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

Subm	nission Identification Number (SID)			
Taxpay	rer's name	Social securit	y number	
SAI	642-95-	-5377		
Spouse	al security n	umber		
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	⊥ r year you a	re 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	73,147.
2	Total tax		2	8,348.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,398.
4	Amount you want refunded to you		4	2,050.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended			
return to sen for any Agent payme author payme busine taxes persor	cowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abo (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmy driver to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Lower to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account income of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the particular of the properties of the propert	nitter, or electro- ection of the tr .S. Treasury ar icated in the ta on to debit the e the authoriza- uests must be processing of payment. I furt	onic return of ansmission, and its design as preparation entry to this attion. To reversely received in the electron her acknow	riginator (ERO (b) the reasor nated Financia on software foi s account. This yoke (cancel) a no later than 2 nic payment o yledge that the
	ayer's PIN: check one box only			
	I authorize GLOBAL TAXES LLC to enter or generate	my PIN 5	5 3 7	7 as my
٠	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	* Ent	er five digits, n't enter all z	, but ´
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Your	signature ▶ Date ▶			
Cnau	os's DIN, shock and havenly			
Spou	se's PIN: check one box only I authorize to enter or generate	may DINI		
L	I authorize to enter or generate to enter or generate	,	er five digits.	as my
	signature on the income tax return (original or amended) I am now authorizing.		i't enter all z	
	I will enter my PIN as my signature on the income tax return (original or amended) I am r if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.			
Spou	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below	1		
Part	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		6 0 8 er all zeros	2 7 1
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income to rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of I	nitting this retu	rn in accord	dance with the
EDO?	o dignoturo N			
ERU'	s signature ► Date ► ERO Must Retain This Form — See Instructions			
	ENU WIUST HERBIN 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



