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

-	ission Identification Number (SID)	Social sa	curity number	
	er's name		32-7003	
ANVE Spouse's			social security num	nber
Spouse:	sname	- Openior	4-1	
Part	Tax Return Information — Tax Year Ending December 31, 2	023 (Enter year yo	u are authorizi	ng.)
Charles and the	whole dollars only on lines 1 through 5.			
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1	25,520.
2	Total tax		. 2	1,128.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	2,480.
4	Amount you want refunded to you		. 4	1,352.
- 5	Amount you owe		. 5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you penalties of perjury, I declare that I have examined a copy of the income tax return (original			
for any and Agent to paymen authorize paymen business taxes to	If my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or redelay in processing the return or refund, and (c) the date of any refund. If applicable, I autorimited an ACH electronic funds withdrawal (direct debit) entry to the financial institution of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can be saidly sprior to the payment (settlement) date. I also authorize the financial institutions into receive confidential information necessary to answer inquiries and resolve issues related identification number (PIN) below is my signature for the income tax return (original or a	thorize the U.S. Treasur, account indicated in the noial institution to debit to to terminate the author cellation requests must volved in the processing ted to the payment. If	y and its designate tax preparation the entry to this actrization. To revoke be received no of the electronic further acknowled	ed Financia software for coount. This e (cancel) a later than 2 payment of lige that the
Electron	nic Funds Withdrawal Consent. yer's PIN: check one box only			
X		r generate my PIN	2 7 0 0 3	as my
	ERO firm name	ALL SENSIVES	Enter five digits, bu don't enter all zero:	
	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 amend if you are entering your own PIN and your return is filed using the Practitione below.	ded) I am now authori r PIN method. The EF	zing. Check this RO must comple	s box only ete Part III
Your sig	gnature ►	Date ►OQ	03/2024	
Spouse	e's PIN: check one box only			7
		r generate my PIN		as my
	ERO firm name		nter five digits, but	400
	signature on the income tax return (original or amended) I am now authorizing.		don't enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.			
Spouse'	's signature ▶	Date ▶		
	Practitioner PIN Method Returns Only—contin			
Part III	Certification and Authentication — Practitioner PIN Method Onl	у		
RO's E	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 2	7 1
uthorized	that the above numeric entry is my PIN, which is my signature for the electronic individual to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Principle.	I am submitting this re	turn in accordance) I am now ce with the
RO's si	ignature ▶	Date ▶		
	ERO Must Retain This Form — See Instru	ations		
	Don't Submit This Form to the IRS Unless Reque			

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

	(0) (0) (0)
	(4U) ~ 0
- 1	

OMB No. 1545-007

IBS Use Only-Do not write or staple in this space

For the year Ja	n. 1-De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See se	parate instructions.
Your first nam	e and m	niddle initial	Last na	me				Your so	ocial security number
ANVESH			MUPP	EDA				588	32 7003
	spouse'	s first name and middle initial	Last na	me				Spouse	's social security number
							1 100		
Home address	s (numb	er and street). If you have a P.O. box, see	instruction	ons.			Apt. no.		ntial Election Campaigr
2902 3R	D PL	, HERITAGE					F09	Check I	here if you, or your if filing jointly, want \$3
City, town, or	post of	ice. If you have a foreign address, also co	omplete s	paces below.	State	ZIP	code	to go to	this fund. Checking a
LUBBOCK					TX	79	415	box bel	ow will not change
Foreign count	ry name		F	Foreign province/state/	county	Fore	ign postal code	your tax	or refund. You Spouse
Filing Statu Check only one box.	[If	Single Married filing jointly (even if only o Married filing separately (MFS) you checked the MFS box, enter the ualifying person is a child but not you	e name o	f your spouse. If you		ng surv	iving spouse (0 QSS box, enter	the chi	ld's name if the
Digital Assets		ny time during 2023, did you: (a) rec hange, or otherwise dispose of a dig							☐ Yes ⊠ No
Standard		neone can claim: You as a de			e as a dependent				
Deduction		Spouse itemizes on a separate retur	•						
									Π
	8	: Were born before January 2, 1	959 _	Are blind Spo	use: U Was b		ore January 2,		☐ Is blind
Dependen		instructions):		(2) Social security		ship (1	les for (see instructions):
If more	(1)	First name Last name		number	to you		Child tax cre	dit	Credit for other dependents
than four dependents,						-		-	
see instruction	ns					-		_	
and check	7 —								
here L		T							05.500
Income	1a	Total amount from Form(s) W-2, b						1a	25,520.
Attach Form(s)		Household employee wages not re		1.				1b	
W-2 here. Also attach Forms	, с	Tip income not reported on line 1a		ENVIOLENCE CONTROL OF A AND A				1c	
W-2G and	d	Medicaid waiver payments not rep						1d	
1099-R if tax	e	Taxable dependent care benefits f						1e	
was withheld.	f	Employer-provided adoption bene						1f	
If you did not get a Form	g	Wages from Form 8919, line 6 .						1g	
W-2, see	h	Other earned income (see instructi						1h	0.
instructions.	1	Nontaxable combat pay election (s	see instri	uctions)		1i			
		Add lines 1a through 1h	. i .	· · · · · · · · ·				1z	25,520.
Attach Sch. B if required.	2a		2a		b Taxable intere			2b	
ii required.	3a		3a		b Ordinary divid			3b	
Standard	4a		4a		b Taxable amou			4b	
Deduction for—	5a	The second secon	5a		b Taxable amou			5b	
Single or Married filing	6a	,	6a		b Taxable amou		· · · ·	6b	
separately,	C	If you elect to use the lump-sum el						1200000000	
\$13,850 Married filing	7	Capital gain or (loss). Attach Scheo						7	
jointly or Qualifying	8	Additional income from Schedule 1						8	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						9	25,520.
\$27,700 Head of	10	Adjustments to income from Scheo						10	Jan Hakington
household, \$20,800	11	Subtract line 10 from line 9. This is						11	25,520.
If you checked	12	Standard deduction or itemized						12	13,850.
any box under Standard	13	Qualified business income deduction						13	
Deduction,	14							14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zero	o or less	, enter -0 This is yo	our taxable inco	me .		15	11,670.

