# 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

internal ne	evenue Service						
Submis	sion Identification Number (SID)						
Taxpayer'	's name		Social secu	rity numb	er		
VISH	NU SAGAR PERNI		207-15	5-2644	ŀ		
Spouse's name Spouse's social security number							
Part I	Tax Return Information — Tax Year Ending December 31, 2023	(Enter y	ear vou	are aut	horiz	rina.)	
	rhole dollars only on lines 1 through 5.	(Littor y	our you	aro aac	110112	-1119.7	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income			1 1		142,	986.
	Total tax			2			853.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		29,	917.
4	Amount you want refunded to you			4		5,	064.
5 /	Amount you owe			5			
Part I	Taxpayer Declaration and Signature Authorization (Be sure you ge	t and ke	ep a co	py of y	our i	returi	n)
to send for any of Agent to payment authorizate payment business taxes to personal	riginal or amended) I am now authorizing. I consent to allow my intermediate service provider my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reaso delay in processing the return or refund, and (c) the date of any refund. If applicable, I authori initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution acc to finy federal taxes owed on this return and/or a payment of estimated tax, and the financial ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the timest contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated as days prior to the payment (settlement) date. I also authorize the financial institutions involve receive confidential information necessary to answer inquiries and resolve issues related I identification number (PIN) below is my signature for the income tax return (original or amer ic Funds Withdrawal Consent.	on for rejective the U.S count indication institution terminate the tition reques and in the pay to the pay	tion of the Treasury ted in the to debit the authori sts must brocessing ment. I fu	transmis and its of tax prepie entry to zation. To be received the elementary ther actions and the received the elementary actions and the received	sion, lesign aratio o this o revo red no ectron knowl	(b) the ated F n softwaccoulong later ic payed edge to the ater ater ater ater ater ater ater ate	reason inancial vare for int. This ancel) a than 2 ment of that the
	ver's PIN: check one box only				Ι.		
<b>X</b>	I authorize GLOBAL TAXES LLC to enter or ge	enerate m	v PIN   └─	5 2 6		4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		· E	nter five o		but	,
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.						
Your si	gnature ▶ Da	ate ▶					
Snouse	e's PIN: check one box only						
	I authorize to enter or ge	enerate m	v PIN				as my
	ERO firm name	oriorato in	_	nter five	digits,		ao my
	signature on the income tax return (original or amended) I am now authorizing.		d	on't ente	all ze	ros	
	I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PI below.						
Spouse	o's signature ▶ Di	ate ►					
	Practitioner PIN Method Returns Only—continue	below					
Part II	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 2	2 4 9	6 0	8 2	2 7	1
	= 1107 III Enter your and angle Entertained by your more angle controlled in the			nter all ze			
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual in ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I an ents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providence.	am submitt	ing this re	turn in a	ccord	anće v	
ERO's	signature ▶ Da	ate ►					
	ERO Must Retain This Form — See Instructi						
	Don't Submit This Form to the IRS Unless Requeste		So				

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



2 I UHL	U.	S. Individual Income Tax	x Retu	urn		J	OMB No. 1545	-0074	IRS Use 0	Only—[	Do not w	rite or sta	ple in th	nis space.
For the year Ja	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling 	<u></u>		, 20	s	See sep	oarate i	nstruc	ctions.
Your first name	e and m	niddle initial	Last nar	me						Y	our so	cial sec	urity n	umber
VISHNU	SAGA	R	PERN	I							207	15	264	4
If joint return, s	spouse'	s first name and middle initial	Last nar	me						s	pouse'	s social	securi	ity numbe
											005	61	135	51
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				/	Apt. no.	F	Preside	ntial Ele	ction (	Campaigr
_1704 BR								$\perp$				ere if yo	, ,	,
City, town, or p	post off	ice. If you have a foreign address, also co	mplete sp	paces belo	w.	Sta	ite	ZIP c	ode		•	٠,		want \$3 ecking a
PHOENIX	VILL	E				PA	Ą	194	160		•	ow will r		•
Foreign countr	y name		F	oreign pro	vince/state/o	count	ty	Forei	gn postal co	de y	our tax	or refu	_	_
		_										∐ Yo	u _	Spouse
Filing Status	s 🗆	Single					☐ Head of h	ouseh	old (HOH)	)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)										
one box.	×	Married filing separately (MFS)					☐ Qualifying	survi	ving spous	se (Q	SS)			
	lf :	you checked the MFS box, enter the	name o	f your spo	ouse. If you	ı che	ecked the HOF	d or Q	SS box, e	nter	the chi	ld's nar	ne if t	:he
	qι	ualifying person is a child but not you	ır depen	dent: MO	DUNIKA	LI	KKI							
Digital	Δt a	ny time during 2023, did you: (a) rec	eive (as :	a reward	award or	navr	ment for prope	rty or	services).	or (h	n) sell			
Digital Assets		nange, or otherwise dispose of a dig										☐Ye	s D	≺ No
Standard		neone can claim:  You as a de					a dependent	, (3			,			
Deduction		Spouse itemizes on a separate retur	•											
						anon.								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are blir	nd <b>Spo</b>	ouse	: U Was bo		ore Janua				blind	
Dependent	<b>s</b> (see	instructions):			cial security	,	(3) Relationsh	nip (4	1) Check the			•		,
If more	(1) F	First name Last name		r	number		to you		Child ta	x cred	dit	Credit for	r other o	dependents
than four										<u></u>			Щ	
dependents, see instruction	ıs									<u></u>			Щ	
and check _	. —									<u></u>			Щ	
here L												_		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructi	ons)						1a		166	,002.
Attach Form(s)	b	Household employee wages not re			•						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	structions	)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep			•	nstru	ıctions)				1d			
1099-R if tax	е	Taxable dependent care benefits t									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, 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	,					ή.			1h	_		0.
instructions.	i	Nontaxable combat pay election (	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z		166	,002.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a				ordinary divide				3b			
N	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b	$\perp$		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod, c	heck here (	(see	instructions)							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D if	required.	If not requ	ired.	, check here				7			
jointly or	8	Additional income from Schedule									8			,016.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is yo	ur <b>total inc</b>	ome	e				9		142	,986.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, li	ine 26							10			
household,	11	Subtract line 10 from line 9. This is	s your <b>ac</b>	djusted g	ross incon	ne					11		142	,986.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (from	Schedule	A)					12		13	,850.
any box under	13	Qualified business income deduct	ion from	Form 899	95 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14			,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor C	This is v	Our t	tavabla inaan				15		120	136

