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	er's name	Social securi	ty numb	er	
KRIS	SHNA CHAITHANYA VUPPALA	684-27	-8256	5	
Spouse'	's name	Spouse's soo	ial secu	rity number	
SIN	DHURA RAVI	984-92	-8159	9	
Part	Tax Return Information — Tax Year Ending December 31, 202	23 (Enter year you a	re aut	horizing.)
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	138	,757.
2	Total tax		2	15	,048.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	29	,834.
4	Amount you want refunded to you		4	14	,786.
5	Amount you owe		5		
Part	II Taxpayer Declaration and Signature Authorization (Be sure you g	get and keep a cop	y of y	our retu	rn)
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	owledge and belief, it is true, correct, and complete. I further declare that the amounts in I original or amended) I am now authorizing. I consent to allow my intermediate service providing return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or readelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorio initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution and to find from the financial institution and the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the financial the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cance as days prior to the payment (settlement) date. I also authorize the financial institutions involor receive confidential information necessary to answer inquiries and resolve issues related alidentification number (PIN) below is my signature for the income tax return (original or am nic Funds Withdrawal Consent.	der, transmitter, or electroson for rejection of the toprize the U.S. Treasury account indicated in the total institution to debit the oterminate the authorizallation requests must be lived in the processing odd to the payment. I fur	onic return ransmis and its dax preparentry to ation. The receive of the electrical receives the action and the action and the action and the action and the action are action.	urn origina sion, (b) the lesignated aration soft to this acco o revoke (or ed no late ectronic pa	tor (ERO) ne reason Financial tware for punt. This cancel) a er than 2 yment of that the
	yer's PIN: check one box only				
X		generate my PIN	8 2	5 6	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	⊑n	ter five on't enter	digits, but all zeros	asmy
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.				
Your s	signature ▶	Date ►			
C	sala DINI, ahaali aha hay ahbi				
· –	se's PIN: check one box only	. 511			
X	I authorize GLOBAL TAXES LLC to enter or ERO firm name signature on the income tax return (original or amended) I am now authorizing.		ter five o	5 9 digits, but	as my
	I will enter my PIN as my signature on the income tax return (original or amende if you are entering your own PIN and your return is filed using the Practitioner below.				
Spous	e's signature ►	Date ►			
	Practitioner PIN Method Returns Only—continu	ie pelow			
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 ent	6 0 er all ze	8 2 7 ros	1
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Pro	I am submitting this retu	urn in a	ccordance	
ERO's	signature ►	Date ►			
	ERO Must Retain This Form — See Instruc	ctions			

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	ple in this	s space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	<u>'</u>		, 20		See sep	oarate i	nstruct	tions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity nu	ımber
KRISHNA	CHA	ITHANYA	VUPP.	ALA							684	27	8256	6
		s first name and middle initial	Last nar								Spouse's			y number
SINDHUR	A		RAVI								984	92	8159	9
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ction C	ampaign
4271 MES	SA D	RIVE									Check h	ere if yo	ou, or y	our/
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete sp	paces bel	low.	Sta	ite	ZIP c	ode		spouse to go to	0,		want \$3
PROSPER						ТХ	ζ	750	78		box belo			•
Foreign countr	y name		F	oreign pr	rovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu	_	Spouse
Filing Status	s	Single					☐ Head of h	ouseh	old (HOF	H)				
Check only	×	Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your sp	pouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's nar	ne if th	ne —
	qu	ıalifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	d. award. or	navr	ment for prope	rtv or	services): or (b) sell.			
Assets		nange, or otherwise dispose of a dig										☐ Ye	s X	No
Standard		neone can claim: You as a de					a dependent							
Deduction		 Spouse itemizes on a separate retur	•											
A are /Diin da a a								4 -		0	1050			
		: Were born before January 2, 1	959 _	_ Are bl □	<u> </u>	ouse		14					blind	ruotiono):
Dependent		s (see instructions): (1) First name Last name			(2) Social security number (3) Relationship to you			nip (4	Check t) Child t					lependents
If more than four	(1)	(1) I i st riame		namber to you						-				
dependents,									<u>.</u>	_			+	
see instruction	s —								<u>.</u>	_			+	
and check here	1									=			一片	
-	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruc	etions)						1a		151.	820.
Income	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		` '						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct	ions) .								1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z	1	151,	820.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			277.
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5а	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	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			340.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. ⁻	This is y	our total inc	come	e				9		138,	757.
\$27,700 Head of	10	Adjustments to income from Sche	ome from Schedule 1, line 26							10				
household,	11	Subtract line 10 from line 9. This is	s your ac	djusted	gross incor	ne					11		<u>138,</u>	757.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ons (fro	m Schedule	A)					12		<u>27,</u>	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13	1		
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor	O Thio io v	Our t	tavabla incom	•			15	1	111	057