1040		partment of the Treasury—Internal Revenue Serv. S. Individual Income Tax		urn	202	3	OMB No. 1545-	0074	IRS Use Only	/—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name SAI NIKI If joint return, s	HIL	niddle initial 's first name and middle initial	Last nai	ALA						642	95	5377 I security number
295 DEL) DACH				200	Cto	to T	ZIP co	pt. no.	Check	here if y	ection Campaigr ou, or your jointly, want \$3
City, town, or post office. If you have a foreign address, also complete sp MEMPHIS Foreign country name Fig. 2. Fig. 2. Fig. 2. Fig. 3. Fi				•	TN 38			381		to go to this fund. Checking a box below will not change		
Filing Status Check only one box.	If qu	Single Married filing jointly (even if only o Married filing separately (MFS) you checked the MFS box, enter the ualifying person is a child but not you	e name o ur depen	of your sp				survivi	ing spouse SS box, ente	er the ch	ild's na	ıme if the
Digital Assets Standard Deduction	Son	any time during 2023, did you: (a) rec hange, or otherwise dispose of a dig neone can claim: You as a de	ital asse pendent	t (or a fin	ancial intere	est ir	n a digital asse a dependent				☐ Y	es 🗵 No
		Spouse itemizes on a separate return.						n h of o	wo longang	0 1050		م مانام م
Dependent		: Were born before January 2, 1	959 _	Are bli	ocial security	use	(3) Relationshi	(4)	re January : Check the b			s blind (see instructions):
If more		First name Last name			number		to you	p (Child tax of		1	or other dependents
than four												
dependents,												
see instruction and check here	s — 1											
-	1a	Total amount from Form(s) W-2, b	nx 1 (se	 e instruct	rions)					. 1a	.	82 , 442.
Income	b	Household employee wages not re	,		,					. 1b		
Attach Form(s)	c	, ,	•							. 10		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)							. 10			
W-2G and		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene				•				. 1f		
If you did not	١ ~	Wages from Form 8919, line 6.	1115 11011	11 01111 00	559, III le 29	•				_		
get a Form	9 5	•	· · ·			•				. 10		0.
W-2, see	h :	Other earned income (see instruct	,			•		i .		. 1h	1	<u> </u>
instructions.	i	Nontaxable combat pay election (see mstr	uctions)		•	<u>li</u>			-		92 112
		Add lines 1a through 1h			· · i ·	L T	 axable interest			. 1z		82,442. 1,078.
Attach Sch. B if required.	2a	· –	2a							-		1,070.
	3a	· –	3a				rdinary divider					
Standard	4a		4a				axable amount					
Deduction for—	5a	_	5a				axable amount					
Single or Married filing	6a	,	6a				axable amount			. 6b)	
separately,	_c	If you elect to use the lump-sum e				•	,		l	╡ 📙		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								□		10 070
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-10 , 373.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						. 9		73,147.
\$27,700 Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is								. 11	_	73,147.
If you checked	12	Standard deduction or itemized								. 12	_	13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 89	95 or Form	899	5-A			. 13		
Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -	0 This is y	our t	axable incom	е.		. 15	5	59 , 297.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if a	ny from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,348.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	8,348.
	19	Child tax credit or credit for oth	er dependent	s from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8						20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	8,348.
	23	Other taxes, including self-emp	loyment tax, t	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is you	ır total tax					24	8,348.
Payments	25	Federal income tax withheld fro	m:						
-	а	Form(s) W-2				25a 10	,398.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	10,398.
If you have a	26	2023 estimated tax payments a	nd amount ap	oplied from 20	122 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from S	chedule 8812			28			
	29	American opportunity credit from	m Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	5			31			
	32								
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	10,398.
Refund	34	If line 33 is more than line 24, so	ubtract line 24	4 from line 33.	This is the amoun	t you overpaid		34	2,050.
	35a	Amount of line 34 you want refu			is attached, chec	k here		35a	2,050.
Direct deposit?	b	Routing number 0 6 4 0				Checking	Savings		
See instructions.	d	Account number 4 4 4 0	2 4 8	4 3 2 3	3 6				
	36	Amount of line 34 you want app	lied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. Th							
You Owe		For details on how to pay, go to	_	-		1 1		37	
	38	Estimated tax penalty (see instr				38			
Third Party		you want to allow another pestructions				_	omplete l	oolow	⊠ No
Designee		signee's		Phone			onal identi		A NO
		me		no.			ber (PIN)	ilcation	
Sign		der penalties of perjury, I declare that I							
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic							, ,
	Yo	ur signature		Date Your occupation			I .		nt you an Identity IN. enter it here
Joint return?							inst.)	iiv, cirtoi it rioro	
See instructions.	Spouse's signature. If a joint return, both must sign.		n must sign.	Date	Spouse's occupation		If the	If the IRS sent your spouse an	
Keep a copy for your records.	r						I	•	ection PIN, enter it here
your records.							(see	inst.)	
		one no. (217) 926-5700	, , ,	Email address	MUVVALASAINI:				01 1 1
Paid			eparer's signati			Date	PTIN		Check if:
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM SY		RAM SAGAR	GUPTA TALLAM	01/28/2024	P0208		Self-employed
Use Only							Phone no. (678) 965-9522		
	Fir	m's address 245 ROONEY	UT E BRU	NSWICK N	7 08816		Firm	's EIN	84-3171965
	/	-1010 for instance is a lite 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. E A!						

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

SAI NIKHIL MUVVALA

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.

	Sequence No. 01
Your soc	ial security number
642-95	-5377

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		5	-10,373.
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		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		
- 1	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	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	80		
р		8р		
q	·	8q		
r	· · · · · · · · · · · · · · · · · · ·	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	· · · · · · · · · · · · · · · · · · ·	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	•	8t		
u		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	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-10 , 373.

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)

17

18

19

20

21

22

Utilities

Depreciation expense or depletion Other (list)

Total expenses. Add lines 5 through 19

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

Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)

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,

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 642-95-5377 SAI NIKHIL MUVVALA Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. 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, ZIP code) DNO-2072, WATER TANT STREET VIJAYAWADA ANDHRA PRADESH IN 520013 Α B C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 601. 4 Royalties received . 4 **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance 7 1,010. 8 Commissions 8 9 9 Insurance 10 Legal and other professional fees 10 11 11 1,314. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,201. 14 Repairs 2,140. 15 Supplies 15 16 16 Taxes

17

18

19 20

21

22

2,364.

2,945.

10,974.

-10,373.

10,373.

23a	Total of all amounts reported on line 3 for all rental properties	23a	60	01.	
b	Total of all amounts reported on line 4 for all royalty properties	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	2,9	45.	
е	Total of all amounts reported on line 20 for all properties	23e	10,9	74.	
24	Income. Add positive amounts shown on line 21. Do not include any losses .			24	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Ent	ter tot	tal losses here	25	(10,373.

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

-10,373.

601

-10,373.