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

Submis	ssion Identifica	ation Number (SID)							
Taxpayer	's name	Social security number							
RUTH	VIK NAGAB	754-28-9257							
Spouse's	name			Spouse's social security number					
Part	Tax Re	turn Information — Tax Year Ending Decembe	er 31, 2023 (Enter	∣ ∵vear vou a	re aut	horizino	a.)		
		only on lines 1 through 5.		<i>y</i> = 5 <i>y</i> = 5 5.) -7		
		filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
		ss income			1	4	5,239.		
2	Total tax .				2		3,545.		
3	Federal incom	ne tax withheld from Form(s) W-2 and Form(s) 1099 .			3		7,370.		
4	Amount you v	vant refunded to you			4		3,825.		
5	Amount you c	owe			5				
Part I	Taxpay	er Declaration and Signature Authorization (E	Be sure you get and R	кеер а сор	y of y	our ret	urn)		
return (o to send for any o Agent to payment authoriza payment business taxes to personal	original or amen my return to the delay in process or initiate an ACH to find my federal station is to remait, I must contains days prior to be receive confided in the delay of the delay	ief, it is true, correct, and complete. I further declare that it ded) I am now authorizing. I consent to allow my intermedia e IRS and to receive from the IRS (a) an acknowledgement sing the return or refund, and (c) the date of any refund. If a Helectronic funds withdrawal (direct debit) entry to the finant taxes owed on this return and/or a payment of estimated tax ain in full force and effect until I notify the U.S. Treasury Fact the U.S. Treasury Financial Agent at 1-888-353-4537. The payment (settlement) date. I also authorize the financial dential information necessary to answer inquiries and resolutions of the income tax returns of the consent.	te service provider, transmof receipt or reason for rejepplicable, I authorize the U icial institution account indix, and the financial institution inancial Agent to terminate Payment cancellation requinstitutions involved in the live issues related to the p	itter, or electro ection of the tr S. Treasury a cated in the tr or to debit the the authoriza- uests must be processing of ayment. I furi	onic ret cansmis nd its cax prep entry tation. To receive the elector	urn origin ssion, (b) to designate of the sacration so this according to the sacration in t	ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of the that the		
	ic Funds Withd						1		
		eck one box only GLOBAL TAXES LLC		8	9 2	2 5 7			
×	i autnorize	ERO firm name	to enter or generate	En		digits, but	as my		
	signature or	n the income tax return (original or amended) I am now	v authorizing.	ao	n't ente	r all zeros			
		ny PIN as my signature on the income tax return (origntering your own PIN and your return is filed using the							
Your si	gnature ►	Crops	Date ▶ _	01/20/24					
Spouse	o's DIN: aboo	k one box only							
	I authorize	k one box only	to enter or generate	my DINI			ac my		
	1 auti ionze	ERO firm name	_ to effici of generate	_	ter five	diaits. but	as my		
	signature or	n the income tax return (original or amended) I am now	v authorizing.			r all zeros			
		ny PIN as my signature on the income tax return (origntering your own PIN and your return is filed using the							
Spouse	e's signature ▶	•	Date ▶						
		Practitioner PIN Method Returns (Only—continue below						
Part II	I Certific	ation and Authentication — Practitioner PIN I	Method Only						
FRO'e	FFIN/DIN En	ter your six-digit EFIN followed by your five-digit self-	selected PIN. 2 2	2 4 9	6 0	8 2	7 1		
Eno s	EFIN/FIN. CII	ter your six-digit Er IN followed by your live-digit self-	selected FIIV. 2 2	Don't ent			/ <u> </u>		
authorize	ed to file for ta	numeric entry is my PIN, which is my signature for the elector year indicated above for the taxpayer(s) indicated above actitioner PIN method and Pub. 1345 , Handbook for Authoriz	. I confirm that I am subm	itting this retu	ırn in a	ccordanc			
ERO's	signature ►		Date ►						
		ERO Must Retain This Form -	- See Instructions						
		Don't Submit This Form to the IRS Un		Oo 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 space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number
RUTHVIK			NAGA	BANDI	•						754	28	9257
	pouse's	s first name and middle initial	Last na								Spouse'		security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				, A	Apt. no.		Preside	ntial El∉	ection Campaigi
951 GREI	ENSI	DE DRIVE						16	314				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode			_	jointly, want \$3 nd. Checking a
RICHARDS	SON					ТX	ζ	750	80	- 1	•		not change
Foreign country	y name		F	Foreign pr	rovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu	
Filing Status	, X	Single					Head of h	useh	old (HOH	 H)			
Check only		Married filing jointly (even if only o	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	pouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ialifying person is a child but not you	ır depen	ident:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavn	nent for prope	rtv or	services'): or (b) sell.		
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No
Standard		neone can claim: You as a de					a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Blindness	s You	: Were born before January 2, 1	959 F	Are bl	ind Spc	ouse	: Was bor	rn befo	ore Janua	arv 2	1959		s blind
Dependent				Ī	Social security		(3) Relationsh	14					(see instructions)
-		(1) First name Last name			number to you			lib I,	Child t	1		or other dependents	
If more than four													
dependents,									[
see instruction	s —												
here]												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		51,338.
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 f	rom For	m 2441,	line 26						1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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	,					ή.			1h		0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>						
	z	Add lines 1a through 1h			· · · ·						1z		51,338.
Attach Sch. B	2 a	· —	2a				axable interes				2b		
if required.	3a		3a				ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	-	5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t			6b		
separately,	c	If you elect to use the lump-sum e				•	,]		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•					. L	7		2 500
jointly or Qualifying	8		nedule 1, line 10						8		-3,599.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		47,739.
\$27,700 Head of	10	Adjustments to income from Sche									10	_	2,500.
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		45,239.
If you checked	12	Standard deduction or itemized				-					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14 15	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	3,545.		
Credits	17	Amount from Schedule 2, lin	ie 3						17			
	18	Add lines 16 and 17							18	3,545.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19			
	20	Amount from Schedule 3, lin	ie 8						20			
	21	Add lines 19 and 20							21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,545.		
	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	3,545.		
Payments	25	Federal income tax withheld										
,	а	Form(s) W-2				25a	7	,370				
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c							25d	7,370.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return				26			
qualifying child,	27	Earned income credit (EIC)			No .	27						
attach Sch. EIC.	28	Additional child tax credit from	n 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, lin	ie 15			31						
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	fundabl	e credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	7,370.		
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amou	unt you	overpaid		34	3,825.		
	35a	Amount of line 34 you want			is attached, che	eck here			35a	3,825.		
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5	c Type:	Check	king 🗌	Savings	,			
See instructions.	d	Account number 4 8 8	1 1 6 8	3 2 2 (0 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			
	38	Estimated tax penalty (see in	_	-		38			0.			
Third Party		you want to allow another										
Designee		structions	•				🗌 Yes. C	omplete	below.	⋈ No		
J		Designee's Phone Personal name no. number (tification				
Sign		der penalties of perjury, I declare the	nat I have examined		accompanying sch	edules ar		, ,	the best	of my knowledge and		
_	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on	all informati	on of whi	ch prepar	er has any knowledge.		
Here	Yo	ur signature		Date	Your occupation					nt you an Identity		
		•								Protection PIN, enter it here (see inst.)		
Joint return? See instructions.				BATCH OPERATOR								
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation					If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Phone no. (567)413-1814 Email address RUTHVIK1901@GMAIL.COM											
Paid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:		
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAN	1 01/2	21/2024	P020	82703	Self-employed		
Preparer Use Only	Fir	m's name GLOBAL TAX	XES LLC					Ph	one no. (678)965-9522		
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816						Fir	m'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