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	24,393.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	24,393.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	24,393.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	460.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	24,853.	
<b>Payments</b>	25	Federal income tax withheld								
-	а	Form(s) W-2				<b>25a</b> 25	9,917.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c	0.			
	d	Add lines 25a through 25c						25d	29,917.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	29,917.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	5,064.	
	35a	Amount of line 34 you want			is attached, che	ck here	🗆	35a	5,064.	
Direct deposit?	b	Routing number 0 7 1			<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 2 7 5	7 0 2 7	2 5						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the <b>amo</b>	ount you owe.						
You Owe		For details on how to pay, g	•	•				37		
	38	Estimated tax penalty (see in	nstructions) .			38				
<b>Third Party</b>		you want to allow another	•			_				
Designee							•		⊠ No	
		signee's me		Phone no.			sonal identi iber (PIN)	ification		
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and	
_		lief, they are true, correct, and com							, ,	
Here	Yo	ur signature		Date	Your occupation	If the	e IRS se	nt you an Identity		
		-							IN, enter it here	
Joint return?					SOFTWARE			inst.)		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here	
your records.						(see	inst.)			
	Ph	one no. (913)944-038	9	Email address	VISHNUPERN	I06@GMAIL.C	MC			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAM	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2024	P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	hone no. (678)965-9522		
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965	

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

/ISE	INU SAGAR PERNI	207-	-15-26	544
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. Attach Sched	lule E .	5	-23,016.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555 8d (		)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options		_	
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)		_	
n	Section 951(a) inclusion (see instructions)		_	
0	Section 951A(a) inclusion (see instructions)		-	
р	Section 461(I) excess business loss adjustment		_	
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		)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated			
Z	Other income. List type and amount:			
	8z			
9	Total other income. Add lines 8a through 8z		9	

10

-23,016.

10

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	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	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:				
<b>0</b> -		24z		0-	
<b>25</b>	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/2	27/24 PRO	Schedu	le 1 (Form 1040) 2023

#### SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

### **Additional Taxes**

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. 02

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

Your social security number

V Т Ю.	THO BACAK LEKINI	<u> </u>	<u> </u>
Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t    Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income.  Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	460.
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinu	ed on page 2)

Schedule 2 (Form 1040) 2023 Page **2** 

### Part II Other Taxes (continued)

17	Other additional taxes:				
а	Recapture of other credits. List type, form number, and amount:				
		17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
С	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
ı	Tax on accumulation distribution of trusts	<b>17</b> I			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
Z	Any other taxes. List type and amount:				
		17z			
18	Total additional taxes. Add lines 17a through 17z		 . 18		
19	Reserved for future use		 . 19		
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your <b>total other taxe</b> on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.		I	46	50.

#### **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.

2023
Attachment Sequence No. <b>13</b>

Your social security number

VISH	INU SAGAR PERNI						207-1	5-2644	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	structions		. 🗌 Ye	es 🛛 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	H.NO.8-3-678/SRM/TOPAZ/402 SAI RAM MANOR	, PHA	SE-2 YO	DUSUFO	GUDA	, HYDERABAD	,TELAI	NGANA I	N 500045
В		,				,	,		
С									
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental	and		Fa	ir Rental Days		nal Use nys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quamica joint ventare. Occ motiva	CLIOIT	J.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descri			
						Propertie	s:		
ncon				Α		В			С
3	Rents received	3		6	85.				
4	Royalties received	4							
Exper		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		2 2	7.4				
7	Cleaning and maintenance	7		2,2	/4.				
8	Commissions	8							
9	Insurance	10							
10 11	Legal and other professional fees	11		1 5	71				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	/4.				
13	Other interest	13							
14	Repairs	14		5,2	1 1				
15	Supplies	15		5,7					
16	Taxes	16		3 / 1	03.				
17	Utilities	17		5,5	68.				
18	Depreciation expense or depletion	18		3,3					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		23,7	01.				
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	_	-23,0	16.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	23,01	6.)	(	)	(	,
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		685.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			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		311.		
е	Total of all amounts reported on line 20 for all properties				23e	23,	701.		
24	Income. Add positive amounts shown on line 21. Do not		-				24		
25	Losses. Add royalty losses from line 21 and rental real estate							(	23,016.
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 Schedule 1 (Form 1040), line 5. Otherwise, include this ar						26		-23,016.

