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

	1.000.000						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numl	per			
SAIT	EJA IMMADI	170-97-4791					
Spouse's	s name	Spouse's soo	ial seci	urity number	r		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	re au	thorizina.	.)		
	whole dollars only on lines 1 through 5.) ou.) ou. u			·/		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	67	,420.		
2	Total tax		2	7	,094.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11	,660.		
4	Amount you want refunded to you		4	4	,566.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	еер а сор	y of y	our retu	rn)		
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge 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, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indust of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment receive confidential information necessary to answer inquiries and resolve issues related to the path of the Institution of the	tter, or electroction of the tr S. Treasury a cated in the tr n to debit the the authorizatests must be processing of ayment. I furl	onic refansmis and its of ax preperture entry ation. The receive the elements of the elements	turn origina ssion, (b) the designated paration soft to this acco To revoke (ved no late ectronic par sknowledge	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X	-	my PINI 7	4 '	7 9 1	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	En		digits, but er all zeros	asiny		
	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.						
Your s	ignature ▶ Date ▶						
Spous	e's PIN: check one box only						
	I authorize to enter or generate	mv PIN			as my		
	ERO firm name	En		digits, but	ao my		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am nor if you are entering your own PIN and your return is filed using the Practitioner PIN methology.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	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	1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	x return (origi itting this retu	nal or ırn in a	amended) accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		ırn 🥳	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	e.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		•	, 2023, end	ing			, 20		See se	oarate	instructions.	
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number	r
SAITEJA			IMMA	DI							170	97	4791	
	pouse's	s first name and middle initial	Last nar	me							Spouse'	s social	security num	nbei
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					pt. no.		Preside	ntial Ele	ection Campa	aign
903 WIL	MING	TON AVENUE						1	.05	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces below.		Sta	te	ZIP c			•	_	jointly, want	
DAYTON						OH	I	454	20		•		nd. Checking not change	jа
Foreign country	y name		F	oreign provi	nce/state/o	count	у	Foreig	ın postal c		your tax		ınd.	use
Filing Status	s ×	Single					Head of he	ouseh	old (HOH	—)				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spoi	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	f your spou	use. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ıalifying 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						t)? (Se	e instru	ction	s.)	Y	es 🗵 No	
Standard	Son	neone can claim: You as a de	pendent	☐ Yo	ur spouse	e as	a dependent							
Deduction	Ш:	Spouse itemizes on a separate retur	n or you	were a dua	al-status a	alien								
Age/Blindness	s You	: Were born before January 2, 1	959	Are blind	Spo	use:	: Was bor	n befo	re Janua	ary 2,	, 1959		s blind	
Dependents	s (see	instructions):		(2) Soci	ial security		(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for ((see instruction	ns):
If more		First name Last name			ımber		to you		Child t	ax cre	edit	Credit fo	or other depende	lents
than four									[
dependents, see instruction	c ——													
and check	- ——													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructio	ns)						1a		85,250	<u>).</u>
Attach Form(s)	b	Household employee wages not re	•		W-2						1b			
W-2 here. Also	С	Tip income not reported on line 1a		•							1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
1099-R if tax	е		Taxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 8839	9, 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	,					· ·			1h	-		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			<u>li</u>						05 056	^
	<u>z</u>	Add lines 1a through 1h									1z		85,250	
Attach Sch. B if required.	2a	· —	2a		_		axable interest				2b		350	
ii required.	3a		3a				rdinary divider				3b			7.
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	τ		٠ -	6b			
separately, \$13,850	C	If you elect to use the lump-sum election method, check here (see instructions)							1 -					
Married filing	7	,		•	•					. L	7		10 105	
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	-								8		-18,187	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		67,420	J .
Head of	10	Adjustments to income from Sche									10	_	67 400	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		67,420	
If you checked	12	Standard deduction or itemized		•		,					12		13,850	J .
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	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	7,094.		
Credits	17	Amount from Schedule 2, lin	ne3					17			
	18	Add lines 16 and 17						18	7,094.		
	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	B. If zero or less,	enter -0				22	7,094.		
	23	Other taxes, including self-e			•			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	7,094.		
Payments	25	Federal income tax withheld	I from:			1					
	а	Form(s) W-2				25a 1	1,660.				
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	11,660.		
If you have a	26	2023 estimated tax paymen		• •		., . ,		26			
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attaci i ocii. Elo.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, 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	•	-	-			32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,660.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaic	١	34	4,566.		
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a	4,566.		
Direct deposit?	b	Routing number 0 4 1			c Type:	Checking [Savings				
See instructions.	d	Account number 4 1 2	9 1 2 3	1 7 3							
	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	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			_		
Designee	ins	structions				Yes.	Complete	below.	⋉ No		
		signee's me	Phone no.		rsonal iden mber (PIN)	identification PIN)					
<u>C:</u>			hat I have examined		accompanying sch		, ,	the heet	of my knowledge and		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic								, ,		
Here	Yo	ur signature		Date	Your occupation	l If th	If the IRS sent you an Identity				
	. our organication								IN, enter it here		
Joint return?					SOFTWARE	(see	(see inst.)				
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupa	Ide	f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)				
	Ph	one no. (216)280-549	6	Email address	SAITEJA.IM	MADI@GMAIL.	COM				
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/05/2024	P0208	32703	Self-employed		
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (e no. (678)965-9522		
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n'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

SAITEJA IMMADI

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.

Your social security number 170-97-4791

Par	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ach Schedule E .	5	-18,187.
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		
- 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 (<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			10 10-
	1040. 1040-SR. or 1040-NR. line 8		10	-18 <i>,</i> 187.

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.

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.

2023	
Attachment Sequence No. 13	

Your social security number

SAIT	EJA IMMADI						170-9	7-4791		
Part	Income or Loss From Rental Real Estate an	d Ro	yalties			•				
	Note: If you are in the business of renting personal proper	rty, use	Schedule	C . See	instru	ctions. If you are	an indiv	/idual, rep	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.								571	
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. ∐ Y€	es U No	
1a	Physical address of each property (street, city, state, ZII	P cod	e)							
Α	4/57,BANK STREET MOTURU ANDHRA PRADESH	H IN	521323	3						
В										
С										
1b	Type of Property 2 For each rental real estate property					_	Person		QJV	
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	Da			
A	if you meet the requirements to f			Α		365		0		
В	qualified joint venture. See instru			В						
_ C				С						
	of Property:				_	0 1/ 5				
	Single Family Residence 3 Vacation/Short-Term Ren	ital	5 Land			Self-Rental	,			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (describ	oe)			
						Properties	s:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	20.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6		3	00.					
7	Cleaning and maintenance	7		1,7	45.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	60.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			12.					
15	Supplies	15		5,0	80.					
16	Taxes	16			1.0					
17	Utilities	17		5,4	10.					
18	Depreciation expense or depletion	18								
19	Other (list)	19		10 7	0.7					
20	Total expenses. Add lines 5 through 19	20		18,7	07.					
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		-18,1	87					
22	Deductible rental real estate loss after limitation, if any,				- · ·					
	on Form 8582 (see instructions)	22	(18,18	37.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope				23a	\	520.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	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					
e	Total of all amounts reported on line 20 for all properties				23e	18,	707.			
24	Income. Add positive amounts shown on line 21. Do not						24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses here	25	(18,187.)	
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 ar	mount	t in the to	tal on li	ne 41	on page 2 .	26		-18,187.	