RUTHVIK NAGABANDI

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 754–28–9257

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. Atta	ich Schedule E .	5	-3,599.
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	-3,599.

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 governme		
	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		
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		
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):	_	
20	IRA deduction	. 20	
21	Student loan interest deduction		2,500.
22	Reserved for future use		
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	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	-	
ı	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		
	Housing deduction from Form 2555	_	
J		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)		
_	Other adjustments. List type and amount:	-	
Z	0.4-		
25	Total other adjustments. Add lines 24a through 24z	. 25	1
25 26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and compared to the compare		
	Form 1040, 1040-SR, or 1040-NR, line 10		2,500.

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

RUTE	IVIK NAGABANDI						754-2	8-9257	
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule						
Α [Did you make any payments in 2023 that would require you	structions .	🗌 Yes 🛛 No						
В	f "Yes," did you or will you file required Form(s) 1099? .			. \(\subseteq \text{Ye} \)	s No				
1a	Physical address of each property (street, city, state, ZIF	code	e)						
Α	IN								
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair in the following state of the f	rental and JV box only			Fa	ir Rental Days	Personal Use Days		QJV
Α	g personal use days. Check the QJ					365		0	
В	if you meet the requirements to fi qualified joint venture. See instru			В					
С	quainied joint venture. See instru	CHOIR	o.	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Rent Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descr	ibe)		
						Properti	es:		
ncon	ne:			Α		В			С
3	Rents received	3		3	85.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		7	65.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		4	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13			4.5				
14	Repairs	14			45.				
15	Supplies	15		9	48.				
16	Taxes	16		1 0	2.6				
17	Utilities	17		1,2	26.				
18	Depreciation expense or depletion	18							
19	Other (list)	19		2 0	0.4				
20	Total expenses. Add lines 5 through 19	20		3,9	84.				
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		-3,5	99.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(3,59	9.)	()	(,
23a	Total of all amounts reported on line 3 for all rental proper	rties			23a		385.		
b	Total of all amounts reported on line 4 for all royalty proper	erties			23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	3	,984.		
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Er	nter to	tal losses here	e 25	(3,599.
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						n . 26		-3,599.