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

Submi	ssion Identification Number (SID)							
Taxpaye	r's name	Soc	ial security no	umber				
KART	THEEK AMARAVATISUBRAMANYAM	1	83-49-13	351				
Spouse's			Spouse's social security number					
SRIN	NITYA PUTTA	3	38-89-8	670				
Part	Tax Return Information — Tax Year Ending Decemb	er 31, 2023 (Enter yea	r you are	authorizing.)				
Enter v	whole dollars only on lines 1 through 5.			<i>,</i>				
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank							
1	Adjusted gross income		•	1 81,	731.			
2	Total tax		2	2 6,	043.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099 $$.		(3 15,	302.			
4	Amount you want refunded to you		4		259.			
5	Amount you owe			5				
Part		Be sure you get and keep	a copy o	of your retur	n)			
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 original or amended) I am now authorizing. I consent to allow my intermediately my return to the IRS and to receive from the IRS (a) an acknowledgement delay in processing the return or refund, and (c) the date of any refund. If a initiate an ACH electronic funds withdrawal (direct debit) entry to the finant of my federal taxes owed on this return and/or a payment of estimated to exation is to remain in full force and effect until I notify the U.S. Treasury Int, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537, as days prior to the payment (settlement) date. I also authorize the financia or receive confidential information necessary to answer inquiries and rescal identification number (PIN) below is my signature for the income tax returnic Funds Withdrawal Consent.	ate service provider, transmitter, of receipt or reason for rejection applicable, I authorize the U.S. Trancial institution account indicated ux, and the financial institution to Financial Agent to terminate the Payment cancellation requests I institutions involved in the providure issues related to the payment	or electronic of the trans easury and it in the tax public the entant authorization must be reessing of the ent. I further	e return originate emission, (b) the its designated Foreparation soft try to this account. To revoke (coeived no later e electronic pay acknowledge	or (ERO) e reasor inancia ware for unt. This ancel) ar than 2 ment or that the			
	yer's PIN: check one box only							
X		to enter or generate my P	IN 9 1	3 5 1	as my			
	ERO firm name signature on the income tax return (original or amended) I am no		Enter f	ive digits, but enter all zeros	as my			
	I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN and your return is filed using the below.							
Your s	ignature ▶	Date ▶						
C	ele DINI, abasis and have sub-							
Spous	e's PIN: check one box only I authorize GLOBAL TAXES LLC ERO firm name	to enter or generate my P	Enter f	ive digits, but	as my			
	signature on the income tax return (original or amended) I am no I will enter my PIN as my signature on the income tax return (origing to are entering your own PIN and your return is filed using the below.	ginal or amended) I am now a	uthorizing.					
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		4 9 6 Don't enter a	0 8 2 7 Il zeros	1			
authoriz	that the above numeric entry is my PIN, which is my signature for the elected to file for tax year indicated above for the taxpayer(s) indicated above ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorical Pub. 1345, Handbook for Pub. 1345, Handbook for Authorical Pub. 1345, Handbook for Authorical Pub. 1345, Handbook for Pub. 134	e. I confirm that I am submitting	this return	in accordance				
ERO's	signature ▶	Date ▶						
	ERO Must Retain This Form	- See Instructions						

