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	nevertue Service							
Subm	nission Identification Number (SID)							
Taxpay	er's name	Social securit	y numb	er				
AKH	ILA KOMAKULA	468-53	468-53-4191					
Spouse	o's name	Spouse's social security number						
Par		ter year you a	re aut	horizing.)			
	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. Adjusted gross income		11	70	47Q			
2	Total tax		2		<u>,479.</u> ,525.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3					
4	Amount you want refunded to you		4		,381. ,856.			
5	Amount you owe		5		,000.			
Part		d keep a cop		our retu	rn)			
my kn return to sen for any Agent payme author payme busine taxes persor	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I al (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tran d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account is ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation residuals prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the label of the payment (PIN) below is my signature for the income tax return (original or amended) onic Funds Withdrawal Consent.	sove are the amosmitter, or electrorejection of the trace U.S. Treasury andicated in the trace ution to debit the authorizate the authorizate quests must be the processing of a payment. I further	ounts from the counts of the counts of the country to the country to the country the count	om the incurr original sion, (b) the lesignated aration sofo this according to the lesignate of the lesignat	come tax tor (ERO) ne reason Financial tware for bunt. This cancel) a er than 2 syment of that the			
	ayer's PIN: check one box only							
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{		te my PIN	4 1	9 1	as my			
۷	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	asiny			
	I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Your	signature ▶ Date ▶							
Snou	se's PIN: check one box only							
Г	I authorize to enter or genera	te my DIN			as my			
	ERO firm name	-	er five o	digits, but	asiny			
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros				
	I will enter my PIN as my signature on the income tax return (original or amended) I and if you are entering your own PIN and your return is filed using the Practitioner PIN me below.							
Spou	se's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue belo	w						
Part	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 4 9 Don't ent	6 0 er all ze	8 2 7 ros	1			
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	bmitting this retu	ırn in a	ccordance				
ERO's	s signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To	o 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	aple in this spa	ace.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instruction	s.
Your first name	e and m	iddle initial	Last nar	me							Your social security number			er
AKHILA			KOMA	KULA							468	53	4191	
	pouse's	s first name and middle initial	Last nar										security nu	ımbeı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				P	Apt. no.	- 1			ection Camp	. •
		YLE CIRCLE				1			1224				ou, or your jointly, wan	
	oost offi	ice. If you have a foreign address, also co	mplete sp	paces bel	OW.	Sta		ZIP c					nd. Checkin	
AUGUSTA						GA		309					not change	;
Foreign countr	y name			-oreign pr	ovince/state/	count	У	Foreig	n postal c	code	your tax	or retu		ouse
Filing Status	s X	Single					Head of he	ouseh	old (HOI	— ∃)				
-		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	lf v	you checked the MFS box, enter the	name o	of your sp	ouse. If you	u che	ecked the HOF	l or Q	SS box,	enter	the chi	ld's na	me if the	
		ialifying person is a child but not you												
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)		es 🗵 No	0
Standard	Som	neone can claim: 🔀 You as a de	pendent	t 🔲 '	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp o	ouse:	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	(4) Check the I			x if quali	fies for (see instruct	ions):
If more		(1) First name Last name		(7)	number to you			Child tax c		edit	Credit fo	or other deper	ndents	
than four														
dependents,	_													
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		91,45	6.
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)							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 benefits from Form 8839, line 29						1f						
If you did not	g	Wages from Form 8919, line 6 .	ages from Form 8919, line 6						1g					
get a Form W-2, see	h	•							1h	_		0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>							
	z	Add lines 1a through 1h			· · ;						1z	_	91,45	
Attach Sch. B	2a	· –	2a				axable interest				<u> </u>	_	2/	76.
if required.	3a_		3a				rdinary divider					_		
Standard	4a	-	4a				axable amoun					_		
Deduction for—	5a		5a				axable amoun					_		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	_c	If you elect to use the lump-sum e		•		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7			
jointly or Qualifying	8	Additional income from Schedule	•								8		-13 , 25	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9	+	78,47	9.
\$27,700 • Head of	10	Adjustments to income from Sche									10			7.0
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		78,47	
If you checked	12	Standard deduction or itemized									12		13,85) U .
any box under Standard	13	Qualified business income deduct									13		10 0-	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	
	76	SUBTROOT UNG 1/1 tropp ling 11 It 70	O OF LOCK	CONTOR			TOTAL DIRECTOR	A						

