## 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

Submi	ssion Identification Number (SID)		-						
Taxpaye	r's name	Social seco	Social security number						
SANI	DEEP REDDY MARAPALLI	894-68-7831							
Spouse'	s name	Spouse's s	ocial secu	urity numbe	r				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	nter year you	are au	thorizing	.)				
Enter v	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		,135.				
2	Total tax		2	10	,108.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,798.				
4	Amount you want refunded to you		4	5	,690.				
5	Amount you owe		5						
Part	Taxpayer Declaration and Signature Authorization (Be sure you get ar penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen								
to send for any Agent t paymer authoriz paymer busines taxes t persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, trail my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial instituation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the financial on number (PIN) below is my signature for the income tax return (original or amended and Europe Withdray (Consolt).	rejection of the ne U.S. Treasury indicated in the itution to debit t inate the author requests must the processing ne payment. I f	transmist and its of tax prephe entry fization. The received of the elurther accurate	ssion, (b) the designated paration so to this according revoke (wed no late ectronic parknowledge	ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of a that the				
	nic Funds Withdrawal Consent.	Г							
· ·	yer's PIN: check one box only	-t DIN	8 7 8	3   3   1					
×	I authorize GLOBAL TAXES LLC to enter or generation to enter or gene			digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing.	•	don't ente	r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.								
Your s	ignature ▶ Date ▶	<b></b>							
Spous	e's PIN: check one box only	_							
	I authorize to enter or general	ate my PIN			as my				
	ERO firm name	_	Enter five	digits, but	ao my				
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all zeros					
	I will enter my PIN as my signature on the income tax return (original or amended) I at if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN m below.								
Spous	e's signature ▶ Date ▶	•							
	Practitioner PIN Method Returns Only—continue bel	low							
Part	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.		6 0	8 2 7 eros	1				
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual incommoded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	ubmitting this re	eturn in a	accordance					
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested T								

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



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate	instructions.
Your first name	and m	niddle initial	Last nar	me							Your so	cial sec	curity number
SANDEEP	RED	DY	MARA	PALLI	·						894	68	7831
If joint return, s	pouse'	s first name and middle initial	Last nar										security numbe
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campaig
3200 PAI									923	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	oaces bel	low.	Sta	te	ZIP c			•	_	jointly, want \$3
PLANO						TX	Σ	750	93	- 1	•		nd. Checking a not change
Foreign countr	y name		F	oreign pr	rovince/state/			Foreig	n postal c		your tax	or refu	ınd.
		7					_					Yo	ou U Spous
Filing Status	s 🗵	Single					☐ Head of h	ouseh	old (HOF	<del>1</del> )			
Check only	Ļ	Married filing jointly (even if only o	ne had ir	ncome)									
one box.	L	Married filing separately (MFS)		_			☐ Qualifying		0 1	,	,		
		you checked the MFS box, enter the ualifying person is a child but not you			pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
		, , ,											
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										□Ye	es 🗵 No
Standard		neone can claim:  You as a de					a dependent	1)! (3	e instru	CHOIR	5.)		25 <u>\ \ \</u>
Deduction <b>Deduction</b>		Spouse itemizes on a separate retur	•										
		: Were born before January 2, 1	959	」Are bl	ind <b>Spo</b>	ouse	: 🔲 Was boi		ore Janua				s blind
Dependent				(2) 5	Social security number	'	(3) Relationsh to you	nip (4	Child t		1		(see instructions) or other dependent
If more	(1)	First name Last name			Tiumbei		10 you		1		·uit	Orcuit ic	
than four dependents,										_			
see instruction	s —								<u>_</u>	_			
and check here $\Box$	1 —								L	_			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	tions) .					<del>-</del>	1a		99,425.
	b	Household employee wages not re	•		,						1b		
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene									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	ions) .								1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i						
	z	Add lines 1a through 1h	. , .								1z		99,425.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		
if required.	3a	Qualified dividends	3a			<b>b</b> 0	ordinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	f you elect to use the lump-sum election method, check here (see instructions)										
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
jointly or	8	Additional income from Schedule	1, line 10	)							8		-18,290.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. <sup>-</sup>	This is y	our <b>total inc</b>	come	e				9		81,135.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		81,135.
\$20,800 If you checked	12	Standard deduction or itemized				-					12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13		
Deduction,	14										14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	ra ar lacc	ontor	O Thio io v		tavabla incom	•			15	1	67 285

