,		
separately, \$13,850	7	Capital gain or (loss). Attach Sched				`	,	• •	[7			
 Married filing 	8	Additional income from Schedule						• •	!	. 8		-10,500.	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		72,912.	
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	-		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		72,912.	
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		13,850.	
 If you checked any box under 	13	Qualified business income deducti					95-A			. 13	_	,	
Standard Deduction,	14									. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our 1	taxable incom	e.				59,062.	
											· · ·		

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 any from Form((s): 1 🗌 8814	↓ 2 4972	3	16	8,304.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	8,304.
	19	Child tax credit or credit for other dependents	s from Schedı	ule 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, e	enter -0			22	8,304.
	23	Other taxes, including self-employment tax, f	from Schedule	2, line 21		23	0.
	24	Add lines 22 and 23. This is your total tax				24	8,304.
Payments	25	Federal income tax withheld from:					, i i i i i i i i i i i i i i i i i i i
,	а	Form(s) W-2			25a 10	,578.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	10,578.
If you have a	26	2023 estimated tax payments and amount ap				26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28		
	29	American opportunity credit from Form 8863,			29		
	30	Reserved for future use	-		30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are your			-	32	1
	33	Add lines 25d, 26, and 32. These are your to	-	-			10,578.
Refund	34	If line 33 is more than line 24, subtract line 24				34	2,274.
neiuliu	35a	Amount of line 34 you want refunded to you			, ,		
Direct deposit?	b	Routing number 0 5 2 0 0 1 6		_		Savings	
See instructions.	d	Account number 4 4 6 0 5 2 2				avings	
	36	Amount of line 34 you want applied to your 2			36		
American					30		
Amount You Owe	37	Subtract line 33 from line 24. This is the amo For details on how to pay, go to <i>www.irs.gov</i> .		see instructions		37	
	38	Estimated tax penalty (see instructions) .			38	37	
Third Dorth							
Third Party Designee		you want to allow another person to discu tructions				mplete below.	× No
Designee		signee's	Phone			nal identification	
	nar		no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have examined		1 2 0		,	, 0
Here	bel	ef, they are true, correct, and complete. Declaration o	f preparer (other	than taxpayer) is ba	ased on all information	n of which prepa	rer has any knowledge.
	Yo	ur signature	Date	Your occupation			ent you an Identity
						(see inst.)	PIN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign.	Date	VALIDATION Spouse's occupati		, ,	ent your spouse an
Keep a copy for	Sp	buse's signature. It a joint return, both must sign.	Dale	Spouse's occupan	ion		tection PIN, enter it here
your records.						(see inst.)	
	Phe	one no. (605)691-2481	Email address	ROKIN.REVA	NTH@GMAIL.CO	M	
		parer's name Preparer's signatu			Date	PTIN	Check if:
D - I - I	Pre						
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA I	RAM SAGAR (JUPTA TALLAM	01/21/2024	P02082703	Self-employed
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA H	RAM SAGAR (GUPTA TALLAM	01/21/2024	P02082703 Phone no.	
	SYAM Firr	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA H			01/21/2024		Self-employed (678)965-9522 84-3171965

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number REVANTH KUMAR LANKIPALLE 859-10-8153

Par	t I 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	-10,500.
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			
	, , , , , , , , , , , , , , , , , , ,	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	-10,500.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s governme	nt	
	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				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k		_	
z	Other adjustments. List type and amount:				
a -		24z			
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er here and o	on	
	Form 1040, 1040-SR, or 1040-NR, line 10				
	ВАА	REV	01/12/24 PRO	Schedul	e 1 (Form 1040) 2023

				Supplementa							OMB No	o. 1545-0074
(Form	1040)	(From r	ental real est	ate, royalties, partnersh	hips, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury		• •	Attach to Form 1040,							Attachm	nent 10
	Revenue Service		Go to www	w.irs.gov/ScheduleE for	rinstru	uctions an	nd the la	itest ir	formation.			ce No. 13
.,	shown on return										al security	number
	NTH KUMAR									859-1	0-8153	
Part	Note: If yo	ou are in th	he business o	ntal Real Estate an f renting personal proper 4835 on page 2, line 40.			e C. See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
Α				that would require you	to file	Form(s)	1099? 5	See in	structions .		. 🗌 Ye	s 🛛 No
				red Form(s) 1099? .								
1a				(street, city, state, ZIF								
A	-			AMAHAL RD,KR NA			ידעית	ערוא א	שתגסת גם	CU TN I	51701	
 	DR NO-405	, 113 10	WERS LEL	AMAHAL KD, KK NA	AGAN	IIROPP	чини,,,	ANDH	KA PRADE	5п ти .	51701	
 1b	Type of Prope	erty 2	For each re	ental real estate prope	rtv list	ted		Fa	air Rental	Persor	nal Use	
	(from list below			ort the number of fair					Days		ays	QJV
Α	3			se days. Check the Q			Α		365		0	
В				t the requirements to f			В					
С			qualified jo	int venture. See instru	Ictions	5.	С					
Туре	of Property:									·		
1 :	Single Family R	esidence	e 3 Vac	ation/Short-Term Rent	tal	5 Lanc	ł	7	Self-Rental			
2	Multi-Family Re	sidence	4 Con	nmercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	e:						Α		В			С
3	Rents received	1			3		6	30.				
4					4							
Expen												
5					5							
6					6							
7	Cleaning and r	naintena	ince		7		1,4	80.				
8	Commissions				8							
9					9							
10	Legal and othe	er profess	sional fees		10							
11	Management f	ees			11		1,2	60.				
12				tc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14			30.				
15					15		2,7	50.				
16					16							
17					17		3,0	10.				
18	-	expense of	or depletion		18							
19					19							
20				h19	20		11,1	30.				
21	result is a (loss	s), see in	structions to	and/or 4 (royalties). If o find out if you must	21		-10,5	00.				
22				fter limitation, if any,	22	(10,50)0.)	()	()
23a				e 3 for all rental prope				23 a		630.		
b				e 4 for all royalty prop	erties			23b				
С				e 12 for all properties				23c				
d				e 18 for all properties				23d				
е				e 20 for all properties				23e	11	L,130.		
24				own on line 21. Do not		-				. 24		
25	Losses. Add ro	yalty loss	ses from line	21 and rental real estate	e losse	es from lin	ne 22. E	nter to	tal losses he	re 25	(10,500.)

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 .

For Paperwork Reduction Act Notice, see the separate instructions.

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-10,500.