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

Submission Identification Number (SID)		•
Taxpayer's name	Social security	y number
SANDEEP VAITLA	379-89-	-5240
Spouse's name	Spouse's soci	al security number
DIVYA RAMPELLI	040-89-	-2784
Part I Tax Return Information — Tax Year Ending December 31	I, 2023 (Enter year you a	re 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 79,353.
2 Total tax		2 5,761.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 9,109.
4 Amount you want refunded to you		4 3,348.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be su	ure you get and keep a copy	y of your return)
return (original or amended) I am now authorizing. I consent to allow my intermediate ser to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive for any delay in processing the return or refund, and (c) the date of any refund. If applicated Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial in payment of my federal taxes owed on this return and/or a payment of estimated tax, and authorization is to remain in full force and effect until I notify the U.S. Treasury Financial payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Paym business days prior to the payment (settlement) date. I also authorize the financial institutaxes to receive confidential information necessary to answer inquiries and resolve is personal identification number (PIN) below is my signature for the income tax return (original formation for formation for the income tax return (original formation for f	ceipt or reason for rejection of the trable, I authorize the U.S. Treasury an astitution account indicated in the tall the financial institution to debit the ial Agent to terminate the authoriza inent cancellation requests must be utions involved in the processing of sues related to the payment. I furti	ansmission, (b) the reasonal its designated Financia or preparation software for entry to this account. This titon. To revoke (cancel) a received no later than 2 the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only		
<u></u> -	enter or generate my PIN	5 2 4 0 as my
ERO firm name signature on the income tax return (original or amended) I am now auth	Ent dor	er five digits, but 't enter all zeros
I will enter my PIN as my signature on the income tax return (original of if you are entering your own PIN and your return is filed using the Probelow.		
Your signature ▶	Date ▶	
Spouse's PIN: check one box only		
• _	horizing. dor or amended) I am now authorizir	
below. Spouse's signature ▶	Date ▶	
Practitioner PIN Method Returns Only-		
Part III Certification and Authentication — Practitioner PIN Meth		
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selection		5 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic authorized to file for tax year indicated above for the taxpayer(s) indicated above. I co requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IR	nfirm that I am submitting this retu	rn in accordance with the
ERO's signature ▶	Date ▶	
ERO Must Retain This Form — Se	e Instructions	

Don't Submit This Form to the IRS Unless Requested To Do So

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



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	vrite or staple i	n this space.
For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instr	ructions.
Your first name	and m	iddle initial	Last na	ame						Your so	ocial security	y number
SANDEEP			VAIT	гт.а						379	89 52	240
	pouse's	s first name and middle initial	Last na								's social sec	
DIVYA			RAMI	PELLI						040	89 2	784
	(numbe	er and street). If you have a P.O. box, see	•					A	Apt. no.		ential Election	
1125 T.AN	JGST(ONSHIRE LN								ł	here if you,	
		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ate	ZIP c	ode		if filing joint	
MORRISVI	LLE					NO	2	275	60		o this fund. (low will not (•
Foreign country				Foreign p	rovince/state/o	coun	ty		n postal code	l	x or refund.	change
											You	Spouse
Filing Status	. [Single	- I				☐ Head of ho	useh	old (HOH)			
		Married filing jointly (even if only o	ne had	income)			_		,			
Check only one box.		Married filing separately (MFS)		,			Qualifying:	surviv	ing spouse	(QSS)		
0.10 2011	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che					ild's name	if the
		ialifying person is a child but not you										
	Λ± α.	ovitima during 2002 did vavu (a) raa	air (a (a a		d aard ar			t		(b) a a ll		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig									Yes	⊠ No
		neone can claim: You as a de					a dependent): (0	oc mondono	113.)		<u> </u>
Standard Deduction		Spouse itemizes on a separate retur	•		•		•					
Deduction	Ш,		11 O1 yO	u were a	dual-status t	allei						
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	ls bli	nd
Dependent	s (see	instructions):		(2) 9	Social security		(3) Relationshi	p (4) Check the b		1	-
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for oth	er dependents
than four											L	
dependents, see instruction	s —										L	
and check											L	
here L											L	
Income	1a	Total amount from Form(s) W-2, b	•		•							3,312.
Attach Form(s)	b	Household employee wages not re	•		, ,					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•					. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f								. 16		
was withheld.	f	Employer-provided adoption bene			•					. <u>1f</u>		
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10		
W-2, see	h	Other earned income (see instruct	,					· ·		. 1h	ו	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<u>li</u>					2 212
	<u>z</u>	Add lines 1a through 1h			· · i ·					. 1z		3,312.
Attach Sch. B if required.	2a	·	2a				axable interest			. 2b		
	3a		3a				Ordinary dividen			. 3b		
Standard	4a		4a				axable amount			. 4b		
Deduction for—	5a	-	5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a	no o±l!			axable amount			. 6b)	
separately, \$13,850	С 7	If you elect to use the lump-sum e		-		•	,		L	╡┞ <u>╸</u>		
 Married filing 	7	Capital gain or (loss). Attach Sche							L			2 050
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-							. 8		3,959.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•						. 9		9,353.
 Head of 	10	Adjustments to income from Sche								. 10		0 252
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11		9,353.
If you checked	12	Standard deduction or itemized		`		,				. 12		27,700.
any box under Standard	13	Qualified business income deduct			SSO OF FORM	099	ю-A			. 13		7 700
Deduction, see instructions.	14 15	Add lines 12 and 13					 tavabla inaam			. 14		7,700.

