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

	513.1.1.0 53.1.1.0				
Submis	sion Identification Number (SID)				
Taxpayer	's name	Social secur	ity numl	ber	
DEVI	PRIYA BALINENI	520-63	-254	4	
Spouse's	name	Spouse's so			
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	VOOR VOU	aro ou	thorizina	<u> </u>
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter whole dollars only on lines 1 through 5.	year you a	are au	monzing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		1 1	92	,135.
	Total tax		2		,528.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,477.
	Amount you want refunded to you		4		,949.
	Amount you owe		5		<i>,</i> , , , ,
Part I		eep a cop	y of y	our retu	rn)
my know return (of to send for any of Agent to payment authoriz payment business taxes to persona	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectlelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the information necessary to answer inquiries and resolve issues related to the paying the function number (PIN) below is my signature for the income tax return (original or amended) I and its Funds Withdrawal Consent.	e are the ameter, or electricion of the factor of the factor of the factor of the factor of the authorizests must be processing cayment. I fur	ronic recansing and its of ax preparation. The receipt the electron are receipt the receipt the receipt ax preparation.	from the inc turn original ssion, (b) the designated paration soff to this accor- To revoke (eved no late lectronic parack)	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 hyment of that the
	ver's PIN: check one box only				
X	I authorize GLOBAL TAXES LLC to enter or generate r	nv PIN	2 !	5 4 4	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.				
Your si	gnature ▶ Date ▶				
Snous	e's PIN: check one box only				
Opous	I authorize to enter or generate r	ov DINI			as my
	ERO firm name	_	ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spouse	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-selected PIN. 2 2	2 4 9 Don't en	6 0	8 2 7	1
		_ 5 1 011		- 	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taled to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this ret	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o 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 Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity number
DEVI PR	IYA		BALI	NENI							520	63	2544
If joint return, s	spouse's	s first name and middle initial											•
Home address (number and street). If you have a P.O. box, see instructions.							, A	Apt. no.		Preside	ntial Ele	Ection Campaigr	
1513 ME	RIDI	AN DRIVE						3	3607				
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode		•	•	•
IRVING						TX	Z	750	38		•		•
Foreign country name Foreign province/state/county Foreign						ın postal o	ode	your tax	_				
Filing Status	s 🗵	Single		,			Head of h	ouseh	old (HOI	- 1)			
Check only		Married filing jointly (even if only of	ne nad i	ncome)						//	200)		
one box.	lt.	Married filing separately (MFS)	nomo	of vour or	souss If you	, obo	, ,		0 1	,	,	ild'o no	ma if tha
		ialifying person is a child but not you											
Digital													
								et)? (Se	ee instru	ction	s.)	Y	es 🗵 No
Standard	_		•				•						
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	ı were a d	duai-status	allen							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959	l:	s blind
Dependent	ts (see instructions):			(2) Social security (3) Relationship			nip (4	-					
If more	(1) F	(1) First name Last name		numb			to you		Child t	ax cre	edit	Credit fo	or other dependents
than four										<u> </u>			
see instruction	ıs												
and check	, —												
-	10	Total amount from Form(a) W/ 2 h	ov 1 (00	o inatruo	tions)						10		106 684
income	1a b		•		,								100,004.
Attach Form(s)													
w-2 nere. Also attach Forms	d		•		•								
W-2G and	e		Last name Apt. no. 3607										
	f					Apt. no. 3607 Presidential Election Campaign TX 75038 TX 75038 TX T5038 T							
	g g	Wages from Form 8919, line 6 .	,,,,,		000,10 20	•					-		
get a Form	h	Other earned income (see instruct	ions)										0.
	i	Nontaxable combat pay election (s	,				1i	Ì					
	z	Add lines 1a through 1h									1z		106,684.
Attach Sch. B	 2a		2a	-	ĺ	b Ta	axable interes	t.					· · · · · · · · · · · · · · · · · · ·
if required.	3a	· –											
	4a	_					-						
Standard	5a												
Single or	6a	_											
Married filing	С	· -	lection r	method,	check here					. 🗆			
\$13,850	7								7				
jointly or	8										8		-14,549.
Check only one box. Digital Assets Standard Deduction Age/Blindnes Dependent If more than four dependents, see instructior and check here	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is yo	our total inc	come	e				9		92,135.
\$27,700	10	Adjustments to income from Sche	dule 1, l	line 26							10)	
Head of household,	11	Subtract line 10 from line 9. This is	s your a c	djusted (gross incor	ne					11		92,135.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12	2	13,850.
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13	3	
Standard Deduction,	14										14		
see instructions.	15	Subtract line 1/1 from line 11 If zer	ro or les	c ontor	O This is v	our t	avabla incom	10			15	: 1	70 205

