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

	10.00.00					
Subm	ission Identification Number (SID)					
Taxpay	er's name	Social securi	ty num	ber		
SAN	DEEP PENDOTA	500-93	-394	4		
	s's name	Spouse's soo			er	
Pari	Tax Return Information — Tax Year Ending December 31, 2023	 (Enter year you a	ro ou	thorizing	~ \	
	whole dollars only on lines 1 through 5.	Enter year you a	re au	unonzing	y.)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	3	9.9	25.
2	Total tax		2			09.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			38.
4	Amount you want refunded to you		4			29.
5	Amount you owe		5		1,5	20.
Part		and keep a cop	y of y	our ret	urn)
my knereturn to send for any Agent payme author payme busine taxes aperson	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part (original or amended) I am now authorizing. I consent to allow my intermediate service provider, if d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial inization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to teath, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations days prior to the payment (settlement) date. I also authorize the financial institutions involved to receive confidential information necessary to answer inquiries and resolve issues related to real identification number (PIN) below is my signature for the income tax return (original or amend and Financial Withdrawal Consent.	I above are the ametransmitter, or electrofor rejection of the treatment of the U.S. Treasury a untindicated in the treatment of the authorization requests must be in the processing of the payment. I further transmitter that the authorization requests must be in the processing of the payment.	ounts from the counts of the c	from the inturn origin ssion, (b) designated paration so to this according to the latest or evoke ived no la lectronic parking the latest or evoked hours of the latest original latest origin	ncon the r d Fin oftwa coun (car ter to aym ge th	ne tax (ERO) reason ancial are for t. This ncel) a chan 2 nent of at the
	ayer's PIN: check one box only				7	
Тахра		orata my DINI	3	9 4 4		0 201
	I authorize GLOBAL TAXES LLC to enter or gen ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž En		digits, but er all zeros		s my
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Yours	signature ► Sandur! Dat	e ► <u>01/26/2024</u>				
Spous	se's PIN: check one box only				_	
Г	I authorize to enter or gen	arata my PINI			١	s my
	ERO firm name	-	ter five	digits, but	_	OTTTY
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PIN below.					
Spous	se's signature ▶ Dat	e ▶				
	Practitioner PIN Method Returns Only—continue b	oelow				
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	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 6 er all z		8	9
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual incized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provide	submitting this retu	ırn in a	accordanc		
ERO's	s signature ▶ Dat	e ▶				
	ERO Must Retain This Form — See Instruction					
	Don't Submit This Form to the IRS Unless Requested	l To Do So				

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



For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate ins	tructions.	
Your first name	and mi	iddle initial	Last na	ame					Your so	cial securi	ty number	
SANDEEP			PENI	ОПА					500	93 3	944	
	pouse's	s first name and middle initial	Last na								curity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	ion Campaign	
2313 ERI	CAW	ΑΥ							Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	State	е	ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a			
LEWISVII	LΕ				TX		75067		0	low will not	U	
Foreign country	name			Foreign province/state/o	county	′	Foreign postal	code	your tax or refund.			
										You	Spouse	
Filing Status	\mathbf{X}	Single				Head of ho	ousehold (HC	H)				
Check only		Married filing jointly (even if only one had income)										
one box.		Married filing separately (MFS)			L		surviving spo	•				
		you checked the MFS box, enter the			u ched	cked the HOH	or QSS box	, entei	r the ch	ild's name	if the	
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	paym	ent for prope	rty or service	s); or	(b) sell,			
Assets	exch	ange, or otherwise dispose of a digi	tal asse	et (or a financial intere	est in	a digital asse	t)? (See instru	uction	ıs.)	☐ Yes	⊠ No	
Standard	Som	eone can claim:	penden	it	e as a	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status	alien							
Age/Blindness	You:	□ Were born before January 2, 1	959 [Are blind Spo	ouse:	☐ Was bor	n before Janı	uarv 2	. 1959	☐ Is b	lind	
Dependents				(2) Social security		(3) Relationsh	(4) Ob l				e instructions):	
If more		irst name Last name		number	´	to you		tax cre	edit	Credit for of	ther dependents	
than four												
dependents,												
see instructions and check	3											
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					. 1a	ı	48,565.	
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)								;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	1		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 1g			
W-2, see	h	Other earned income (see instructi	,						. 1h	<u> </u>	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				4	40 565	
	<u>z</u>	· 1							1z		48,565.	
Attach Sch. B if required.	2a	· —	2a			xable interest			. 2b	_		
	3a		3a			dinary divider			3b	_		
Standard	4a		4a 5a			xable amount xable amount			4b			
Deduction for—	5a 6a		6a			xable amount			6b	_		
Single or Married filing	C											
separately, \$13,850	7	•	tal gain or (loss). Attach Schedule D if required. If not required, check here									
Married filing jointly or	8	Additional income from Schedule			•				_		-8,640.	
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-						9		39,925.	
surviving spouse, \$27,700	10	Adjustments to income from Schee		•					10			
Head of household,	11	Subtract line 10 from line 9. This is							. 11		39,925.	
\$20,800	12	Standard deduction or itemized	-						. 12		13,850.	
If you checked any box under	13	Qualified business income deducti		•	,	Б-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	ss, enter -0 This is y	our ta	axable incom	ie		. 15	_	26,075.	

