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

Subm	nission Identification Number (SID)						
Taxpay	er's name	Social securit	y numbei	r			
SIV	A PRASAD CHINNAM	818-04-6896					
Spouse	o's name	Spouse's soc	pouse's social security number				
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	l year you a	re auth	orizing.)			
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		,490.		
2	Total tax		2	8 ,	,425.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,746.		
4	Amount you want refunded to you		4	5 ,	,321.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and I penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended						
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmed my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject y delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account independent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I applied to the Withdrawal Consent.	itter, or electro- ection of the tr .S. Treasury ar cated in the ta on to debit the the authoriza- uests must be processing of ayment. I furt	enic return ansmission dits de ax prepara entry to attion. To a receive the elector	rn origination, (b) the signated I ration soft this accorrevoke (cd no late stronic paynowledge	or (ERO) e reason inancial ware for unt. This cancel) a r than 2 yment of that the		
	ayer's PIN: check one box only						
-	I authorize GLOBAL TAXES LLC to enter or generate	mv PIN 4	6 8	9 6	as my		
_	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five dig		ao my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Your	signature ▶ Date ▶ _						
Snou	se's PIN: check one box only						
Г	I authorize to enter or generate	my DINI			as my		
	ERO firm name	_	er five di	aits. but	as IIIy		
	signature on the income tax return (original or amended) I am now authorizing.		't enter a				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.						
Spou	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	III Certification and Authentication — Practitioner PIN Method Only						
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente		8 2 7 os	1		
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to dized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submoments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Inc.	itting this retu	rn in acc	cordance			
FRO'	s signature ▶ Date ▶						
<u> </u>	ERO Must Retain This Form — See 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		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jar	n. 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 nar	me							Your so	cial sec	curity number
SIVA PRA	ASAD		CHIN	NAM							818	04	6896
		s first name and middle initial	Last nar										security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campaign
9 SAPLI	NG C	IR						1	.0			,	ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode		•	•	jointly, want \$3 nd. Checking a
NASHUA						NE	I	030	62		•		not change
Foreign country	y name		F	oreign pro	ovince/state/	count	У	Foreig	ın postal c	ode	your tax	or refu	
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOH	 H)			
Check only		Married filing jointly (even if only o	ne had ii	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ialifying person is a child but not you	ır depen	dent:									
Digital		ny time during 2023, did you: (a) rec											
Assets	exch	nange, or otherwise dispose of a dig						et)? (Se	ee instru	ction	s.)	Y	es 🗵 No
Standard		neone can claim: You as a de	pendent	t 🗌 '	Your spous	e as	a dependent						
Deduction	Ш:	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	_{iip} (4) Check t	he bo	x if quali	fies for	(see instructions):
If more		(1) First name Last name		number to you		Child tax of		ax cre	edit	Credit fo	or other dependents		
than four													
dependents,	_												
see instruction and check	s —								[
here									[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		83,810.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms W-2G and	d									1d			
1099-R if tax	е	Taxable dependent care benefits f	s from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, 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	ions) .					ι, .			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						
	z	Add lines 1a through 1h	. , .								1z		83,810.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest				2b		
if required.	3a_	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	-	5a				axable amoun				5b		
Single or Married filing	6a	,	-					٠ ـ	6b				
separately,	_c	If 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		10 222	
jointly or Qualifying	8	Additional income from Schedule	-								8		-10,320.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		73,490.
\$27,700 • Head of	10	Adjustments to income from Sche									10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-		_						11		73,490.
If you checked	12	Standard deduction or itemized				,					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16	8,425.	
Credits	17	Amount from Schedule 2, line					 .	. 17		
	18	Add lines 16 and 17						. 18	8,425.	
	19	Child tax credit or credit for c	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.	If zero or less,	enter -0				. 22	8,425.	
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21			. 23	0.	
	24	Add lines 22 and 23. This is y	our total tax					. 24	8,425.	
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	13,7	46.		
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .	•					. 25d	13,746.	
If you have a	26	2023 estimated tax payments						. 26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from			_	28				
	29	American opportunity credit f	rom Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line	e 15			31				
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	ındable cre	dits .	. 32		
	33	Add lines 25d, 26, and 32. Th						. 33	13,746.	
Refund	34	If line 33 is more than line 24,	•					. 34	5,321.	
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here								5,321.	
Direct deposit?	b	b Routing number 0 1 1 0 0 0 1 3 8 c Type: ▼ Checking Savings								
See instructions.	d	Account number 4 6 6								
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe.						
You Owe		For details on how to pay, go						. 37		
	38	Estimated tax penalty (see in	structions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retur	rn with the IRS?	See				
Designee		structions				. 🗌 Y	es. Comp	lete below.	⋈ No	
	Designee's Phone Personal ider name no. number (PIN)									
<u></u>			at I have avamina	no.	a a a a mana muina a a ba	dulaa aad ata			of my lenguage and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								, ,	
Here	Υo	ur signature		Date	Your occupation			If the IRS se	nt you an Identity	
	10	ur signature		Date Tour occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?			SOFTWARE ENGINEER		ર	(see inst.)	inst.)			
See instructions.		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on			nt your spouse an	
Keep a copy for your records.	JI						Identity Protection PIN, enter it here (see inst.)			
							(00001.)			
		one no. (603)937-5588 eparer's name	Preparer's signat	Email address	SIVAPRASADCH	Date	LL.COM PTI	IN	Check if:	
Paid					מווטתה תהדד איי				Self-employed	
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM m's name GLOBAL TAX		NAUNG MAN	GUPIA IALLAM	01/31/2	02 4 PU.	2082703		
Use Only				MCWTOV N	J 08816				(678)965-9522	
Co to warm im m		m's address 245 ROONEY		TADMICK INC	00010			Firm's EIN	84-3171965	