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	12,528.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	12,528.
	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	3. If zero or less,	enter -0				22	12,528.
	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	12,528.
Payments	25	Federal income tax withheld	I from:						
_	а	Form(s) W-2				25a 14	477.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	14,477.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	31 Amount from Schedule 3, line 15							
	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	14,477.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	t you overpaid		34	1,949.
	35a	Amount of line 34 you want			3 is attached, chec	k here		35a	1,949.
Direct deposit?	b	Routing number 0 4 1			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 4 1 2	8 8 0 7	2 7 4					
	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	Do	you want to allow another				See			
Designee		,	•			_	omplete	below.	⋈ No
•	Designee's			Phone			dentification		
	name no. number (PIN Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and t						, ,		
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							
Here				Date				, ,	
	YO	Your signature			Your occupation		If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				SOFTWARE E		inst.)	•		
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					I .	dentity Protection PIN, enter it here see inst.)			
	Ph	one no. (216) 804-218	8	Email address	DEVIPRIYABALI	NENI@GMAIL.C	MC		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/27/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC			Pho	Phone no. (678) 965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	ı's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

DEVI PRIYA BALINENI

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 soci	ial security number
520-62	_2511

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. Atta		5	-14,549.
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		
I	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:			
•	Table the decree Add Press On the color	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	nere and on Form	, ,	14 540
	1040, 1040-SR, or 1040-NR, line 8		10	-14 , 549.

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				
	-	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					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number DEVI PRIYA BALINENI 520-63-2544

ע א יינע	L FRITA DALINENT						J 2 0 -	-05-2545	İ		
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pr rental income or loss from Form 4835 on page 2, line	operty, use		e C. See	instru	ctions. If you a	are an ir	ndividual, rep	oort farm		
A [Did you make any payments in 2023 that would require		Form(s)	10002 5	Soo in	structions			oc 🛛 🗷	\ <u>\</u>	
	If "Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state				• •		• •	· · 🗀 ·	C3 1	10	
				D	7 7 7 7	NID TNI FO	0000				
_ <u>A</u> _	16-2-754/A/12, APAU COLONY GADDIANNA	RAM HY	DERABA.	D , ТЕГ	ANGA	NA IN 50	0060				
В											
С						ir Rental			1		
1b		2 For each rental real estate property listed above, report the number of fair rental and						onal Use Days	QJ'	QJV	
Α	g personal use days. Check th			Α		365		0		1	
В	if you meet the requirements			В						i	
С	qualified joint venture. See in	nstruction	S.	C						i –	
	of Property:						1				
1	Single Family Residence 3 Vacation/Short-Term Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya			Self-Rental Other (desc	ribe)				
						Propert	ies:				
ncon	ne:			Α		В			С		
3	Rents received	. 3		6	72.						
4	Royalties received										
eqx	nses:										
5	Advertising	. 5									
6	Auto and travel (see instructions)										
7	Cleaning and maintenance			1,8	98.						
8	Commissions										
9	Insurance										
10	Legal and other professional fees										
11	Management fees			2 1	42.						
12	Mortgage interest paid to banks, etc. (see instruction	-		۷, ۱	72.						
13	Other interest	-,									
14	Repairs			3,5	21						
15	Supplies				51.						
16	Taxes			۷,٦	J						
17	Utilities			2,4	51						
	Depreciation expense or depletion	-		2,7							
18 19	Other (list)	19	+	۷, /	50.						
19 20	Total expenses. Add lines 5 through 19			15,2	21						
			-	10,2	∠⊥.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties) result is a (loss), see instructions to find out if you may										
	file Form 6198			-14, 5	49.						
22	Deductible rental real estate loss after limitation, if all on Form 8582 (see instructions)		(14,54	19.)	()(
23a	Total of all amounts reported on line 3 for all rental pr				23a		672				
b	Total of all amounts reported on line 4 for all royalty p	-			23b						
С	Total of all amounts reported on line 12 for all proper				23c						
d	Total of all amounts reported on line 18 for all proper				23d	2	2 , 758				
е	Total of all amounts reported on line 20 for all proper				23e		5,221				
24	Income. Add positive amounts shown on line 21. Do						. 2				
25	Losses. Add royalty losses from line 21 and rental real e		•		nter to	tal losses her	_	_	14,54	9.	
26	Total rental real estate and royalty income or (los								,		
	here. If Parts II, III, and IV, and line 40 on page 2 do										
	Schedule 1 (Form 1040), line 5. Otherwise, include th						. 2	6	-14.5	49	