### 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

	1.010.1.00 00.1.100					
Subm	ission Identification Number (SID)					
Taxpaye	er's name	Social sec	urity numl	per		
ANU	SHA THATIREDDY	830-4	330-44-7279			
Spouse	s's name	Spouse's	social seci	urity numbe	r	
Doub	Tou Detrum Information Tou Very Ending December 24 0000			tle e vi=i-e e	<u>,                                      </u>	
Part		Enter year you	are au	tnorizing	.)	
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	26	5,430.	
2	Total tax				,289.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3,330.	
4	Amount you want refunded to you				2,041.	
5	Amount you owe		5	_	.,	
Part		and keep a co	opy of y	our retu	ırn)	
to send for any Agent to payme authori payme busines taxes to person	owledge 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, to my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason to 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 terent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations so 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 amendation) or a mendation of the payment (settlement).	ransmitter, or ele- for rejection of the the U.S. Treasur- nt indicated in the stitution to debit minate the autho n requests must in the processing the payment. I	ctronic reine transmise a transmise of tax prepare the entry rization. The election of the election are the election of the el	turn origina ssion, (b) the designated paration so to this accor- To revoke ved no lat ectronic para knowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the	
	ayer's PIN: check one box only	ſ				
X		erate mv PIN	4 7 2	2 7 9	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	-		digits, but er all zeros	ao my	
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.					
Yours	signature ▶ Date	e▶				
Cmaur	as a DINI shaak ana hay anti					
Spous	se's PIN: check one box only	arata my DINI			00 1001	
	I authorize to enter or gene		Enter five	digits, but	as my	
	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 if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN below.					
Spous	se's signature ▶ Date	e <b>&gt;</b>				
	Practitioner PIN Method Returns Only—continue b	elow				
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		8 2 7	7 1	
		Don't	enter all ze	103		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco- ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Provide	submitting this r	eturn in a	accordance		
ERO's	s signature ▶ Date	e <b>▶</b>				
	ERO Must Retain This Form — See Instruction					
	Don't Submit This Form to the IRS Unless Requested					

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

2023

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning		, 2023, ending					, 20		See separate instructions.				
Your first name	and m	iddle initial	Last name							Your so	ocial securit	y number	
ANUSHA			   THAT	TIREDDY						830	44 7:	279	
	pouse's	s first name and middle initial	Last na									curity numbe	
												-	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				Apt. no.		Preside	ential Election	on Campaigr	
801 HEBE								·			here if you,		
		ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	ate	ZIP	code			e if filing join	•	
LEWISVII	J.E				T	X	7.5	7 - 0 - 7			to go to this fund. Checking a box below will not change		
Foreign country				Foreign province/state/o			_	eign postal	code		x or refund.	change	
											You	Spouse	
Filing Status	· X	Single	- I			☐ Head of h	ouse	ehold (HC	DH)				
_		Married filing jointly (even if only o	ne had	income)					,				
Check only one box.		Married filing separately (MFS)		,		☐ Qualifying	sur	viving sp	ouse	(QSS)			
0.10 2011	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı ch						nild's name	if the	
		alifying person is a child but not you		ndont:									
	A												
Digital		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig					-				Yes	⊠ No	
Assets		<del></del>		_ <u>`</u>		<u>-</u>	; (·	366 111211	uctioi	15.)			
Standard Deduction		neone can claim: You as a de	•	•		•							
Deduction	ш.	Spouse itemizes on a separate retur	n or you	u were a duai-status a	aller	1							
Age/Blindness	You:	: Were born before January 2, 1	959 [	Are blind Spo	ouse	e: Was bor	rn be	fore Jan	uary 2	2, 1959	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	nip	(4) Check	the b	ox if qua	lifies for (see	instructions):	
If more	(1) F	(1) First name Last name		number	to you		•	Child	tax c	redit	Credit for oth	ner dependents	
than four											[	<u> </u>	
dependents, see instructions												<u> </u>	
and check	·												
here											[		
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	ee instructions)						. 18	a 3	31,330.	
Attach Form(s)	b	Household employee wages not re	eported	orted on Form(s) W-2						. 11	b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)							. 10	C			
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	nstrı	uctions)				. 10	d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441, line 26 .						. 10	е		
was withheld.	f	Employer-provided adoption bene	oyer-provided adoption benefits from Form 8							. 1	f		
If you did not	g	Wages from Form 8919, line 6 .								. 19	g		
get a Form W-2, see	h	Other earned income (see instruct	ions)				÷			. 11	h	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>							
	z	· · · · · · · · · · · · · · · · · · ·								. 12	z 3	31,330.	
Attach Sch. B	2a	' <del>-</del>	2a			Taxable interest				. 21			
if required.	<u>3a</u>		3a			Ordinary divide			•	. 31			
Standard	4a	<del>-</del>	4a			Taxable amoun			•	. 41			
Deduction for—	5a	<del>-</del>	5a			Taxable amoun				. 51			
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a			Taxable amoun	t.		٠.	. 6I	b		
separately,	С	If you elect to use the lump-sum e		•	•	,			٠ ل	╣			
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche							٠ ـ	<b>」</b>	_	4 000	
jointly or Qualifying	8	Additional income from Schedule	•				•		•	. 8		<u>-4,900.</u>	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							. 9		26,430.		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26							. 10				
household, \$20,800	11	Subtract line 10 from line 9. This is	-				•		-	. 1		26,430.	
If you checked	12	Standard deduction or itemized							•	. 12		13,850.	
any box under Standard	13	Qualified business income deduct	ion fron	n Form 8995 or Form	899	95-A			•	. 13		2 0 5 0	
Deduction, see instructions.	14	Add lines 12 and 13				tanalılı (			•	. 14		2,580.	
	15	Subtract line 14 from line 11. If zer	o or les	is enter-u- Inis is v	OHE	taxable incom	1e			. 14	n	/ - DXU	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	1,289.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	1,289.	
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	1,289.	
	23	Other taxes, including self-emp	oloyment tax, t	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ur <b>total tax</b>					24	1,289.	
Payments	25	Federal income tax withheld from	om:							
•	а	Form(s) W-2				25a	3,330			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	3,330.	
If you have a	26	2023 estimated tax payments a	and amount a	pplied from 20	)22 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1				31				
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. The	•	-	-			33	3,330.	
Refund	34	If line 33 is more than line 24, s						34	2,041.	
	35a	Amount of line 34 you want ref				•		35a	2,041.	
Direct deposit?	b	Routing number 1 1 1 9				Checking	Savings			
See instructions.	d	Account number 7 6 8 9								
	36	Amount of line 34 you want app	plied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the <b>amount you owe</b> .								
You Owe	••	For details on how to pay, go to						37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party	Do	you want to allow another pe	erson to disc	uss this retu	rn with the IRS?	See		'		
Designee		structions				. Yes.	Complete	below.	<b>⋈</b> No	
	Designee's Phone Personal ident									
		name no. number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to								
Sign										
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which your signature   Date   Your occupation   If the							nt you an Identity	
	10								IN, enter it here	
Joint return?			SOFTWARE ENGINEER				e inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, bot	<b>h</b> must sign.	Date	Spouse's occupat	ion		If the IRS sent your spouse an Identity Protection PIN, enter it here		
your records.						<b>I</b>	e inst.)	,		
	Phone no. (361) 228-9233 Email address ANUSHAREDDY170494@GMAI					70494@GMAIL.	COM			
D-!-l	Pre	` '	reparer's signati	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SY	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/19/2024	P020	82703	Self-employed	
Preparer		m's name GLOBAL TAXE				1			(678) 965-9522	
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			m's EIN	84-3171965	
	<u></u>	4040 ( )			-		1 "		= 1010	

