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

	5.100				
Submiss	ion Identification Number (SID)				
Taxpayer's	name	Social securit	y numbe	er	
JASWA	NTH KADIYALA	124-51-	- -6075		
Spouse's n		Spouse's soc			
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (I	 Enter year you a	ra auth	orizina	<u> </u>
,	nole dollars only on lines 1 through 5.	_iiiei yeai you a	i e auti	ionzing.)
	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	djusted gross income		11	31	,898.
	otal tax		2		, 943.
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,898.
	mount you want refunded to you		4		,955.
5 A	mount you owe		5		
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a cop	y of yo	our retu	rn)
my knowl return (ori to send m for any de Agent to i payment c authorizat payment, business of taxes to m personal i	nalties of perjury, I declare that I have examined a copy of the income tax return (original or ameledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason felay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize nitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account from federal 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 term I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related to dentification number (PIN) below is my signature for the income tax return (original or amended to the content of the payment of the payment of the payment of the income tax return (original or amended to the time of the payment	I above are the amoransmitter, or electro or rejection of the transmitter. The U.S. Treasury and indicated in the tastitution to debit the minate the authorizan requests must be in the processing of the payment. I furt	ounts front return ansmissed its deax preparently to attion. To the receive the election and the receive the election and the receive the ack	om the industry or	come tax tor (ERO) te reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	Funds Withdrawal Consent. Pr's PIN: check one box only				
	Tauthorize GLOBAL TAXES LLC to enter or gene	erate my PIN	6 0	7 5	as my
_	Signature on the income tax return (original or amended) I am now authorizing.	ř Ent		igits, but all zeros	as my
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Your sign	nature ▶ Date	· •			
Snouse'	s PIN: check one box only				
•	I authorize to enter or gene	erate my PIN			as my
	ERO firm name		er five d	igits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't enter	all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Spouse's	s signature ▶ Date	•			
	Practitioner PIN Method Returns Only—continue b	elow			
Part III	Certification and Authentication — Practitioner PIN Method Only				
ERO's E	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ente	6 0 er all zer	8 2 7 os	1
authorized	nat the above numeric entry is my PIN, which is my signature for the electronic individual incoded to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I aments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this retu	ırn in ad	ccordance	
ERO's si	gnature ► Date	e >			
	ERO Must Retain This Form — See Instruction				
	Don't Submit This Form to the IRS Unless Requested	To Do So			

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



£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	∕—Do not v	vrite or staple in th	is space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instruc	tions.
Your first name	e and m	iddle initial	Last na	ame						Your so	ocial security n	umber
JASWANT:	Н		IYALA						124	51 607	5	
If joint return, s	spouse's	s first name and middle initial	Last na								's social securi	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	Apt. no.	Preside	ential Election C	Campaigr
1455 CH	ASE	LAN								1	here if you, or	,
City, town, or	oost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		if filing jointly,	
PLANO						TΣ	ζ	750	23		o this fund. Che low will not cha	-
Foreign countr	y name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		x or refund.	3 -
											You	Spouse
Filing Status	s 🗵	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)					☐ Qualifying s	surviv	ing spouse	(QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if t	he
	qu	ıalifying person is a child but not you	ır depe	ndent:								
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d award or r	navr	ment for propert	v or	services): or	(b) sell		
Assets		nange, or otherwise dispose of a dig						-	,	. ,	☐ Yes 🌣	≤ No
Standard		neone can claim: You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	•		•		•					
		: Were born before January 2, 1						bofo	wa lanuani	1050	☐ Is blind	
			909 [Are b	<u> </u>			14	ore January 2		ifies for (see ins	
Dependent	nts (see instructions): (1) First name Last name			(2) Social security (3) Relationshi number to you) (4	Child tax c		Credit for other of			
If more than four	(1)	Last Harrie				io you	-					
dependents,												
see instruction	ıs											
and check here	ı —											
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	rtions)					. 1a	39	,257.
Income	b	Household employee wages not re	`		,							,201.
Attach Form(s)	c	Tip income not reported on line 1a	•							. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	`		,					. 10		
W-2G and	e	Taxable dependent care benefits t				10110	.0.10110)			. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene			•					. 11		
If you did not	g	Marca from Form 2010 line 6								. 10		
get a Form	h	Other earned income (see instruct								. 11	_	0.
W-2, see instructions.	i	Nontaxable combat pay election (,				1i		-			
	z	Add lines 1a through 1h						' .		. 12	39,	,257.
Attach Sch. B		<u> </u>	2a			b T	axable interest			. 2k		
if required.	За	' -	3a			b C	Ordinary dividend	ds .				
	4a	IRA distributions	4a			b T	axable amount			. 4k	,	
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amount			. 5k	D	
• Single or	6a	Social security benefits	6a			b T	axable amount			. 6k)	
Married filing separately,	С	· · · · · · · · · · · · · · · · · · ·	-sum election method, check here (see instructions)									
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								□		
 Married filing jointly or 	8	Additional income from Schedule	litional income from Schedule 1, line 10						. 8	-7,	,359.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9	31,	,898.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne				. 11	31,	,898.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	13,	,850.
any box under	13	Qualified business income deduct	ion fron	n Form 8	995 or Form	899	5-A			. 13	3	
Standard Deduction,	14	Add lines 12 and 13								. 14		,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loc	ontor	O This is w	our t	tavabla inaama			1.5	. l 10	0.18