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

SIVA PRASAD CHINNAM

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 818-04-6896

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. Att		5	-10,320.
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			
	instructions)	8m		
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			
	1040, line 1a or 1d	8s (<u>)</u>	
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:			
_		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	_	10 202
	1040, 1040-SR, or 1040-NR, line 8		10	-10,320.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ·	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			-	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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.

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.

Attachment Sequence No. 13

OMB No. 1545-0074

SIV	A PRASAD CHINNAM						818-0	4-6896		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you a	re an indiv	vidual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	naa2 S	ap inc	tructions		□ V _c	se X No	
	If "Yes," did you or will you file required Form(s) 1099?									
	Physical address of each property (street, city, state, ZII				<u> </u>					
1a	1 1 3 1 3 1		,							
_ <u>A</u>	1-9GARAPADU VATTICHERUKURU GUNTUR ANDI	HRA I	PRADESH	I IN !	5220	17				
B										
С						1				
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	For each rental real estate property list			Fair Rental Days			Personal Use Days		
Α	personal use days. Check the Qu			Α		365	Da	0		
В	if you meet the requirements to f	file as	a	B		303				
C	qualified joint venture. See instru	uctions	S.	C						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial		6 Roya			Other (descri	ibe)			
			1							
				•		Propertie	es:			
Incor				A	0.0	В			С	
3 4	Rents received	3		- 6	00.					
	Royalties received	4								
⊏xpe 5	nses: Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,2	50					
8	Commissions	8		1,2	50.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		8	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,3	60.					
15	Supplies	15		3,2						
16	Taxes	16								
17	Utilities	17		3,2	00.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,9	20.					
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			10 0						
	file Form 6198	21	-	-10,3	20.					
22	Deductible rental real estate loss after limitation, if any,		,	10 20		/		,	,	
00-	on Form 8582 (see instructions)	22	[(10,32		l	600.	(
23a	Total of all amounts reported on line 3 for all rental proper				23a		600.			
b	Total of all amounts reported on line 4 for all royalty prop Total of all amounts reported on line 12 for all properties				23b 23c					
c d	Total of all amounts reported on line 12 for all properties Total of all amounts reported on line 18 for all properties			•	23d					
a e	Total of all amounts reported on line 20 for all properties			•	23a	1 ∩	,920.			
24	Income. Add positive amounts shown on line 21. Do not		de anvilos		200	10	24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		 nter to	tal losses here		(10,320.	
26	Total rental real estate and royalty income or (loss).								,	
20	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								-10,320.	