# 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

ANUSHA THATIREDDY

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.

Attachment Sequence No. 01 Your social security number

830-44-7279

Par	t 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. Atta	ich Schedule E .	5	-4,900.
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 (	)	
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. Enter			
	1040. 1040-SR. or 1040-NR. line 8		10	-4,900.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<b>-</b>	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			
05					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere and on		
	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.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. 13

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

Your social security number

<u>ANUS</u>	SHA THATIREDDY						830-44	4-7279	
Part		nd Ro	yalties						
	Note: If you are in the business of renting personal prop rental income or loss from Form 4835 on page 2, line 40	erty, use	Schedul	e C. See	instru	ctions. If you a	are an indiv	idual, rep	ort farm
<b>A</b> [	Did you make any payments in 2023 that would require yo								
	f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state, Z				-			<u> </u>	
				0 = 0 0 1					
_ <u>A</u> _	8-7-126, KOTHIRAMPUR KARIMNAGAR TELA	ANGAN	A IN 5	05001					
В									
С	T (D ) 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1b	Type of Property (from list below)  2 For each rental real estate propabove, report the number of fail				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the			Α		365	Du	0	
В	if you meet the requirements to	file as	a	В		303			
C	qualified joint venture. See inst	ructions	s.	C					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Re	ental	5 Lan	d	7	Self-Rental			
	Multi-Family Residence 4 Commercial	, ricai	6 Roy			Other (desc	ribe)		
	That is a street of the street			uiti00					
						Properti	es:		
ncon				<u>A</u>		В			С
3	Rents received	3		3	58.				
4	Royalties received	4							
-	nses:	_							
5	Advertising	5 6							
6 7	Auto and travel (see instructions)	7		7	80.				
8	Commissions	8		/	00.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	98.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			<i>J</i> 0 •				
13	Other interest	13							
14	Repairs	14		1,0	40.				
15	Supplies	15		1,4					
16	Taxes	16							
17	Utilities	17		1,1	20.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		5,2	58.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I	f							
	result is a (loss), see instructions to find out if you mus-	t							
	file <b>Form 6198</b>	21		-4,9	00.				
22	Deductible rental real estate loss after limitation, if any								
	on Form 8582 (see instructions)	22	(	4,90		(	)(		
23a	Total of all amounts reported on line 3 for all rental prop			-	23a		358.		
b	Total of all amounts reported on line 4 for all royalty pro	-			23b				
C	Total of all amounts reported on line 12 for all propertie			-	23c				
d	Total of all amounts reported on line 18 for all propertie				23d	-	. 050		
e	Total of all amounts reported on line 20 for all propertie				23e	5	,258.		
24	Income. Add positive amounts shown on line 21. Do no						. 24		4 000
25	Losses. Add royalty losses from line 21 and rental real esta								4,900.
26	Total rental real estate and royalty income or (loss)								
	here. If Parts II, III, and IV, and line 40 on page 2 do r						//   <b>0</b> 6		_1 900