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

Submission Identification Number (SID)	
Taxpayer's name	Social security number
KOTESWARA RAO ALLA	053-95-5405
Spouse's name	Spouse's social security number
HARIKA KUCHI	807-52-6758
Part I Tax Return Information — Tax Year Ending December 31, 20	23 (Enter year you are authorizing.)
Enter 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.	
1 Adjusted gross income	
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	,,,,,,
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original of the income tax return).	
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in return (original or amended) I am now authorizing. I consent to allow my intermediate service provito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution a payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial unthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment canc business days prior to the payment (settlement) date. I also authorize the financial institutions involvances to receive confidential information necessary to answer inquiries and resolve issues relat personal identification number (PIN) below is my signature for the income tax return (original or an Electronic Funds Withdrawal Consent.	ider, transmitter, or electronic return originator (ERO) ason for rejection of the transmission, (b) the reason norize the U.S. Treasury and its designated Financial account indicated in the tax preparation software for cial institution to debit the entry to this account. This to terminate the authorization. To revoke (cancel) a ellation requests must be received no later than 2 polved in the processing of the electronic payment of ed to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
	generate my PIN 5 5 4 0 5 as my
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	PIN method. The ERO must complete Part III
Your signature ►	Date ►
Spouse's PIN: check one box only	
	r generate my PIN 2 6 7 5 8 as my Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN and your return is filed using the Practitioner below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Only—contin	ue below
Part III Certification and Authentication — Practitioner PIN Method Only	у
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Properties.	I am submitting this return in accordance with the
ERO's signature ►	Date ►
ERO Must Retain This Form — See Instru	

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate inst	tructions.		
Your first name	and m	iddle initial	Last n	ame						Your so	ocial securit	ty number		
KOTESWAF	A R	AO	AT.T.	ALLA							95 5	405		
		s first name and middle initial		Last name							Spouse's social security number			
HARIKA			KUC:	HI						807	52 6	758		
	(numbe	er and street). If you have a P.O. box, see						Apt. no.				on Campaign		
6804 HEN	NEM	AN WAY						2026	İ		here if you,			
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP					ntly, want \$3		
MCKINNEY					T	X	750	070		-	o this fund. low will not	Checking a		
Foreign country				Foreign province/state/				gn postal o	code		x or refund.	0		
											You	Spouse		
Filing Status		Single				☐ Head of h	ousel	nold (HO	H)					
Check only		Married filing jointly (even if only or	ne had	income)				`	,					
one box.		Married filing separately (MFS)		,		☐ Qualifying	survi	ving spo	use (QSS)				
0.10 20/11	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che						ild's name	if the		
	-	, ialifying person is a child but not you		ndont										
<u></u>	^+		-: (
Digital		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi					-				Yes	⊠ No		
Assets							1)! (3	ee iiisiiu	Ction	15.)				
Standard Deduction	_	neone can claim: You as a de	•			•								
Deduction	Ш.	Spouse itemizes on a separate return	n or yo	u were a dual-status	aller	1								
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse	: Uwas bor	rn bef	ore Janu	ary 2	, 1959	☐ Is bl	ind		
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	_{nip} (4) Check 1	the bo	x if qual	ifies for (see	instructions):		
If more	(1) F	irst name Last name		number	to you			Child tax cred			Credit for ot	her dependents		
than four											[
dependents, see instructions											[
and check	·													
here											[[
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instructions) .						1a	1.1	10,517.		
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2 .						1b	,			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								10	;			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see i	nstru	uctions)				10	1			
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26						16	,			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29						1f	:			
If you did not get a Form	g	Wages from Form 8919, line 6 .								10	<u>, </u>			
W-2, see	h	Other earned income (see instructi	ions)				ή.			1h	1	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>li</u>					4 .			
	Z	Add lines 1a through 1h								1z	<u>:</u> 11	10,517.		
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b	<u> </u>			
if required.	3a	Qualified dividends	3a			Ordinary divide				3b	<u> </u>			
Standard	4a	_	4a			axable amoun				4b	<u> </u>			
Deduction for—	5a		5a			axable amoun				5b				
Single or Married filing	6a	,	6a			axable amoun	t		٠ _	6b)			
separately,	С	If you elect to use the lump-sum el		•	`	,				_				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched							. L	J 7	_	1 1 1 1 1 1		
jointly or Qualifying	8	Additional income from Schedule	-							8		14,110.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•	com	e				9		96,407.		
\$27,700 • Head of	10	Adjustments to income from Sche								10				
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-						11		96 , 407.		
If you checked	12	Standard deduction or itemized								12		27 , 700.		
any box under Standard	13	Qualified business income deducti	ion froi	n Form 8995 or Form	899	95-A				13				
Deduction, see instructions.	14	Add lines 12 and 13								14		27 , 700.		
	15	Subtract line 14 from line 11. If zer	o or le	ss enter-O- This is v	Our:	taxable incom	16			1.5	s I 6	68.707.		