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	1,943.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	1,943.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	1,943.
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	1,943.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a	4,898.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	4,898.
If you have a	26	2023 estimated tax paymen	ts 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	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	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	4,898.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you overpaid		34	2,955.
	35a	Amount of line 34 you want			is attached, che	eck here	\square	35a	2,955.
Direct deposit?	b	Routing number 0 3 1				Checking	Savings		
See instructions.	d	Account number 4 1 1	0 0 9 6	2 3 6 !	5 8				
	36	Amount of line 34 you want	applied 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, g	o to www.irs.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS	? See			_
Designee	ins	structions				Yes. 0	Complete	below.	⊠ No
	De nai	signee's		Phone no.			sonal ident nber (PIN)	ification	
Ciana		der penalties of perjury, I declare t	hat I have examined		accompanying sch		, ,	the hest	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		lf th	e IRS se	ent you an Identity
		Prote							PIN, enter it here
Joint return?					IT		(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupa	tion			nt your spouse an
your records.					I	ntity Prot e inst.)	ection PIN, enter it here		
			0	Franil address	T3 05/3 NIMI 11 0 0	C100000000000			
		one no. (929) 667-043 eparer's name	Preparer's signat	Email address	JASWANTH120	61998@GMAIL.(Date	PTIN		Check if:
Paid		•	1 '		רווחת מחודיי			2702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAK	GUPIA TALLAN	1 02/08/2024	' 		
Use Only		m's name GLOBAL TA		NICIAT CIZ NI	T 00016				(678) 965-9522
0-1			Y CT E BRU	NOWICK N			Firn	n's EIN	84-3171965
GO TO WWW.Irs.g	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

JASWANTH KADIYALA

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

124-51-6075

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. Atta		5	-7 , 359.
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		
ı	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. Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-7 , 359.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	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			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			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.

Your social security number

OMB No. 1545-0074

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

JASI	WANTH KADIYALA						124-5	1-6075	
Par	Note: If you are in the business of renting personal proper			C . See	instru	ctions. If vou	are an indi	vidual. rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	,,						, -	
Α	Did you make any payments in 2023 that would require you	to file	Form(s)	1099? S	See ins	structions .		. \(\subseteq \text{Y}\epsilon	es 🛛 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, Zll								
Α	55-24-188/588, SAI SRINIVAS NAGAR COI	LONY,	LB NAC	GAR, H	YDER	ABAD IN	500068		
В									
C									
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair	erty list rental	ted and	Fair Renta Days					QJV
Α	personal use days. Check the Q			Α		365		0	+
В	if you meet the requirements to			В					
С	qualified joint venture. See instru	uctions	5.	С					
Tvpe	of Property:			ı	1				
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	cribe)		
						Propert	ies:		
Incor	me:			Α		В			С
3	Rents received	3		4	00.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		5	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			-				
13	Other interest	13							
14	Repairs	14		2.1	00.				
15	Supplies	15			00.				
16	Taxes	16		0,1	•••				
17	Utilities	17		1.0	59.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7.7	59.				
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	24		- 7,3	50				
20	Deductible rental real estate loss after limitation, if any,	21		',3	J J •				
22	on Form 8582 (see instructions)	22	(7,35	59.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		400.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	,	7,759.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses he		(7,359.
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		- 7 , 359.