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	10,108.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,108.
	19	Child tax credit or credit for	other dependen	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	. If zero or less,	enter -0				22	10,108.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	10,108.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 15	798.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,798.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		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 refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	15,798.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	5,690.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	5,690.
Direct deposit?	b	Routing number 1 0 3			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 3 0 5	0 0 3 9	4 5 3 7	7 5				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		,	•				omplete	below.	<b>X</b> No
Ü	De	Designee's Phone					onal ident	ification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		•	picto. Decidiation			sea on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					APPLICATIO	N DEVELOPE		inst.)	,
See instructions.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati			e IRS se	nt your spouse an
Keep a copy for your records.				Identity Protection PIN, enter (see inst.)					
	Phone no. (405)397-9122 Email address SANDEEP.DEV1244@GMAIL.COM								
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/10/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC			•	Pho	ne no. (	(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816	ı's EIN			

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023
Attachment Sequence No. 01

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.

Name	Your so	social security number			
SANI	DEEP REDDY MARAPALLI	894-6	58-78	31	
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. Attach Sch	nedule	E .	5	-18,290.
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		)		
е	Income from Form 8853				
f	Income from Form 8889				
g	Alaska Permanent Fund dividends 8g				
h	Jury duty pay				
i	Prizes and awards				
j	Activity not engaged in for profit income				
k	Stock options				
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				
	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 <b>8r</b>				
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 8t				
u	Wages earned while incarcerated 8u				

**z** Other income. List type and amount:

9

10

-18,290.

9

10

8z

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	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	e. Enter	here and on	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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

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

Name(s)	) shown on return					Y	our social s	ecurity	number
SAND	DEEP REDDY MARAPALLI					8	894-68-	7831	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line	operty, use		<b>c</b> . See	instruc	ctions. If you are	an individ	ual, rep	ort farm
Α	Did you make any payments in 2023 that would require y	you to file	Form(s)	1099? 5	See ins	tructions		☐ Ye	s 🛚 No
B I	f "Yes," did you or will you file required Form(s) 1099?							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state,								
			·	O CEIC			אדר אדא		-00060
_ <u>A</u>	30-265/26/91P&92P VENKATESWARA NAGAI	R ASRAC	) NAGAI	K, SEC	ONDE	RABAD, TELA	ANGANA	IN 5	500062
B_									
C					_				
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of the first property of the number of the first property of the first proper				Fa	II	Personal		QJV
	The second secon			Α		Days	Days		
_ <u>A</u>		if you meet the requirements to file as				365		0	
B	qualified joint venture. See in			В					
C				С					
	of Property:		<b>5</b> 1		_	0 16 D 1 1			
	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Lanc			Self-Rental	`		
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)		
						Properties	s:		
Incom	ne:			Α		В			С
3	Rents received	3		6	10.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)			1	70.				
7	Cleaning and maintenance	7		1,8	70.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	-		1.5	30.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest	-,							
14	Repairs			5.4	70.				
15	Supplies	15			10.				
16	Taxes	16		- , -	_ , ,				
17	Utilities	17		4.8	50.				
18	Depreciation expense or depletion								
19	Other (list)	10							
20	Total expenses. Add lines 5 through 19			18,9	00.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).								
	result is a (loss), see instructions to find out if you mu								
	file Form 6198	I		-18,2	90.				
22	Deductible rental real estate loss after limitation, if ar								
	on Form 8582 (see instructions)		(	18,29	90.)		)(		
23a	Total of all amounts reported on line 3 for all rental pro	operties			23a	`	610.		
b	Total of all amounts reported on line 4 for all royalty p	•			23b				
С	Total of all amounts reported on line 12 for all propert				23c				
d	Total of all amounts reported on line 18 for all propert				23d				
е	Total of all amounts reported on line 20 for all propert				23e	18,	900.		
24	Income. Add positive amounts shown on line 21. <b>Do</b>						24		
25	Losses. Add royalty losses from line 21 and rental real es		-		nter to	tal losses here	25 (		18,290.
26	Total rental real estate and royalty income or (los						<u> </u>		
	here. If Parts II, III, and IV, and line 40 on page 2 do								
	Schedule 1 (Form 1040), line 5. Otherwise, include thi						26		-18,290.