(Rev. January 2021)

Department of the Treasury

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

- Internal N	level the Gel vice									
Submis	ssion Identification Number (SID)									
Taxpayer	r's name	Social sec	curity numb	er						
VENK	ATA SRIKAR BABU SIVAPUJA	480-	39-737	0						
Spouse's	name		Spouse's social security number							
D. 1	To District To Verific Break of the Control				• • • •					
Part		Enter year yo	u are au	thoriz	ing.)					
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
	Adjusted gross income		. 1		64	890.				
	Total tax					533.				
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099					642.				
	Amount you want refunded to you					109.				
	Amount you owe		. 5							
Part I		and keep a c	opy of y	our i	eturı	า)				
return (o to send for any o Agent to payment authoriza payment business taxes to personal	wledge 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 institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to ter t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellations 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 all identification number (PIN) below is my signature for the income tax return (original or amendatic Funds Withdrawal Consent.	ransmitter, or elefor rejection of the U.S. Treasurnt indicated in the stitution to debit minate the author requests musin the processing the payment. I	ctronic reine transmis y and its one tax prep the entry orization. The election of the electio	curn or ssion, design oaratio this to this o revolved no ectron	iginato (b) the ated F n softw accou oke (ca o later ic payre edge t	or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of hat the				
	yer's PIN: check one box only									
X	lauthorize GLOBAL TAXES LLC to enter or gene	erate my PIN	9 7 3	3 7	0	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		Enter five don't ente		but	,				
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.									
Your si	gnature ▶ Date	e▶								
Spouse	e's PIN: check one box only									
	I authorize to enter or gene	erate my PIN				as my				
	ERO firm name	orace my min	Enter five	digits,		a.c,				
	signature on the income tax return (original or amended) I am now authorizing.		don't ente	r all ze	ros					
	I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.									
Spouse	e's signature ▶ Date	e ▶								
	Practitioner PIN Method Returns Only—continue b	elow								
Part II	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	6 0	8 2	2 7	1				
			enter all ze	ros						
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income that the file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I amount of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	submitting this	return in a	accord	anće v					
ERO's	signature ► Date	e►								
	ERO Must Retain This Form — See Instruction									
	Don't Submit This Form to the IRS Unless Requested									

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 nar	me							Your so	cial sec	curity number
VENKATA	SRI	KAR BABU	SIVA	PUJA							480	89	7370
		s first name and middle initial	Last nar								Spouse'		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Preside	ntial Fle	ection Campaigr
		N ARTERY							205				ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces bel	low.	Sta	te	ZIP c				_	jointly, want \$3
QUINCY						MA	A	021	.69	- 1	•		nd. Checking a not change
Foreign country	y name		F	oreign pr	rovince/state/	count	ty	Foreig	ın postal c	- 1	your tax		ınd.
Eiling Status	, X	Single					Head of h	ouseh	old (HOF	٦/			
Filing Status	5 <u>~</u>	☐ Single☐ ☐ Married filing jointly (even if only o	ne had ir	ncome)			□ Head Of H	ousen	ola (FIOI	')			
Check only one box.		Married filing separately (MFS)	ne nad n	nconic)			☐ Qualifying	surviv	ina spoi	ise ((288)		
one box.	If v	you checked the MFS box, enter the	name o	f vour si	pouse. If voi	ı che	, ,		0 1	,	,	ld's na	me if the
		ialifying person is a child but not you											
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward									
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No
Standard	Som	neone can claim: 🗌 You as a de	pendent	: 🗆	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationship		(4) Check the b		x if quali	fies for ((see instructions):
If more		(1) First name Last name		number to you		Child tax		ax cre	edit	Credit fo	or other dependents		
than four									[
dependents, see instruction	s												
and check	, —									<u> </u>			
here L			4 /		\								72 247
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		73,247.
Attach Form(s)	b	Household employee wages not re	•								1b		
W-2 here. Also attach Forms	d	Tip income not reported on line 1a			•						1c		
W-2G and	u e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e				
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29						1f					
If you did not	g g	Wages from Form 8919, line 6						1g	_				
get a Form	h	Other earned income (see instruct	ions) .								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1 _{1i}	Ì					
	z	Add lines 1a through 1h						. .			1z		73,247.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b		
if required.	За	Qualified dividends	3a			b 0	rdinary divide	nds .			3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b		
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection n	nethod,	check here	(see	instructions)			. [
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee	dule D if	required	d. If not requ	uired,	, check here			. [7		
jointly or	8	Additional income from Schedule	1, line 10)							8		-8,357.
Qualifying spouse,	9		z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income						9		64,890.		
\$27,700 • Head of	10	Adjustments to income from Sche									10	_	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11		64,890.
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	Add lines 12 and 13								14		13,850.	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	6,533.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	6,533.	
	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	6,533.	
	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	6,533.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 10	,642			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	10,642.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
attacii Sch. Elo.	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	ne 15			31				
	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	10,642.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	4,109.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	4,109.	
Direct deposit?	b	Routing number 0 1 1			,, <u> </u>	Checking	Savings			
See instructions.	d	Account number 4 6 6	0 0 9 3	3 1 9 !	5 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	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	⋉ No	
	De	esignee's		Phone			identification			
	name no. number (PIN						, ,			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,		,		,	
Here		•	ipiete. Deciaration		Your occupation	sed on an imormati			, ,	
	Your signature		Date			If the IRS sent you an Identity Protection PIN, enter it here				
Joint return?					SOFTWARE E		e inst.)	114, 01101 11 11010		
See instructions.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If th	ne IRS se	nt your spouse an		
Keep a copy for your records.						entity Protection PIN, enter it here ee inst.)				
	Ph	one no. (203)640-620	8	Email address	SRIKAR.S.V	@ORACLE.CO)M			
Doid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/07/2024	P0208	32703	Self-employed	
Preparer Use Only	Firm's name GLOBAL TAXES LLC PI					Pho	one no. (678)965-9522			
Use Only							Firr	rm'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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATA SRIKAR BABU SIVAPUJA