Don't Submit This Form to the IRS Unless Requested To 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 S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	pace.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling	<u>'</u>		, 20		See sep	oarate i	nstruction	ns.
Your first name and middle initial Last na											Your social security number			
KARTHEE	ζ		AMAR	AVATI	SUBRAMA	NYA	MA				183	49	1351	
		s first name and middle initial	Last nar								Spouse'		security n	umbei
SRINITYA PUTT											338	89	8670	
		er and street). If you have a P.O. box, see						A	Apt. no.				ction Car	npaign
336 SUMN	/FRS1	F.T. I.N								- 1			ou, or you	
		ce. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	ite	ZIP c	ode		•	٠.	jointly, wa	
ATLANTA						GA	A	303	28	- 1	•		nd. Checki not chang	•
Foreign country	y name		F	oreign pr	ovince/state/				ın postal c	- 1	your tax		•	C
												☐ Yo	u 🗌 S	pouse
Filing Status	, [Single					Head of h	ouseh	old (HOF	H)				
Check only	$\overline{\mathbf{X}}$	Married filing jointly (even if only o	ne had ir	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	ou checked the MFS box, enter the	name o	f your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nai	me if the	
	qu	alifying person is a child but not you	ır depen	dent:										
Digital	Δt ar	ny time during 2023, did you: (a) rece	oive (as a	a roward	d award or	navr	ment for prope	rty or	eenvicee'): or (h) call			
Digital Assets		nange, or otherwise dispose of a digi										ΠYe	s 🗵 N	lo
Standard		neone can claim: You as a de					a dependent	,,, (0		01.01.1				
Deduction	_	Spouse itemizes on a separate return			-		-							
						unon								
Age/Blindness	s You:	: Were born before January 2, 1	959 _	」Are bli	ind Sp	ouse	: U Was bor						blind	
Dependents				(2) S	Social security	′	(3) Relationsh	_{iip} (4			1		see instruc	
If more	(1) F	irst name Last name		number to		to you		Child t	ax cre	dit	Credit to	r other depe	endents	
than four										<u> </u>			Щ_	
dependents, see instructions	s									<u> </u>			Щ_	
and check	, —									<u> </u>			ᆜ	
here L	<u>.</u>								L					1.0
Income	1a	Total amount from Form(s) W-2, be	•		,						1a		93,2	13.
Attach Form(s)	b	Household employee wages not re									1b	+		
W-2 here. Also	С.	Tip income not reported on line 1a (see instructions)							1c	+				
attach Forms W-2G and	d									1d	+			
1099-R if tax	e	Taxable dependent care benefits f								1e	+			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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			0.
instructions.	j	Nontaxable combat pay election (s	see instri	uctions)			<u>li</u>				-		02.2	1 2
	<u>z</u>	Add lines 1a through 1h			· · i						1z		93,2	13.
Attach Sch. B if required.	2a	· —	2a				axable interes				2b	+		
	3a		3a				ordinary divide				3b	+		
Standard	4a		4a				axable amoun				4b	+		
Deduction for—	5a		5a				axable amoun				5b	+		
Single or Married filing	6a	,	6a	nother-I	obook b =		axable amoun	ι		٠.	6b			
separately, \$13,850	C 7	If you elect to use the lump-sum e		-		•	,				, ,			
Married filing	7	Capital gain or (loss). Attach Schedule:		•			-			. ∟	7	+		<u> </u>
jointly or Qualifying	8	Add lines 17, 2h, 3h, 4h, 5h, 6h, 7									9	+	$\frac{-11,48}{81,78}$	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-								+	OI, /	<u>эт.</u>
Head of	10	Adjustments to income from Sche									10	+	01 7	21
household, [11	Subtract line 10 from line 9. This is	•	-	_						11 12	+	81,7	
If you checked any box under	12	Standard deduction or itemized Qualified business income deduction				-	 5_Δ				13	+	27,7	00.
Standard	13										13	+	27,7	0.0
Deduction, see instructions.							15	+	54 0					

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	6,043.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	6,043.	
	19	Child tax credit or credit for	other dependen	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	. If zero or less,	enter -0				22	6,043.	
	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	6,043.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 15	302			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	15,302.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. ElC.	28	Additional child tax credit from	m 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, lir	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	15,302.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	9,259.	
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	9,259.	
Direct deposit?	b	Routing number 1 1 1			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 5 8 6	0 3 6 1	5 4 7 9	9 0					
	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	_	-		38				
Third Party		you want to allow another								
Designee		,	•				omplete	below.	⋈ No	
•		esignee's		Phone			onal iden	tification		
		me		no.			ber (PIN)			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		,	
Here		•	protor Booka anon s		Your occupation				nt you an Identity	
	10	our signature		Date	Your occupation				PIN, enter it here	
Joint return?				SOFTWARE ENGINEER				(see inst.)		
See instructions.		ouse's signature. If a joint return, I	oint return, both must sign. Date Spouse's occupation If						nt your spouse an	
Keep a copy for your records.				HOME MAKER Identity Protection PIN, enter (see inst.)						
	Ph	one no. (210)388-939	6	Email address	KARTHEEKAMARAV	ATI90@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/05/2024	P0208	3 <u>27</u> 03	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one 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

