Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number				
VINEEL KRISHNAMSETTY	394-35-1895				
Spouse's name	Spouse's social security number				
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)				
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 72,340.				
2 Total tax	2 8,172.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,044.				
4 Amount you want refunded to you	· · · · 4 3,872.				
5 Amount you owe	5				

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

Under penalties of periury. 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

				ERO firm name	5 ,	E
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

5 Ent	1 er fiv	8 ve di	9 aits.	5 but	as my
don					

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

as mv Enter five digits, but

don't enter all zeros

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 signature 🕨	Date 🕨	
Practitioner PIN	lethod Returns Only—continue below	
Part III Certification and Authentication – I	ractitioner PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	rour five-digit self-selected PIN. 2 2 2 4 9 6 0 8 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.

ERO's signature >			Date 🕨	
ERO Must Retain This F Don't Submit This Form to the				
For Deperture Reduction Act Nation	and your toy return instructions		REV 02/07/24 RBO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	ast name					Your so	cial sec	curity number	
VINEEL			KRI	SHNAMS	SETTY					394	35	1895
	pouse's	s first name and middle initial	Last r							-		l security number
Home address	Home address (number and street). If you have a P.O. box, see instr 1408 TEASLEY LN			tions.				Δ	pt. no.	Preside	ntial Ele	ection Campaigr
1408 TEA								4	021			ou, or your
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	-			jointly, want \$3
DENTON						TΣ	x	762	05			nd. Checking a not change
Foreign country	Foreign country name			Foreign p	rovince/state/	count	ty	Foreig	n postal code		k or refu	und.
Filing Status		Single					Head of he	ouseh	old (HOH)		∐ Yo	ou 🔄 Spouse
-	, _] Married filing jointly (even if only o	ne had	l income)				oucon				
Check only one box.] Married filing separately (MFS)						surviv	ing spouse	(QSS)		
one box.	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If voi	u che			•	. ,	ild's na	me if the
		alifying person is a child but not you			, ,				, .			
Digital	Atar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): o	r (b) sell		
Assets		nange, or otherwise dispose of a digi	•									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 retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind
Dependents				(2) S	Social security	/	(3) Relationsh	ationship				(see instructions)
If more	(1) ⊦	irst name Last name		_	number		to you			creait		or other dependents
than four dependents,												
see instructions	s ——											
and check here	ı —			_								
	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		89,701.
	b	Household employee wages not re			,					. 1b	,	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ı (see i	nstruction	ns)					. 1c	:	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, 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 instruction	ions)					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
	z	Add lines 1a through 1h	• ;							. 1z		89,701.
Attach Sch. B	2a		2a				axable interest			. 2b		
if required.	3a		3a				Ordinary divide			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	,	6a				axable amoun	t		. 6b		
separately, \$13,850	с _	If you elect to use the lump-sum e				`	,	• •				
 Married filing 	7	Capital gain or (loss). Attach Scher						• •			_	17 261
jointly or Qualifying	8	Additional income from Schedule						• •		. 8	_	-17,361.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				com	е	• •		. 9		72,340.
 Head of 	10	Adjustments to income from Sche				· ·		• •		. 10		70 240
household, [\$20,800	11	Subtract line 10 from line 9. This is						• •		. 11		72,340.
• If you checked	12	Standard deduction or itemized		•		,)E A	• •		. 12		13,850.
any box under Standard	13 14	Qualified business income deducti Add lines 12 and 13			อออ or Form	099	л-А	• •		. 13		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· ·		 _∩_ Thie ie v	· ·	 taxahle incom	 16		· 14		58,490.
	13		0 01 18	55, EIIEI -	0 1115 15 y	Jui		. 5		. 13	<u> </u>	50,490.

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 🗌 881	4 2 4972	3 🗌	1	6 8,172.
Credits	17	Amount from Schedule 2, lin	e3				1	7
	18	Add lines 16 and 17					1	8 8,172.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	e8				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 8,172.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is	your total tax				2	4 8,172.
Payments	25	Federal income tax withheld						
, ,	а	Form(s) W-2				25a 12	,044.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	id 12,044.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		2	6
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	, line 8		29		
	30	Reserved for future use .		-		30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31				undable credits	3	2
	33	Add lines 25d, 26, and 32. T					3	3 12,044.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	unt you overpaid	3	4 3,872.
lioiana	35a	Amount of line 34 you want	-			, ,	. 35	a 3,872.
Direct deposit?	b	Routing number 1 1 1					Savings	
See instructions.	d	Account number 6 9 9					0	
	36	Amount of line 34 you want a			d tax	36		
Amount	37	Subtract line 33 from line 24	This is the amo	ount you owe				
You Owe	0.	For details on how to pay, g					3	7
	38	Estimated tax penalty (see in				38		
Third Party	Do	you want to allow another				? See		
Designee		structions					omplete belov	w. 🗙 No
U		signee's		Phone			onal identificati	on
	nai			no.			per (PIN)	
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com						, ,
Here		· · · ·	piete. Decidiation (, , ,
	YO	ur signature		Date	Your occupation			sent you an Identity n PIN, enter it here
Joint return?					SOFTWARE	DEVELOPER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupa			sent your spouse an
Keep a copy for your records.							-	rotection PIN, enter it here
your records.							(see inst.)	
		one no. (469)882-447		Email address	VINEE321.	4@GMAIL.COM		
Paid		eparer's name	Preparer's signat			Date	PTIN	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/17/2024	P0208270	
Use Only		m's name GLOBAL TAX					Phone no	. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 2 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
VINEEL KRISHNA	MSETTY	394-35	-1895

