# 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

Internal R	evenue Service		J for the latest linornic				
Submis	sion Identification Number (S	SID) Deepika					
Taxpayer	's name			Social se	curity numb	per	
DEEP	IKA MORA			121-	11-267	7	
Spouse's						urity number	,
Part	Tax Return Informat	tion — Tax Year Ending Dec	ember 31. 202	3 (Enter year yo	u are au	thorizina '	<u> </u>
	hole dollars only on lines 1 tl		202	5 (Linter year ye	u are au	unonzing.,	/
Note: F	form 1040-SS filers use line	4 only. Leave lines 1, 2, 3, and 5					
1 .	Adjusted gross income .				. 1		,241.
						10	<b>,</b> 790.
		from Form(s) W-2 and Form(s) 10				13	<u>,861.</u>
	-	o you				3	<u>,071.</u>
		<del> <u>.</u></del>					
Part I	Taxpayer Declaration	on and Signature Authorizati	on (Be sure you g	et and keep a c	opy of y	our retui	rn)
return (o to send for any o Agent to paymen authoriz- paymen business taxes to persona	riginal or amended) I am now at my return to the IRS and to receively in processing the return or initiate an ACH electronic fundit of my federal taxes owed on the ation is to remain in full force at, I must contact the U.S. Treats days prior to the payment (set receive confidential informatio	rrect, and complete. I further declare athorizing. I consent to allow my intereive from the IRS (a) an acknowledge refund, and (c) the date of any refur s withdrawal (direct debit) entry to the discretion of the issuand effect until I notify the U.S. Treasury Financial Agent at 1-888-353-tlement) date. I also authorize the firn necessary to answer inquiries and ow is my signature for the income ta	rmediate service provide ement of receipt or reast and. If applicable, I autho e financial institution acted tax, and the financia sury Financial Agent to 4537. Payment cancell iancial institutions involu- d resolve issues related	er, transmitter, or ele- con for rejection of the rize the U.S. Treasu count indicated in the all institution to debith terminate the author ation requests muse and in the processing to the payment.	ectronic retane transmisery and its one tax preparethe entry to orization. To the element of the	turn originatession, (b) the designated learation soft to this according revoke (continued no late ectronic parknowledge	tor (ERO) e reason Financial tware for ount. This cancel) a er than 2 yment of that the
	er's PIN: check one box or	nly			1 2 4	- 7 7	
×	l authorize GLOBAL TA	XES LLC	to enter or g	generate my PIN	$\Box$	5 7 7	as my
	signature on the income ta	ERO firm name x return (original or amended) I a	m now authorizing			digits, but r all zeros	
	I will enter my PIN as my s	ignature on the income tax return no PIN and your return is filed us	n (original or amende				
Your si	gnature ▶	Degila		Date ▶			
Spouse	e's PIN: check one box only	,					
	I authorize		to enter or o	enerate my PIN			as my
		ERO firm name		jonorato my r mv	Enter five	digits, but	ao my
	signature on the income ta	x return (original or amended) I a	m now authorizing.		don't ente	r all zeros	
		ignature on the income tax return n PIN <b>and</b> your return is filed us					
Spouse	e's signature ►		[	Date ►			
		<b>Practitioner PIN Method Ret</b>		e below			
Part I	Certification and Au	thentication — Practitioner	PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-dig	jit EFIN followed by your five-digi	t self-selected PIN.		9 6 6 enter all ze	1 9 8 eros	9
authoriz	ed to file for tax year indicated	my PIN, which is my signature for t above for the taxpayer(s) indicated thod and <b>Pub. 1345,</b> Handbook for A	above. I confirm that I	am submitting this	return in a	accordance	
ERO's	signature <b>&gt;</b>			Date ►			
		ERO Must Retain This Fo					
	Don'	t Submit This Form to the IF	S Unless Request	ted To Do So			