# 8959 Form

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

### **Additional Medicare Tax**

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 71

Your social security number

VISI	HNU SAGAR PERNI		207-	15-26	544
Part	Additional Medicare Tax on Medicare Wages				
1	Medicare wages and tips from Form W-2, box 5. If you have more than one				
	Form W-2, enter the total of the amounts from box 5	1	176,120.		
2	Unreported tips from Form 4137, line 6	2			
3	Wages from Form 8919, line 6	3			
4	Add lines 1 through 3	4	176,120.		
5	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	125,000.		
6	Subtract line 5 from line 4. If zero or less, enter -0			6	51,120.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). I				4.50
ъ.	Part II			7	460.
Part					
8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you				
_	had a loss, enter -0	8			
9	Enter the following amount for your filing status:				
	Married filing jointly				
	Married filing separately	•			
40	Single, Head of household, or Qualifying surviving spouse \$200,000	9			
10	Enter the amount from line 4	10			
11	Subtract line 10 from line 9. If zero or less, enter -0	11		40	
12	Subtract line 11 from line 8. If zero or less, enter -0			12	
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0			40	
Part	go to Part III			13	
	` '	COI			
14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15	Enter the following amount for your filing status:	14			
13	Married filing jointly				
	Married filing separately				
	Single, Head of household, or Qualifying surviving spouse \$200,000	15			
16	Subtract line 15 from line 14. If zero or less, enter -0			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line			10	
17	Enter here and go to Part IV			17	
Part	Total Additional Medicare Tax				
18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), lir	ne 11	(Form 1040-SS		
	filers, see instructions), and go to Part V			18	460.
Part	V Withholding Reconciliation				100,
19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form				
	W-2, enter the total of the amounts from box 6	19	2,554.		
20	Enter the amount from line 1	20	176,120.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax				
	withholding on Medicare wages	21	2,554.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Addi	itiona			
	withholding on Medicare wages			22	0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation	from	Form W-2, box		
	14 (see instructions)			23	
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also inclu				
	federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (				
	see instructions)			24	0.

BAA

## Form **8960**

#### Net Investment Income Tax— Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023 Attachment Sequence No. 72

OMB No. 1545-2227

Name(s) shown on your tax return Your social security number or EIN VISHNU SAGAR PERNI 207-15-2644 Part I Investment Income ☐ Section 6013(g) election (see instructions) ☐ Section 6013(h) election (see instructions) ☐ Regulations section 1.1411-10(g) election (see instructions) 1 2 2 3 3 Rental real estate, royalties, partnerships, S corporations, trusts, trades or 4a -23,016.Adjustment for net income or loss derived in the ordinary course of a nonsection 1411 trade or business (see instructions) . . . . . . . . . . . . . . . 4b 4c -23,016. Net gain or loss from disposition of property (see instructions) . . . . . 5a 5a Net gain or loss from disposition of property that is not subject to net 5b Adjustment from disposition of partnership interest or S corporation stock (see 5d 6 Adjustments to investment income for certain CFCs and PFICs (see instructions) 6 7 7 Other modifications to investment income (see instructions) . . . . . . . . Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7. . . . . 8 -23,016 Part II Investment Expenses Allocable to Investment Income and Modifications State, local, and foreign income tax (see instructions) . . . . . . 9b Miscellaneous investment expenses (see instructions) . . . 9c 9d 10 10 Total deductions and modifications. Add lines 9d and 10 . . . . . . . . . . 11 11 Part III Tax Computation Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. 12 12 0. Individuals: Modified adjusted gross income (see instructions) . . . . . . . . . 13 142,986. 125,000. 14 15 Subtract line 14 from line 13. If zero or less, enter -0- . . . . . . . 15 16 16 0. Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include 17 17 0. **Estates and Trusts:** 18a Deductions for distributions of net investment income and charitable 18b Undistributed net investment income. Subtract line 18b from line 18a (see 18c 19a Highest tax bracket for estates and trusts for the year (see instructions) . . . 19b 19c 20 20 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and 21 21

## 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number VISHNU SAGAR PERNI Sch E H.NO.8-3-678/SRM/TOPAZ/402 207-15-2644 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . . . . . . . . . . . . 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . . . . . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 . . . . . . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 95,000. 3,311 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,311.

portion of the basis attributable to section 263A costs.

23 For assets shown above and placed in service during the current year, enter the