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	Social security number						
SRAVAN KUMAR PULLI	755-89-	8384						
Spouse's name	Spouse's soci	al security n	umber					
NAVYA SRIRAM	989-90-	989-90-9325						
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Ent.	er year you ar	e authori	zing.)					
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		1	80,182.					
2 Total tax		2	5,857.					
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,066.					
4 Amount you want refunded to you		4	6,209.					
5 Amount you owe		5						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende								
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation rebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I Electronic Funds Withdrawal Consent.	mitter, or electro ejection of the tra U.S. Treasury ar dicated in the ta tion to debit the ate the authoriza quests must be le processing of payment. I furtl	nic return or ansmission, and its design or preparation of this tion. To reviewed received re	originator (ERO), (b) the reason nated Financial on software for saccount. This woke (cancel) a no later than 2 nic payment of yledge that the					
Taxpayer's PIN: check one box only			\Box					
▼ I authorize GLOBAL TAXES LLC to enter or generate	a my DINI	8 3 8	4 as my					
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent	er five digits 't enter all z	, but					
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	thod. The ERO	must con						
Your signature Sravan kumar Pulli Date	02/01	/2024						
Spouse's PIN: check one box only			\Box					
▼ I authorize GLOBAL TAXES LLC to enter or generate ■ Tax State ■ Tax State	_	9 3 2						
ERO firm name signature on the income tax return (original or amended) I am now authorizing.		er five digits 't enter all z						
I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.								
Spouse's signature ▶ Date ▶								
Practitioner PIN Method Returns Only—continue below	w							
Part III 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 6 Don't ente	or all zeros	2 7 1					
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accord	dance with the					
ERO's signature ▶ Date ▶								
FRO Must Retain This Form — See Instructions								

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	ı. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding _		, 20		See se	parate inst	tructions.	
Your first name	and m	niddle initial	Last n	ame					Your social security number			
SRAVAN F	Z MTT	R	PUL:	T.T	755 89 8384							
		's first name and middle initial	Last n			Spouse's social security number						
NAVYA			SRI	RAM					989 90 9325			
	(numb	er and street). If you have a P.O. box, see					Apt. no.			' 	on Campaigr	
3177 SCC	тсн	CREEK ROAD					312		Check h	nere if you,	or your	
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP code	IP code spouse if fi			ntly, want \$3	
Coppell			TX 75							o this fund. ow will not	Checking a	
Foreign country	/ name	1		Foreign province/state/	coun	ty	Foreign posta	code		or refund.		
										You	Spouse	
Filing Status	; [Single				Head of ho	ousehold (HC	DH)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse ((QSS)			
	lf :	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box	k, ente	r the chi	ild's name	if the	
	qι	ualifying person is a child but not you	ır depe	endent:								
Digital	Δta	ny time during 2023, did you: (a) rece	aiva (as	a reward award or	navr	ment for proper	rty or service	e). Or	(h) sell			
Digital Assets		hange, or otherwise dispose of a digi	,				•	, .	. ,	Yes	⊠ No	
Standard		neone can claim: You as a de		_			7. (,			
Deduction		Spouse itemizes on a separate return	•	•								
		·										
		: Were born before January 2, 1	959	Are blind Spo	ouse	: U Was bor	n before Jan	<u> </u>	-	☐ Is bl		
Dependents	•	•		(2) Social security	/	(3) Relationsh	ib I.,			,	instructions): her dependents	
If more	(1) 1	First name Last name		number		to you	Child tax c		euit	Credit for oti		
than four dependents,												
see instructions	s —											
and check	1 —									[
here L	4 -	Total are suit from Farma(a) M/ O. h.	1 /-	:					. 1a	<u>L</u>		
Income	1a	Total amount from Form(s) W-2, bo	•	,							90,024.	
Attach Form(s)	b											
W-2 here. Also attach Forms	G C	Medicaid waiver payments not rep		•				•	. 1c . 1d			
W-2G and	d	Taxable dependent care benefits for		()	115111	ictions)		•	. 1u			
1099-R if tax was withheld.	e f	Employer-provided adoption bene		•				•	. 16			
If you did not	g	Wages from Form 8919, line 6.			•			•	. 1g			
get a Form	9 h	Other earned income (see instructi						•	. 19		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions)	s)							
instructions.	z	Add lines 1a through 1h	300 1110	il dollorio,					. 1z		90,024.	
Attach Sch. B			2a	· · · · · j	ь т	axable interest			. 2b			
if required.	3a		3a			ordinary divider			. 3b			
	4a		4a			axable amount			. 4b			
Standard	5a		5a			axable amount			. 5b			
Deduction for— Single or	6a		6a			axable amount			. 6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)										
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here										
 Married filing jointly or 	8	Additional income from Schedule 1, line 10									-9,842.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									80,182.	
\$27,700	10	Adjustments to income from Sche		•					. 10			
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	me				. 11	- 8	80,182.	
\$20,800	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				. 12		27,700.	
If you checked any box under	13	Qualified business income deducti	ion fror	m Form 8995 or Form	1 899	5-A			. 13			
Standard Deduction,	14	Add lines 12 and 13							. 14		27,700.	
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or le	ee antar -O- This is y	our t	tavahla incom			15		52 482	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	5,857.	
Credits	17	Amount from Schedule 2, lin	17							
	18	Add lines 16 and 17						18	5,857.	
	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	5,857.	
	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	5,857.	
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a 12	2,066			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	12,066.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC. 1	27	Earned income credit (EIC)				27				
attauri 301. Etc.	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								
	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	12,066.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	6,209.	
	35a	Amount of line 34 you want			3 is attached, chec	k here	🗆	35a	6,209.	
Direct deposit? See instructions.	b	Routing number 1 1 1	s							
See instructions.	d	Account number 4 8 8								
	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		you want to allow another	person to disc	cuss this retu	rn with the IRS?	_			_	
Designee	ins	structions	e below.	⊠ No						
		Designee's Phone Personal ide no. number (PIN								
Sign		nder penalties of perjury, I declare the	nat I have examined		accompanying sched				of my knowledge and	
_		lief, they are true, correct, and com								
Here	Yo	our signature		Date	Your occupation	lf t	If the IRS sent you an Identity			
								IN, enter it here		
Joint return?					SOFTWARE E		ee inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation		Ide	entity Prote	nt your spouse an ection PIN, enter it here	
your records.				Email address	HOME MAKER SRAVANZONE		ee inst.)			
		one no. (216)800-700		Ob a all if						
Paid		eparer's name	Preparer's signat		~	Date	PTIN	82703	Check if:	
Preparer		SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/29/2024							Self-employed	
Use Only		m's name GLOBAL TA						Phone no. (678)965-9522		
	Fir	m's address 2530 Pebb	irm'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