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

KARTHEEK AMARAVATISUBRAMANYAM & SRINITYA PUTTA

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 183-49-1351

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	-11,482.
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:			
_		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			11 400
	1040, 1040-SR, or 1040-NR, line 8		10	-11,482.

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-bas	sis government		
	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)			
b	Deductible expenses related to income reported on line 8l 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. En	ter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

SCHEDULE E (Form 1040)

Department of the Treasury

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.

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Attachment Sequence No. 13

OMB No. 1545-0074

. ,	SHOWITOHTELUM								Security		
KART		IISUBRAMANYAM & SRINITYA PU						183-49	-1351		
Part		Loss From Rental Real Estate an									
	Note: If you a	re in the business of renting personal proper	ty, use	Schedule	C . See	instruc	ctions. If you are	an indivi	dual, rep	ort farm	
		or loss from Form 4835 on page 2, line 40.	1 - CI -		0000	!	A All			- V N-	_
		ayments in 2023 that would require you									
B I	f "Yes," did you or	will you file required Form(s) 1099? .							Ye	es 🗌 No	_
1a	Physical address	s of each property (street, city, state, ZIF	ode)							
Α	MADANAPALLE	CHITTOOR ANDHRA PRADESH IN	T 517	7325							-
В			. 517	323							-
C											-
	Turns of Dunmouts	2 F	.4 15 - 4	I			D t - I	D			-
1b	Type of Property (from list below)	2 For each rental real estate prope above, report the number of fair				га	ir Rental Days	Persona Day	QJV		
Α.	<u>,` </u>	personal use days. Check the Qu			and the second s			Day			_
_ <u>A</u>	3	if you meet the requirements to f			A		365		0		_
В		qualified joint venture. See instru			В						_
_ <u>C</u>	1-				С						_
	of Property:					_					
	Single Family Resid		tal	5 Land			Self-Rental				
2	Multi-Family Reside	ence 4 Commercial		6 Roya	alties	8	Other (describ	oe)			
							Properties				-
Incom	ne.				Α		В			С	-
3			3			00.					-
4		1	4								-
Exper			-								-
5 5			5								
6	_	ee instructions)	6								-
7		ntenance	7		1 3	10.					-
8			8		Ι, 3	10.					-
9			9								-
		rofessional fees	10								-
10	-		11		1 0	0.0					_
11	•		12		1,0	00.					-
12		paid to banks, etc. (see instructions)	13								_
13			14		2 2	7.4					-
14			15			74.					_
15			16		۷,٥	31.					_
16			$\overline{}$		2 6	· C 7					_
17			17		3,6	67.					_
18		ense or depletion	18								_
19	Other (list)		19		100	0.0					_
20		dd lines 5 through 19	20		12,0	8∠.					_
21		om line 3 (rents) and/or 4 (royalties). If									
		see instructions to find out if you must			11 4	00					
	file Form 6198 .		21		-11,4	:0∠.					_
22		real estate loss after limitation, if any,	_	,			,				
	· ·	e instructions)	22	(11,48)(
23a		ts reported on line 3 for all rental prope				23a		600.			
b		ts reported on line 4 for all royalty properties				23b					
С		ts reported on line 12 for all properties				23c					
d		ts reported on line 18 for all properties				23d					
е		ts reported on line 20 for all properties				23e	12,	082.			
24		itive amounts shown on line 21. Do not		-				24			_
25	Losses. Add royalt	ty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25 (11,482.	,
26		estate and royalty income or (loss).									
		I, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form	1040), line 5. Otherwise, include this ar	mount	in the to	tal on li	ine 41	on page 2	26		-11.482	