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	9,525.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	9,525.	
	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	I. If zero or less,	enter -0				22	9,525.	
	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	9,525.	
Payments	25	Federal income tax withheld								
_	а	Form(s) W-2				25a 1	2,381.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	12,381.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)				27				
allacii Scii. 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, lin	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	12,381.	
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	١	34	2,856.	
	35a	Amount of line 34 you want			is attached, che	ck here	\square	35a	2,856.	
Direct deposit?	b	Routing number 2 1 1			c Type:	Checking [Savings			
See instructions.	d	Account number 4 5 8	3 7 3 2	5						
	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	
		esignee's me		Phone no.			rsonal ident mber (PIN)	ification		
Ciana			hat I have examined		accompanying sch		(/	the hest	of my knowledge and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the 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	If th	e IRS se	nt you an Identity		
		Ü			·			IN, enter it here		
Joint return?				IT CYBERSECURITY ANALYST				see inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion	Ider	he IRS sent your spouse an entity Protection PIN, enter it here se inst.)		
	Ph	one no. (952) 220-892	8	Email address	AKHILA.KOMAN	KULA1@GMAIL.	COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/05/2024	P0208	2703	Self-employed	
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC					Pho	ne no. (678) 965-9522		
————	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	ı'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

AKHILA KOMAKULA

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 468-53-4191

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	-13,253.
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		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:			
_	Table the face of Addition On the safe O	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			12 052
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 253.

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-basis governr	nent		
	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		9a	
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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter here and			
	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

AKHI	LA KOMAKULA							468-53	3 <u>-419</u> 1	
Part		Loss From Rental Real Estate and re in the business of renting personal proper			C See	instru	ctions If you	are an indiv	idual ren	ort farm
	rental income	or loss from Form 4835 on page 2, line 40.	ry, use ·		. .			an marv		Oit Idiill
		ayments in 2023 that would require you								
В	f "Yes," did you or v	will you file required Form(s) 1099? .							. 🗌 Y e	es 🗌 No
1a	Physical address	of each property (street, city, state, ZIF	P code))						
Α	HNO 2-2-500,	LASHKAR HANAMKONDA, WAF	RANGA:	L TELA	NGAN	A IN	506001			
В										
С										
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair	rental a	and	Fair Rental Days			Person Day	QJV	
Α	3	personal use days. Check the Q					365		0	
В		if you meet the requirements to f qualified joint venture. See instru			В					
С		quamou joint vontaro. Goo mono	20110110.		С					
	of Property:									
	Single Family Resid		ıtal	5 Lanc			Self-Rental			
2	Multi-Family Reside	ence 4 Commercial		6 Roya	ılties	8	Other (desc	ribe)		
							Propert	ies:		
Incon	ne:				Α		В			С
3			3		6	01.				
4		1	4							
Exper										
5	Advertising		5							
6	Auto and travel (se	ee instructions)	6							
7	Cleaning and mair	ntenance	7		2,2	21.				
8	Commissions .		8							
9	Insurance		9							
10	Legal and other pr	rofessional fees	10							
11	Management fees		11		2,4	15.				
12	Mortgage interest	paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14	Repairs		14		3,2					
15	* *		15		1,4	21.				
16			16							
17			17		2,3					
18		ense or depletion	18		2,1	82.				
19			19							
20	•	dd lines 5 through 19	20		13,8	54.				
21		om line 3 (rents) and/or 4 (royalties). If ee instructions to find out if you must								
	file Form 6198 .		21		-13 , 2	53				
22		real estate loss after limitation, if any,								
		e instructions)	22 (13,25	3.	()(1	,
23a	· ·	ts reported on line 3 for all rental prope				23a	1	601.		
b		ts reported on line 4 for all royalty prop				23b				
c		ts reported on line 12 for all properties				23c				
d		ts reported on line 18 for all properties				23d	2	2,182.		
е		ts reported on line 20 for all properties				23e		3,854.		
24		tive amounts shown on line 21. Do not		e any lo	sses			. 24		
25	•	y losses from line 21 and rental real estat				nter to	tal losses he		(13,253.
26	•	estate and royalty income or (loss).								
	here. If Parts II, III	, and IV, and line 40 on page 2 do no	t apply	to you,	also e	nter th	nis amount o			
	Schedule 1 (Form	1040), line 5. Otherwise, include this ar	mount i	in the to	tal on li	ne 41	on page 2	. 26		-13.253