Par	t 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. Atta	ch Schedule E	5	-17,361.
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			
		<u>8m</u>	_	
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	0.		
	1040, line 1a or 1d	8s (<u> </u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0		
	a nongovernmental section 457 plan	8t	_	
u _	Wages earned while incarcerated	<u>8u</u>	-	
z	Other income. List type and amount:	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter			
10	1040, 1040-SR, or 1040-NR, line 8		10	-17,361.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			1 (Form 1040) 2023
	perment requested Act notice, see your tax retain instructions.		Scheudle	1 (1 01111 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m			
d				
e	Repayment of supplemental unemployment benefits under the Trade		-	
e	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
-	Contributions by certain chaplains to section 403(b) plans		-	
g			-	
n	Attorney fees and court costs for actions involving certain unlawful			
_	discrimination claims (see instructions)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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 adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	3/07/24 PRO	Schedule 1 (F	orm 1040) 202

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								200 7 2			
Department of the Treasury Internal Revenue Service		Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.								Attachment			
Name(s) shown on return				i ilisui			liest I	normation.	Your social security number				
VINEEL KRISHNAMSETTY										394-35-1895			
Part I Income or Loss From Rental Real Estate and Royalties													
i di t	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.												n
Α [Did you make ar	y paym	ents in 202	3 that would require you	Form(s)	1099? 5	See in	structions .		. 🗌 Ye	s X	No	
BI	f "Yes," did you	or will y	ou file req	uired Form(s) 1099? .							. 🗌 Ye	s 🗌	No
1a	Physical addr	ress of each property (street, city, state, ZIP code)											
Α	JR TOWERS	,APT-403,3RD LANE CHAITANYAPURI,GUNTUR ANDHRA PRADESH IN 522007											
В													
С													
1b	Type of Prope (from list below							Fa	air Rental Days	nal Use iys		JV	
Α	3		persona	l use days. Check the Q	JV bo	x only	Α		365	0		Γ	7
В				eet the requirements to f I joint venture. See instru			В					[
С			quaimed	i joint venture. See instru	ICTIONS	5.	С					[
Туре	of Property:												
1	Single Family R	esidenc	e 3V	acation/Short-Term Ren	tal	5 Lanc	k		Self-Rental				
2	Multi-Family Re	sidence	4 C	Commercial		6 Roya	alties	8	Other (desc	ribe)			
									Propert	ies:			
Incon	ne:						A B			С			
3	Rents received	ved											
4	Royalties rece	ved.			4								
Exper	ises:												
5	Advertising				5								
6		•			6								
7	•	ning and maintenance					1,7	40.					
8					8								
9					9								
10	•	•		S	10		1 2	<u> </u>					
11 12	-	11 12		1,3	60.								
12	Mortgage inter	13											
14	Other interest						4.7	21					
15							5,110.						
16							- / -						
17					17		4,9	50.					
18	Depreciation e	xpense	or depletio	on	18							-	
19	Other (list)				19								
20	Total expenses	ses. Add lines 5 through 19					17,881.						
21		stract line 20 from line 3 (rents) and/or 4 (royalties). If											
				to find out if you must									
	file Form 6198						-17,3	61.					
22		Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		22	(17,36	51.)	()(()	
23a	Total of all am	otal of all amounts reported on line 3 for all rental propert						23a		520.			
b			•	line 4 for all royalty prop	erties			23b					
С			•	line 12 for all properties				23c					
d				line 18 for all properties				23d					
е	Total of all am	ounts re	ported on	line 20 for all properties				23e	17	7,881.			

Supplemental Income and Loss

SCHEDULE E

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 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 For Paperwork Reduction Act Notice, see the separate instructions.

17,361.

-17,361.

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OMB No. 1545-0074