Form 1040 (202	3)							Page
Tax and	16	Tax (see instructions). Check if any from F	iorm(s): 1	8814 2 4972	3 🗌		16	1,181.
Credits	17	Amount from Schedule 2, line 3					17	
0.00	18	Add lines 16 and 17					18	1,181.
	19	Child tax credit or credit for other depend	dents from Sch	nedule 8812			19	
	20	Amount from Schedule 3, line 8					20	53.
	21	Add lines 19 and 20					21	53.
	22	Subtract line 21 from line 18. If zero or les					22	1,128.
	23	Other taxes, including self-employment to	av from Sched	dule 2. line 21 .			23	0.
	24	Add lines 22 and 23. This is your total ta:	x				24	1,128.
Daymonte	25	Federal income tax withheld from:	30 = 1		11 24 25			
Payments	a	Form(s) W-2			25a	2,480.		
	b	Form(s) 1099			25b			
		Other forms (see instructions)			25c			THE RESERVE OF THE PERSON NAMED IN
	c	Add lines 25a through 25c					25d	2,480.
	d	2023 estimated tax payments and amoun	nt applied from	2022 return			26	
If you have a qualifying child, attach Sch. EIC,	26 27	Earned income credit (EIC)	к арриот пол	No .	27			
	28	Additional child tax credit from Schedule 88			28			
	29	American opportunity credit from Form 88			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 yo	our total other	payments and ref	undable credit	s	32	- 100
	33	Add lines 25d, 26, and 32. These are your	r total paymen	its			33	2,480.
Refund	34	If line 33 is more than line 24, subtract line	e 24 from line 3	33. This is the amou	nt you overpai d	1	34	1,352.
nerana	35a	Amount of line 34 you want refunded to y	you. If Form 88	888 is attached, che	ck here	🗆	35a	1,352.
Direct deposit?	b	Routing number 1 1 1 1 0 0 0 0	0 2 5	c Type: X	Checking [
See instructions.	d	Account number 4 8 8 1 1 2						
	36	Amount of line 34 you want applied to you		ated tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the all For details on how to pay, go to www.irs.g	mount you ow	re.			37	
	38	Estimated tax penalty (see instructions)			38	11		
Third Party	Do	you want to allow another person to d	iscuss this re	turn with the IRS?	See			N N
Designee		tructions			. Yes.	Complete I		⊠ No
		signee's Phone Personal identifie number (PIN)				lication		
Sign	Unc	to a series of a select I deploye that I have examin	ned this return ar	nd accompanying sche	dules and stateme	nts, and to t	he best o	f my knowledge and
_	beli	ef, they are true, correct, and complete. Declaration	on of preparer (oth	ner than taxpayer) is ba	sed on all informa	ion of which	1 preparer	has any knowledge.
Here	You	ir signature	Date	Your occupation		1,000,000		you an Identity
				CHUDENE		100000000000000000000000000000000000000	inst.)	I, enter it here
oint return?		Walland and hadden and sign	Date	STUDENT Spouse's occupation	on.	If the	IRS sent	your spouse an
ee instructions. eep a copy for our records.	Spo	use's signature. If a joint return, both must sign.	Date	Эройзе з оссиран		Ident (see	tity Protec	ction PIN, enter it here
	Pho	ne no. (806) 401-3086	Email address	MUPPEDAANVE	SH@GMAIL.C	OM		
		parer's name Preparer's sign	nature	V 1 1	Date	PTIN	1	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/04/2024	P02082	2703	Self-employed
reparer							ie no. (6	78)965-9522
Jse Only		's address 245 BOONEY CT E BR	UNSWICK N	J 08816		Firm	's EIN	84-3171965