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1-Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20					;	See separate instructions.			
Your first name	and m	iddle initial	Last na	ame					٠,	Your so	cial secur	rity number
DEEPIKA			MORA	A						121	11   2	2677
If joint return, s	pouse's	s first name and middle initial	Last na	ame						Spouse'	s social se	ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Ap	t. no.	ı	Preside	ntial Elect	tion Campaign
540 CAR	LLLOI	N PARKWAY					20	47			nere if you	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	е	ZIP cod	le				intly, want \$3 . Checking a
SAINT PH	ETER	SBURG			FL		3371	6	- 1	0	ow will no	0
Foreign country	y name			Foreign province/state/o	county	′	Foreign	postal c	ode y	your tax	c or refund	
											You	Spouse
Filing Status	; X	Single			[	Head of ho	ousehol	d (HOH	H)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)			[	Qualifying	survivir	ıg spoı	use (C	QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	u ched	cked the HOH	or QSS	S box,	enter	the chi	ld's name	e if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	ent for prope	rtv or se	ervices	): or (t	a) sell.		
Assets		nange, or otherwise dispose of a digi									☐ Yes	⊠ No
Standard	Som	neone can claim: You as a de	penden	t Your spouse	e as a	dependent						
Deduction		Spouse itemizes on a separate return		•		•						
A (DII l									0	1050		P. J
		: Were born before January 2, 1	959 [	Are blind Spo →	ouse:	_ Was bor						olind · · · · ·
Dependents				(2) Social security number	/	(3) Relationsh	ip (4)	neck זו Child t			,	e instructions): other dependents
If more	(1) F	irst name Last name		Humber		to you		1		uit	Orealt for 0	
than four dependents,									<del> </del>			<u> </u>
see instruction	s								┽			<u> </u>
and check here	1 —								╡			<del> </del>
-	10	Total amount from Form(a) W 2 h	ov 1 (oc	a instructions)				L		10		98,182.
Income	1a h	Total amount from Form(s) W-2, be	•	,						1a 1b		90,102.
Attach Form(s)		b Household employee wages not reported on Form(s) W-2							1c			
W-2 here. Also attach Forms									1d			
W-2G and	e								1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene		·						1f		
If you did not	g g	Wages from Form 8919, line 6.								1g		
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	i i					
	z	Add lines to through th								1z		98,182.
Attach Sch. B	2a	1	2a		<b>b</b> Ta	xable interest	t.			2b		
if required.	3a		3a			dinary divider				3b		
	4a	IRA distributions	4a			xable amount				4b		
Standard Deduction for—	5a	Pensions and annuities	5а		<b>b</b> Ta	xable amount	t			5b		
Single or	6a	Social security benefits	6a			xable amount				6b		
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here	(see ii	nstructions)						
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	check here				7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						8	_	13,941.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come					9		84,241.
\$27,700	10	Adjustments to income from Scheen	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	me					11		84,241.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		13,850.
any box under	13	Qualified business income deducti	on fron	n Form 8995 or Form	1 8995	5-А				13		
Standard Deduction,	14	Add lines 12 and 13								14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>t</b> a	axable incom	ne .			15		70,391.

Form 1040 (2023	)								Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	10,790.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	10,790.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,790.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is	your <b>total tax</b>					24	10,790.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 1	3,861			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	13,861.	
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				
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			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	yments and refu	ındable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	13,861.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	3,071.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here	🗆	35a	3,071.	
Direct deposit?	b	Routing number 2 6 7			<b>c</b> Type:	Checking [	] Saving:	6		
See instructions.	d	Account number 8 3 1	1 8 1 3	5 6						
	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	nstructions) .			38				
Third Party Designee		you want to allow another	•		n with the IRS?	_	Complete	e below.	⊠ No	
Doorginoo	De	signee's		Phone		•	dentification			
	name no.					nur	mber (PIN	)		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and com							, ,	
TICIC	Yo	ur signature		Date	Your occupation				ent you an Identity PIN, enter it here	
Joint return?					IT EMPLOYE	Œ	(se	ee inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupati	on	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (813)809-464	2	Email address	DEEPIKAD.1	01@GMAIL.C	OM			
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	<u>VEN</u> K	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed	
Preparer Use Only	Fire	m's name GLOBAL TA	XES LLC			Phone no. (678)965-95				
Use Unity	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	88-2145487	

# 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

DEEPIKA MORA

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.