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	5,761.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	5,761.
	19	Child tax credit or credit for ot	ther dependent	ts from Sched	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. I	If zero or less,	enter -0				22	5,761.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	our total tax					24	5,761.
Payments	25	Federal income tax withheld fi	rom:						
•	а	Form(s) W-2				25a	,109		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	9,109.
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fr	om Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				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. The	ese are your to	tal payments	·			33	9,109.
Refund	34	If line 33 is more than line 24,						34	3,348.
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	is attached, chec	k here		35a	3,348.
Direct deposit?	b	Routing number 0 1 1 0	0 0 0 1	3 8	c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 0 0 4	6 4 7 1	3 4 5 (5 8				
	36	Amount of line 34 you want ap	pplied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe					
You Owe		For details on how to pay, go	to <i>www.ir</i> s.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see ins	tructions) .			38			
Third Party		you want to allow another p				_			
Designee		structions					•		⊠ No
		signee's me		Phone no.			onal iden ber (PIN)	tification	
Sign		der penalties of perjury, I declare tha	t I have examined		accompanying sche		, ,	the best	of my knowledge and
Sign		lief, they are true, correct, and compl							,
Here	Yo	ur signature		Date	Your occupation		If th	ne IRS se	nt you an Identity
					·				IN, enter it here
Joint return?					SOFTWARE D	E V E LI OF E IC		e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return, bo	oth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here
your records.		HOME MAKER						e inst.)	collon in the cities it here
	——Ph	one no. (617)800-3569		Email address	VAITLA.SAND		MC		
		(017,000 330)	Preparer's signat			Date	PTIN		Check if:
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/02/2024	P0208	32703	Self-employed
Preparer		m's name GLOBAL TAXI				1 - ,,,			678)965-9522
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			n's EIN	84-3171965
	<u></u>	10106					1		= 1010 (*****)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

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. Attachment Sequence No. **01**

Your social security number

SANI	DEEP VAITLA & DIVYA RAMPELLI		379-89-52	240
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received			
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C			
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule	E . 5	-13,959.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation			
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	ŕ	
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
i	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	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)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	8o		
р	Section 461(I) excess business loss adjustment	8p		
a a	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		
	Other income. List type and amount:			
	Tatal ather in a real Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on	Form	
	1040, 1040-SR, or 1040-NR, line 8		10	-13,959.

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 adjustments to income 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

Your social security number

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. 13	

SANI	DEEP VAITLA & DIVYA RAMPELLI						379-8	9-5240	1			
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rty, use S o		C . See	instru	ctions. If you	are an indi	vidual, rep	oort farm			
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
	If "Yes," did you or will you file required Form(s) 1099? .											
_ <u>A</u>	TIWARI NAGAR, MADINAGUDA HYDERABAD TE	LANGAN	A IN	50004	49					_		
B										_		
C	T (D 0 E											
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair				Fa	ir Rental Days	Person Da		QJV			
A	above, report the number of fair personal use days. Check the Q			Α		365	Da	0				
B	if you meet the requirements to		,	В		305				_		
	qualified joint venture. See instru	uctions.		С						-		
	of Property:									_		
	Single Family Residence 3 Vacation/Short-Term Rer	ntal F	5 Land	ı	7	Self-Rental						
	Multi-Family Residence 4 Commercial		Roya			Other (desc	ribe)					
	Width Farmy Hooldened Fredhinterela		, Hoye									
						Propert	ies:			_		
Incor				Α		В			С	_		
3	Rents received	3		6	20.					_		
4	Royalties received	4								_		
Expe												
5	Advertising	5								_		
6	Auto and travel (see instructions)	7		1 0	26					_		
7	Cleaning and maintenance	8		1,8	20.					_		
8 9	Commissions	9		1	20.					_		
10	Insurance	10								_		
11	Management fees	11		1,5	7Ω					_		
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,5	70.					-		
13	Other interest	13								_		
14	Repairs	14		3.5	68.					-		
15	Supplies	15			71.					_		
16	Taxes	16		3,4						_		
17	Utilities	17								_		
18	Depreciation expense or depletion	18								_		
19	Other (list)	19										
20	Total expenses. Add lines 5 through 19	20		14,5	79.							
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 Form 6198	21		-13,9	59.							
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582 (see instructions)	22 (13,95		()	(_)		
23a	Total of all amounts reported on line 3 for all rental proper				23a		620.					
b	Total of all amounts reported on line 4 for all royalty prop				23b							
C	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	-	4 550					
e	Total of all amounts reported on line 20 for all properties				23e	1.	4,579.					
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	/	12 050			
25	Losses. Add royalty losses from line 21 and rental real estat							(13,959.	_)		
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 a						26		-13.959			