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	al security number
480-89	-7370

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. Att	ach Schedule E .	5	-8,357.
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	4	
m	Olympic and Paralympic medals and USOC prize money (see	_		
	instructions)	8m	4	
n	Section 951(a) inclusion (see instructions)	8n	4	
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	0- /	\	
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:	8z		
9			9	
9 10	Total other income. Add lines 8a through 8z	horo and an Farm	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-8,357.
	1010, 1010 011, 01 1070 1111, 11110 0		10	0,557.

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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	the state of the s	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		. 20	

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.

Cs, etc.)	2023
	Attachment Sequence No. 13
Your soci	al security number

OMB No. 1545-0074

Name(s)	shown on return					Y	our social	security r	number
VENK	KATA SRIKAR BABU SIVAPUJA						480-89	-7370	
Part	Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line	perty, use		c . See	instruc	ctions. If you are	e an individ	dual, repo	ort farm
	Did you make any payments in 2023 that would require y								
B I	f "Yes," did you or will you file required Form(s) 1099?							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state,	ZIP code	e)						
A	APT NO.13-B, SATYA COLONY BHIMAVARAM	Z NDHR Z	, DRVDI	rgh Ti	NT 534	1201			
B	THE NO.13 BY DITTING COLORED BILLIAN VINCAN	THINDING	1 11(11)1	1011 11	. 33	1201			
C									
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of f				_	ir Rental Days	Personal Days	I	QJV
A	personal use days. Check the			Α		365		0	
В	if you meet the requirements			В					
С	qualified joint venture. See ins	structions	5.	C					
	of Property:								
1	Single Family Residence 3 Vacation/Short-Term F Multi-Family Residence 4 Commercial	Rental	5 Land 6 Roya		-	Self-Rental Other (descrik	oe)		
						Properties	s:		
Incom				Α		В			С
3	Rents received	3		4	80.				
4	Royalties received	4							
Exper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	41.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		5	14.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest	13							
14	Repairs	14			65.				
15	Supplies	15		1,0	12.				
16	Taxes	16							
17	Utilities	17		1,6					
18	Depreciation expense or depletion	18		3,5	55.				
19	Other (list)								
20	Total expenses. Add lines 5 through 19	20		8,8	37.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). result is a (loss), see instructions to find out if you mu file Form 6198	ıst		-8,3	5 7				
22	Deductible rental real estate loss after limitation, if an on Form 8582 (see instructions)		(57.)(,			
23a	Total of all amounts reported on line 3 for all rental pro		1	0,50	23a		480.		
b	Total of all amounts reported on line 4 for all revalty per	•		•	23b		100.		
C	Total of all amounts reported on line 4 for all properti			•	23c				
d	Total of all amounts reported on line 12 for all propertions of all amounts reported on line 18 for all propertions.			•	23d	3	555.		
e	Total of all amounts reported on line 20 for all properti			•	23e		837.		
24	Income. Add positive amounts shown on line 21. Do			sses		<u> </u>	24		
25	Losses. Add royalty losses from line 21 and rental real es		-		 nter tot	al losses here	25 (8,357.
26	Total rental real estate and royalty income or (loss						<u> </u>		3,337.
20	here. If Parts II, III, and IV, and line 40 on page 2 do Schedule 1 (Form 1040), line 5. Otherwise, include this	not appl	y to you,	also e	nter th	is amount on			-8,357.