SRAVAN KUMAR PULLI & NAVYA SRIRAM

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 755-89-8384

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	ach Schedule E .	5	-9,842.
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	-9,842.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ·	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			_	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

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.

OMB No. 1545-0074

Department of the Treasury

Internal	Revenue Service			Go to	www.irs.gov	/ScheduleE for	r instru	uctions an	d the la	test in	formation.		Sequen	ce No. 13
Name(s) shown on return												Your soci	al security i	number
SRAV	AN KUMAR F	.3 I.	NAVY.	A SRIRAM						755-89-8384				
	Part I Income or Loss From Rental Real Estate and Royalties													
	Note: If y	ou ar	e in th	he busine	ess of renting p	personal proper			c . See	instru	ctions. If you	are an indiv	vidual, repo	ort farm
						page 2, line 40.								
	Did you make a													
В	f "Yes," did you	u or v	or will you file required Form(s) 1099?											
1a	Physical add	ress	of ea	ach prop	perty (street,	city, state, ZIF	ode	e)						
A	IN													
B														
	Type of Prop	e of Property 2 For each rental real estate property listed Fair Rental Personal Use												
10	(from list belo		2			umber of fair				Га	Days	Da	QJV	
A	3					Check the Q			Α		365		0	
B	3			if you r	meet the req	uirements to f	ile as	a	В		303			
				qualifie	ed joint ventu	ıre. See instru	ictions	3.	C					
	of Property:													
	Single Family F	Poold	longo	. 2	Vacation/Sh	ort-Term Ren	tal	5 Lanc	1	7	Self-Rental			
	-				Commercial		lai					wib a)		
2	Multi-Family Re	eside	erice	4	Commerciai			6 Roya	aities	0	Other (desc	:nbe)		
											Propert	ies:		
Incon	ne:								Α		В			С
3	Rents receive	d.					3		5	90.				
4	Royalties rece	eived					4							
Expe														
5	Advertising						5							
6	Auto and trave	el (se	e ins	struction	ıs)		6							
7	Cleaning and				-		7		1,3	56.				
8	Commissions						8							
9	Insurance .						9							
10	Legal and oth						10							
11	Management						11		8	40.				
12	Mortgage inte						12							
13	Other interest		•		,	,	13							
14	Repairs						14		1,2	02.				
15	Supplies .						15		1,7					
16	Taxes						16							
17	Utilities						17		1,9	84.				
18	Depreciation 6						18		3,2					
19	Oth a :: (1: a t)	-		-			19		0,2	, _ ,				
20	Total expense	es Ac	dd lin	 nes 5 thr	ah 19		20		10,4	32				
21	Subtract line 2				•				10,1	52.				
21	result is a (los													
	file Form 619 8	, ,				•	21		-9,8	42.				
22	Deductible re								- , ,					
~~	on Form 8582						22	(9,84	.2 1	(١	(١
23a	Total of all am				-			\	J, U	23a	\	590.	\	,
20a b	Total of all am								•	23b		5,500		
C	Total of all am									23c				
d	Total of all am									23d		3,274.		
e e	Total of all am									23e		0,432.		
24	Income. Add							 de anv lo		236	1.0	. 24		
2 4 25	Losses. Add re									· · ·	tal losses ho	-	(9,842.)
			-										(J,0±4.)
26	Total rental r	edi 6	ะรเสโ	e anu r	oyany mcor	ne or (1088). (anno	ine illies	∠4 a⊓0	∠5. ⊏	mer me resi	uit		

-9,842.

26

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2