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	2,909.	
Credits	17	Amount from Schedule 2, lir	ne3						17		
	18	Add lines 16 and 17							18	2,909.	
	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	2,909.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	2,909.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	7	7,438	3.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	7,438.	
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					
allach 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	ayments and ref	undable	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	7,438.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you	overpaid		34	4,529.	
	35a	Amount of line 34 you want			is attached, che	ck here		. [35a	4,529.	
Direct deposit?	b	Routing number 1 1 1			c Type:] Check	ing 🗌	Saving	s		
See instructions.	d	Account number 7 6 9	2 0 6 3	6 5							
	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	ū	•					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•								
Designee	ins	instructions									
	Designee's Phone Personal id name no. number (Pl										
Cian	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to								,	of my knowledge and	
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									, ,	
Here	Yo	ur signature		Date	Your occupation			lf	the IRS se	ent you an Identity	
		· ·								PIN, enter it here	
Joint return?				SOFTWARE ENGINEER					ee inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	ion				nt your spouse an	
your records.									Identity Protection PIN, enter it here (see inst.)		
	———Ph	one no. (940)304-681	6	Email address	SANDEEPPEND(ጋጥ ል በ 7 @	GMATT. C	OM M			
		eparer's name	Preparer's signat		בוווטטטטו ו טווט (Date	C.111110 • C	PTIN		Check if:	
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	1 .		AR DUDIPALLI				70833	Self-employed	
Preparer		m's name GLOBAL TA								(678)965-9522	
Use Only			Y CT E BRU	NSWICK N	J 08816				rm's EIN	88-2145487	
			110							00 21101	

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

SANDEEP PENDOTA

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. 01
Your soci	ial security number
500 03	3011

Par	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	ach Schedule E .	5	-8,640.
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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t 8u		
u	Wages earned while incarcerated	ou		
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 82 through 87		9	
9 10	Total other income. Add lines 8a through 8z	r here and on Form	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-8,640.
	1010, 1010 011, 01 1070 1111, 11110 0		1 10	0,010.

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

Par	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	Jury duty pay (see instructions)	24a		_	
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
_	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	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	041			
_	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	04:			
		24i 24j		-	
J Iz	Housing deduction from Form 2555	24 j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIILGI		26	
	BAA		21/24 PRO		le 1 (Form 1040) 2023
	DAA	1 1L V U I /	LILTIIIO		. ,

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

SAN	DEEP PENDOTA						500-9	3-3944	i .
Pai	Income or Loss From Rental Real Estate an			•					
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	ridual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	0992.5	See ins	structions			as X No
	If "Yes," did you or will you file required Form(s) 1099?								
1a								<u> </u>	<u> </u>
	1 1 3 1 3 1		<u>, </u>						
_ <u>A</u>	QUTHBULLAPUR CHINTAL HYDERABAD TELANAG	JAN 1	N 5000	55					
В									
С					_				T
1b	Type of Property (from list below) 2 For each rental real estate propertion above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Qu		ov only		365	Du	0	\vdash	
В	if you meet the requirements to f	file as	a İ	 B		303			
c	qualified joint venture. See instru	ıctions	i.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya			Other (desc	ribe)		
	· · · · , · · · · · · · · · · · · · · ·		,						
						Properti	ies:		
Inco				Α	20	В			С
3 4	Rents received	3		3	20.				
	Royalties received	4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1.0	20.				
8	Commissions	8		-, -					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		7	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,0	05.				
15	Supplies	15		2,3	65.				
16	Taxes	16							
17	Utilities	17		2,0	20.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,1	60.				
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		-8,6	40.				
22	Deductible rental real estate loss after limitation, if any,	21		0,0	10.				
22	on Form 8582 (see instructions)	22	(8.64	0.)	()	(
23a					23a	\	520.	(
b					23b				
c					23c				
d					23d				
е	Total of all amounts reported on line 20 for all properties				23e	9	,160.		
24	Income. Add positive amounts shown on line 21. Do not		de any los	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses her	re 25	(8,640.
26	Total rental real estate and royalty income or (loss).	Comb	ine lines 2	24 and	25. E	nter the resu	ult		
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t appl	y to you,	also e	nter tl	nis amount d			
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	mount	in the tot	al on li	ne 41	on page 2	. 26		-8,640.