Form 1040 (2023	3)							Page 2	
Tax and	16	Tax (see instructions). Check if any from	n Form(s): 1 🗌 881	4 2 4972	з 🗌		16	15,048.	
Credits	17	Amount from Schedule 2, line 3 .					17		
	18	Add lines 16 and 17					18	15,048.	
	19	Child tax credit or credit for other depe	endents from Sched	lule 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	15,048.	
	23	Other taxes, including self-employmer					23	0.	
	24	Add lines 22 and 23. This is your total					24	15,048.	
Payments	25	Federal income tax withheld from:							
•	а	Form(s) W-2			25a 29	,834.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				2	25d	29,834.	
If you have a	26	2023 estimated tax payments and amo	ount applied from 20	022 return			26		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule	e 8812		28				
	29	American opportunity credit from Forn	n 8863, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15 .			31				
	32	Add lines 27, 28, 29, and 31. These are	e your total other p	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. These are y	our total payments				33	29,834.	
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33	. This is the amour	nt you overpaid		34	14,786.	
	35a	Amount of line 34 you want refunded		8 is attached, chec	ck here	. 🗆 🔄	35a	14,786.	
Direct deposit?	b	Routing number 1 1 1 0 0 0		c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 7 5 9 5 7 6	5 8 0 9						
	36	Amount of line 34 you want applied to	your 2024 estimat	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the	•						
You Owe	00	For details on how to pay, go to www.			1 1		37		
	38	Estimated tax penalty (see instructions			38				
Third Party Designee		you want to allow another person t			_	omplete bel	ow 🔀	No	
Designee	Designee's Phone Personal iden					•		. 110	
	name no. number (PIN								
Sign		der penalties of perjury, I declare that I have ex							
Here		lief, they are true, correct, and complete. Decla	1		seu on an imorman		•	,	
	Yo	ur signature	Date	Your occupation			If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				SOFTWARE E	NGINEER	(see ins		and it hold	
See instructions.	Sp	ouse's signature. If a joint return, both must s	ign. Date	Spouse's occupati		If the IR	If the IRS sent your spouse an		
Keep a copy for your records.					Identity (see ins	Identity Protection PIN, enter it here			
your records.	HOME MAKEK						.)		
		one no. (214)715-6042	Email address	CHAITU.VUPPA			10	and if	
Paid		eparer's name Preparer's	9	G. D. G	Date	PTIN	I —	eck if:	
Preparer		SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/21/2024 P0208						Self-employed	
Use Only							none no. (678)965-9522		
	Fir	Firm's E	:IN	- 1010					

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

KRISHNA CHAITHANYA VUPPALA & SINDHURA RAVI

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

_		Sequence No. 01
	Your soc	ial security number
	684-27	_8256

	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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-13,340.
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 ()	
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			
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8			-13,340.

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return							Y	Your social security number				
KRIS	SHNA CHAITHANYA VUPPALA & SINDE	IURA RAVI						684-2	7-8256			
Part	Note: If you are in the business of renting prental income or loss from Form 4835 on p	ersonal property age 2, line 40.	/, use	Schedule								
	Did you make any payments in 2023 that woul											
B I	f "Yes," did you or will you file required Form	(s) 1099? .							. 🗌 Y e	s 🗌 No		
1a	Physical address of each property (street,	city, state, ZIP	code))								
A	PALAMANER, JAVILI STREET CHITT	OOR DISTRI	ГСТ	ANDHRZ	DRA	DESH	TN 517408	3				
B	THE REPORT OF THE PROPERTY CHILL	OOK DIBIK		11IVDIII(1	1 11(11.		111 317100					
C												
1b	Type of Property (from list below) 2 For each rental real above, report the number of			Fair Rental Days			Person Da	QJV				
A	personal use days.				Α		365		0			
B	if you meet the requ	uirements to file	e as	a	В		303		U			
C	qualified joint ventu	re. See instruc	tions		С							
	of Property:											
	Single Family Residence 3 Vacation/Sho	ort-Term Renta	al	5 Land	ı	7	Self-Rental					
	Multi-Family Residence 4 Commercial	511 101111101110	A 1	6 Roya		-	Other (describ	ne)				
	Training Flooragines From Training Commercial			- 11090								
_							Propertie	s:				
Incom		Г	_		Α		В			С		
3	Rents received	-	3		6	13.						
4	Royalties received		4									
Exper			_									
5	Advertising	-	5									
6	Auto and travel (see instructions)	_	6		1 1	0.2						
7	Cleaning and maintenance		7		1,4	83.						
8	Commissions	H	8									
9	Insurance		9									
10 11	Legal and other professional fees	-	10 11		1 1	2.2						
12	Management fees	-	12		1,1	3⊿.						
13	Mortgage interest paid to banks, etc. (see in Other interest	· -	13									
14			14		2 0	16.						
15	Repairs	F	15			18.						
16	Taxes	H	16		4,3	10.						
17	Utilities	-	17		2,6	48						
18	Depreciation expense or depletion		18		4,3							
19	Other (liet)		19		-,-							
20	Total expenses. Add lines 5 through 19 .		20		13,9	53.						
21	Subtract line 20 from line 3 (rents) and/or 4											
	result is a (loss), see instructions to find out											
	file Form 6198		21	-	-13,3	40.						
22	Deductible rental real estate loss after limita	ation, if any,										
	on Form 8582 (see instructions)		22	(13,34	10.)	()((
23a	Total of all amounts reported on line 3 for al	l rental propert	ties			23a		613.				
b	Total of all amounts reported on line 4 for al	l royalty prope	rties			23b						
С	Total of all amounts reported on line 12 for a	all properties				23c						
d	Total of all amounts reported on line 18 for a					23d	4,	356.				
е	Total of all amounts reported on line 20 for a	all properties				23e	13,	953.				
24	Income. Add positive amounts shown on lir	ne 21. Do not i	nclud	de any lo	sses			24				
25	Losses. Add royalty losses from line 21 and re	ntal real estate	losse	s from lin	e 22. E	nter to	tal losses here	25	(13,340.		
26	Total rental real estate and royalty incom											
	here. If Parts II, III, and IV, and line 40 on p	page 2 do not	appl	y to you,	also e	nter th	nis amount on					
	Schedule 1 (Form 1040), line 5. Otherwise, i	nclude this am	ount	in the to	tal on li	ne 41	on page 2 .	26		-13,340.		