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	7,807.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	7,807.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,807.
	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 total tax					24	7,807.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 1	4,808		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	14,808.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31,	32						
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,808.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33	. This is the amou	nt you overpaid		34	7,001.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	7,001.
Direct deposit?	b	Routing number 2 1 1			c Type:	Checking	Savings	3	
See instructions.	d	Account number 1 9 5	2 0 6 7	5					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	
rou Owe	38	Estimated tax penalty (see in	_	-		38		31	
Third Party		you want to allow another							
Designee		,	•				Complete	e below.	X No
gc	De	esignee's		Phone		Pers	sonal ider	ntification	
		me		no.			nber (PIN)		
Sign		der penalties of perjury, I declare th lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation	If t	he IRS se	nt you an Identity	
									IN, enter it here
Joint return?					SENIOR SYS	STEM ANALY	ST (se	e inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, both must sign.			Spouse's occupat OA ANALYS:	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (341) 732-920	5	Email address	1~	30@gmail.c	⊃m 	-	
		eparer's name	Preparer's signat			Date Date	PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM			82703	Self-employed
Preparer		m's name GLOBAL TAX				132,20,2021			(678) 965-9522
Use Only		m's address 245 ROONE		NSWICK N	J 08816			m's EIN	84-3171965
<u> </u>		40406	11 6 11				1		- 1040

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KOTESWARA RAO ALLA & HARIKA KUCHI

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

053-95-5405

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	ach Schedule E .	5	-14,110.
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 (<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:			
•	T. I.			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8		10	-14,110.

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		24f			
g		24g			
_	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		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	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	Form 1040, 1040-ŠR, 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

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

KOTI	ESWARA RAO ALLA & HARIKA KUCHI						053-95-	5405	
Par	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use		e C. See	instruc	tions. If you	are an individ	ual, rep	ort farm
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								
1a	Physical address of each property (street, city, state,					<u> </u>			s U No
A	SINGAVARAM POST VATSAVAI MANDAL NTR			ANDHB	A DDZ	DECH IN	521190		
$\frac{\Delta}{B}$	SINGAVANAPI 1031 VAISAVAI MANDALI NIK	DIDIKI	C1 , 1		7 11/2	TDE SII IIV	321130		
C									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of factors.	air rental a	and		_	r Rental Days	Personal Days	QJV	
Α	personal use days. Check the			Α		365		0	
В	if you meet the requirements to qualified joint venture. See ins			В					
C	qualified joint volitare. See inc	ou douono.		С					
1	of Property: Single Family Residence 3 Vacation/Short-Term R Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya				cribe)		
		-				Propert	ies:		
Incor				Α	00	В			С
3 4	Rents received	3			00.				
	Royalties received	4							
Exper 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		1,5	10				
8	Commissions	8		1,5	40.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		2,1	50				
12	Mortgage interest paid to banks, etc. (see instructions			∠,⊥	50.				
13	Other interest	13							
14	Repairs	14		2 . 8	60.				
15	Supplies	15		3,3					
16	Taxes	16		0,0					
17	Utilities	17		4,7	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		14,6	10.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you must			•					
	file Form 6198	21		-14,1	10.				
22	Deductible rental real estate loss after limitation, if any on Form 8582 (see instructions)	y, 22 (14,11	0.)()(
23a	Total of all amounts reported on line 3 for all rental pro	-			23a		500.		
b	Total of all amounts reported on line 4 for all royalty pr	-			23b				
С	Total of all amounts reported on line 12 for all properti				23c				
d	Total of all amounts reported on line 18 for all properti-				23d				
е	Total of all amounts reported on line 20 for all properti				23e	1	4,610.		
24	Income. Add positive amounts shown on line 21. Do		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real es								14,110.
26	Total rental real estate and royalty income or (loss here. If Parts II, III, and IV, and line 40 on page 2 do								
	Schedule 1 (Form 1040), line 5. Otherwise, include this						26		-14.110

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form8582 for instructions and the latest information.

	2023						
	Attachment Sequence No. 858						
Identifying number							

KOTE	SWARA RAO ALLA & HARIKA KU	JCHI			053	-95-	-5405
Par							
	Caution: Complete Parts IV ar	nd V before comple	eting Part I.				
	I Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special		
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	1d	-14,110.				
All Ot	her Passive Activities						
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()	2d	
	on: If your filing status is married filing	this form with you on line 1c or 2c. F	rreturn; all losses Report the losses 	es are allowed, inconthe forms and	schedules	3 year,	-14, 110. do not complete
	Instead, go to line 10.						
Par	•			•			
	Note: Enter all numbers in Par	<u> </u>		tions for an examp	ole.	4	14 110
4 5	Enter the smaller of the loss on line 1 Enter \$150,000. If married filing separ				50,000.	4	14,110.
6	Enter modified adjusted gross income Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	e, but not less than	zero. See instruc	tions 6 1	10,517.		
7	Subtract line 6 from line 5			7	39,483.		
8	Multiply line 7 by 50% (0.50). Do not en	nter more than \$25	,000. If married filir	ng separately, see	instructions	8	19,742.
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	CRD, see instruc	ctions		9	14,110.
Part							
10	Add the income, if any, on lines 1a an					10	0.
11	Total losses allowed from all passiv		23. Add lines 9 an				14 110
Par	out how to report the losses on your to Complete This Part Before	ax return		Lee instructions		11	14,110.
Tail		Currer		Prior years	Over	rall ga	in or loss
	Name of activity	(a) Net income (b) Net loss (line 1a) (line 1b)		(c) Unallowed loss (line 1c)	(d) Gain		(e) Loss
SINC	GAVARAM POST	0.	14,110.				14,110.

14,110.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

	-,									. 490 =	
Part V	Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.				
				Current year Prior y				Overa	ll ga	ain or loss	
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss	
	on Part I, lines 2a, 2b, and 2c										
Part VI	Use This Part if an Amour			Part II,	, Line 9. S	ee instrud	ctions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
SINGAVA	RAM POST		E Ln 22		14,110.	1.0000	0000	14,11	0.	0.	
Total					14,110.	1.0	0	14,11	0.	0.	
Part VII	Allocation of Unallowed L	.oss	ses. See instr			•	'	·			
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(1	b) Ratio (d) Unallowed loss	
Total								1.00			
Part VIII	Allowed Losses. See instr	ucti	ons.				1				
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	Loss (b) Unallowed loss		nallowed loss	(c) Allowed loss		
Total											