	Sequence No. <b>01</b>
Your soci	al security number
121_11	_2677

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	-13,941.
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 (	$\overline{)}$	
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		
- 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)	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		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	-13,941.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income					
11	Educator expenses			. 11	1	_
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106			. 12	2	
13	Health savings account deduction. Attach Form 8889			. 13	3	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	4	
15	Deductible part of self-employment tax. Attach Schedule SE				5	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	6	
17	Self-employed health insurance deduction			. 17	7	
18	Penalty on early withdrawal of savings				3	
19a	Alimony paid				a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				_	
21	Student loan interest deduction					_
22	Reserved for future use					
23	Archer MSA deduction			. 23	3	
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		24f				
g		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					
	<del>-</del>	24i				
j	•	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				5	
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	. Enter	r here and	on <b>26</b>		
	1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			.   20	י ע	

#### **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 Your social security number DEEPIKA MORA 121-11-2677

Part		Loss From Rental Real Estate an re in the business of renting personal proper			e instru	ctions If you	are an indiv	idual ren	ort fai	rm
	rental income	or loss from <b>Form 4835</b> on page 2, line 40.								
	, , , , , , , , , , , , , , , , , , , ,	ayments in 2023 that would require you		` '						_
B I	f "Yes," did you or	will you file required Form(s) 1099? .						. 🗌 <b>Y</b> e	s [	No
1a	Physical address	s of each property (street, city, state, ZII	ode	e)						
Α	29-1415/8,K	AKATIYANAGAR HYDERABAD TELA	NGA	NA IN 50005	6					
В										
С										
1b	Type of Property	2 For each rental real estate prope			Fa	ir Rental	Persona	al Use	c	JJV
	(from list below)	above, report the number of fair				Days	Day			
<u>A</u>	3	personal use days. Check the Quif you meet the requirements to f		2 -		365		0		<u>Ц</u>
В		qualified joint venture. See instru		_ <u> </u>						Ц—
С	15			°. C						Ш
	of Property:	0	4-1	5 Jl	7	0 - lf D t - l				
	Single Family Resid		tai	5 Land		Self-Rental	rib a\			
2	Multi-Family Resid	ence 4 Commercial		6 Royalties	0	Other (desc	nbe)			
						Propert	ies:			
ncon				Α		В			С	
3			3	5	580.					
4		d	4							
xper			l _							
5			5							
6	· ·	ee instructions)	7	1 5	26					
7	•	ntenance	8	1,3	526.					
8 9			9							
9 10		rofessional fees	10							
11	-		11	1 (	020.					
12	•	paid to banks, etc. (see instructions)	12	1,0	720.					
13			13							
14			14	3,9	956.					
15	•		15	<u> </u>	756.					
16			16							
17	Utilities		17	4,2	263.					
18	Depreciation expe	ense or depletion	18							
19	Other (list)		19							
20	Total expenses. A	dd lines 5 through 19	20	14,5	521.					
21		rom line 3 (rents) and/or 4 (royalties). If								
		see instructions to find out if you must		12.6						
			21	-13,9	941.					
22		real estate loss after limitation, if any,	00	, 12.0	41 \	,	) (			
23a	-	ee instructions)	22	( 13,9	23a	(	580.			
zsa b		its reported on line 3 for all rental prope			23b		300.			
C		its reported on line 12 for all properties			23c					
d		its reported on line 18 for all properties			23d					
e		its reported on line 20 for all properties			23e	14	1,521.			
24		itive amounts shown on line 21. <b>Do not</b>					. 24			
25	•	ty losses from line 21 and rental real estate		•	nter to	otal losses he			13,9	941.
26	•	estate and royalty income or (loss).								
-		I, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form	1040), line 5. Otherwise, include this ar	nount	in the total on I	line 41	on page 2	. 26		-13,	941.