Firm's address

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Credits and Payments

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 Attachment Sequence No. 03

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ANVESH

MUPPEDA

Your social security number 588-32-7003

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 244. Form 2441	I, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	53.
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1 1040-NR, line 20		8	53.
		(CC	วทนทนย	ed on page 2)

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other payments or refundable credits. List type and amount:			
		13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

BAA

REV 01/27/24 PRO

Schedule 3 (Form 1040) 2023

Form **8880**

Credit for Qualified Retirement Savings Contributions

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074
2023
Attachment Sequence No. 54

(b) Your spouse

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

MUPPEDA

Your social security number

A

ANVESH

111 111 1111

588-32-7003

(a) You

You cannot take this credit if either of the following applies.

Traditional and Roth IRA contributions, and ABLE account contributions by the

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a student (see instructions).

	Helicially lot 202	3. Do not include ro	ollover contributions	S	1				
		or other qualified e							
	,	plan contributions	for 2023 (see instru	uctions)	2		533.		
Add lines 1 an					3		533.		
		d after 2020 and							
		eturn (see instructio							
		th columns. See inst			4				
		ero or less, enter -0-			5		533.		
		aller of line 5 or \$2,0			6		533.		
		zero, stop ; you can't					7		533
Inter the amo	unt from Form 1	040, 1040-SR, or 10	040-NR, line 11* .	8		25,520			
enter the appl	icable decimal a	mount from the tabl	e below.						
If line	8 is —	-	and your filing stat	tus is-	72.0				
	_	Married	Head of	Single, Marr	ied filin	a			
Over-	But not	filing jointly	household	separate		9			
Over-	But not over—		household	0	ly, or				
Over-		filing jointly	household	separate	ly, or ving sp				
	over—	filing jointly Enter or	household	separate Qualifying surviv	ly, or ving sp				
	over— \$21,750	filing jointly Enter or 0.5	household line 9— 0.5	separate Qualifying surviv	ly, or ving sp		9	x	.1
 \$21,750	over— \$21,750 \$23,750	filing jointly Enter or 0.5 0.5	household n line 9— 0.5 0.5	separate Qualifying surviv 0.5 0.2	ly, or ving sp		9	X	.1
\$21,750 \$23,750	\$21,750 \$23,750 \$32,625	filing jointly Enter or 0.5 0.5 0.5	household h line 9— 0.5 0.5 0.5	separate Qualifying surviv 0.5 0.2 0.1	ly, or ving sp		9	x	.1
\$21,750 \$23,750 \$32,625	\$21,750 \$23,750 \$23,750 \$32,625 \$35,625	filing jointly Enter or 0.5 0.5 0.5 0.5	household a line 9— 0.5 0.5 0.5 0.5	separate Qualifying surviv 0.5 0.2 0.1 0.1	ly, or ving sp		9	х	.1
\$21,750 \$23,750 \$32,625 \$35,625	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500	filing jointly Enter or 0.5 0.5 0.5 0.5 0.5 0.5	household 1 line 9— 0.5 0.5 0.5 0.5 0.5 0.1	separate Qualifying surviv 0.5 0.2 0.1 0.1	ly, or ving sp		9	х	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	filing jointly Enter or 0.5 0.5 0.5 0.5 0.5 0.5 0.5	household a line 9— 0.5 0.5 0.5 0.2 0.1 0.1	separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0	ly, or ving sp		9	х	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	0.5 0.5 0.5 0.5 0.5 0.5 0.5	0.5 0.5 0.5 0.2 0.1 0.1	separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0 0.0	ly, or ving sp		9	Х	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.5 0.1	household line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1	separate Qualifying surviv 0.5 0.2 0.1 0.1 0.1 0.0 0.0	ly, or ving sp		9	Х	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	filing jointly Enter or 0.5 0.5 0.5 0.5 0.5 0.5 0.1 0.1	household a line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0	ly, or ving sp		9	х	.1
\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750	\$21,750 \$23,750 \$32,625 \$35,625 \$36,500 \$43,500 \$47,500 \$54,750 \$73,000	filing jointly Enter or 0.5 0.5 0.5 0.5 0.5 0.1 0.1 0.0	household a line 9— 0.5 0.5 0.5 0.2 0.1 0.1 0.1 0.1 0.0 0.0	separate Qualifying surviv 0.5 0.2 0.1 0.1 0.0 0.0 0.0 0.0	ly, or ving sp		9	Х	.1

^{*} See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

and on Schedule 3 (Form 1040), line 4

53.