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

Submi	ission Identification Number (SID)								
Taxpaye	er's name	Social security number							
NAR	ESH VIRIYALA	134-9	9-788	4					
	's name		Spouse's social security number						
Dort	Tax Return Information — Tax Year Ending December 31, 2023 (Fig. 2023)	Enter year yeu	oro ou	thorizina					
Part	whole dollars only on lines 1 through 5.	Enter year you	are au	unonzing	· <i>)</i>				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1 1	61	L,740.				
2	Total tax		2		5,840.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		L,842.				
4	Amount you want refunded to you		4		5,002.				
5	Amount you owe		5						
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get a	and keep a co	py of y	our retu	ırn)				
return (to send for any Agent t paymer authori paymer busines taxes t person	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for 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 insization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termint, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation as days prior to the payment (settlement) date. I also authorize the financial institutions involved into receive confidential information necessary to answer inquiries and resolve issues related to real identification number (PIN) below is my signature for the income tax return (original or amende onic Funds Withdrawal Consent.	cansmitter, or elector rejection of the the U.S. Treasury at indicated in the stitution to debit the minate the author requests must in the processing the payment. I fe	tronic ret transmis and its of tax prep ne entry ization. I be received the el urther ac	turn origina ssion, (b) to designated paration so to this according for revoke ved no late ectronic parations	ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the				
	ayer's PIN: check one box only	Г							
X		erate my PIN	9 7 8	8 4	as my				
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but r all zeros	asmy				
	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 s	signature ▶ Date	· -							
Snous	se's PIN: check one box only	_							
Ороца	I authorize to enter or gene	vrate my DINI			as my				
	ERO firm name	, _	nter five	digits, but	as my				
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros					
	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.								
Spous	se's signature ▶ Date	•							
	Practitioner PIN Method Returns Only—continue be	elow							
Part	Certification and Authentication — Practitioner PIN Method Only								
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't e	6 0		7 1				
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual inco ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provider	ome tax return (or submitting this re	ginal or eturn in a	amended)					
ERO's	s signature ▶ Date	· •							
	ERO Must Retain This Form — See Instruction								
	Don't Submit This Form to the IRS Unless Requested	To Do So							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040	•	artment of the Treasury—Internal Revenue Servi		ırn	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	ne						,	Your so	cial sec	curity number
NARESH			VIRI	YALA							134	99	7884
	pouse'	s first name and middle initial	Last nar										security number
Home address	(numb	er and street). If you have a P.O. box, see	instructio	ons					Apt. no.		Drosido	ntial Fla	ection Campaigr
1411 SAI	,		, in our doub					ľ	ıpı. no.	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	aces bel	OW.	Sta	te	ZIP c	ode				jointly, want \$3
MCKINNE	Y					TX	ζ	750	71	- 1	•		nd. Checking a not change
Foreign countr		ı	F	oreign pr	ovince/state/			_	n postal c		your tax		•
											-		ou Spouse
Filing Status	s 🗵	Single	•				Head of he	ouseh	old (HOF				
Check only		Married filing jointly (even if only o	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ring spou	use (C	QSS)		
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ur depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payn	nent for prope	rty or	services)); or (l	b) sell,		
Assets	excl	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir	n a digital asse	et)? (Se	e instru	ctions	s.)	□ Ye	es 🗵 No
Standard		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							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	nip (4) Check t	he box	x if quali	fies for ((see instructions):
If more		1) First name Last name number to you			Child t	ax cre	dit	Credit fo	or other dependents				
than four									[
dependents, see instruction	s —												
and check	, —												
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		69,906.
Attach Form(s)	b	Household employee wages not re	•		` '						1b		
W-2 here. Also	С.	Tip income not reported on line 1a	•		•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d				
1099-R if tax	e	Taxable dependent care benefits from Form 2441, line 26						1e					
was withheld.	f		tits from	Form 88	839, line 29	•					1f	_	
If you did not get a Form	g	Wages from Form 8919, line 6						1g		0.			
W-2, see	h :	Other earned income (see instruct	,					Ϊ.			1h		<u> </u>
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>1i</u>				-		69,906.
Attack Oct D		Add lines 1a through 1h	 22		· · · i	 ЬТ	 axable interest				1z 2h		00,000.
Attach Sch. B if required.	2a	· –	2a 3a				axable interest Irdinary divide				2b 3b		
	3a_ 4a	· · ·	3a 4a				axable amoun				3b 4b		
Standard	5a	_	4 а 5а				axable amoun				5b		
Deduction for—	6a	_	6a								6b		
Single or Married filing	C	Social security benefits 6a b Taxable amount] 00						
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7				
Married filing jointly or	8	Additional income from Schedule		•	•						8		-8,166.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-								9		61,740.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-							10		
Head of household,	11	Subtract line 10 from line 9. This is									11	_	61,740.
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,850.
If you checked any box under	13	Qualified business income deduct		•		-					13		
Standard Deduction,	14										14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer									15		47 890

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	5,840.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	5,840.	
	19	Child tax credit or credit for	other dependent	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	5,840.	
	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	5,840.	
Payments	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				25a 11	,842			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	11,842.	
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				
allacii Scii. Elc.	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	11,842.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,002.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here	. 🗆	35a	6,002.	
Direct deposit?	b	Routing number 0 8 2			,, <u> </u>	Checking X	Savings			
See instructions.	d	Account number 4 8 7	0 0 8 8	8 8 5 9	9 1					
	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	Do	you want to allow another				See				
Designee		,	•				omplete	below.	⋉ No	
		Designee's					onal iden	tification		
	name no. number (PII Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and					, ,				
Sign		lief, they are true, correct, and com			, , ,		,		,	
Here		our signature	,	Date	Your occupation				nt you an Identity	
	10	our signature		Date	Tour occupation				PIN, enter it here	
Joint return?	SOFTWARE				SOFTWARE E	NGINEER		see inst.)		
See instructions.								nt your spouse an		
Keep a copy for your records.						Identity Protection PIN, enter it here (see inst.)				
	Phone no. (209)630-9593 Email address NARESH1253@GMAIL.COM									
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01/2024	P0208	32703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

NARESH VIRIYALA

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.

Attachment Sequence No. 01 Your social security number

134-99-7884

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	ach Schedule E .	5	-8,166.
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:			
_		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-8,166.

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.

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

NARE	SH VIRIYALA						134-9	9-7884	:
Part									
	Note: If you are in the business of renting personal	property, use	Schedule	c . See	instru	ctions. If you	are an indiv	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, li		- ()						571
	Did you make any payments in 2023 that would require								
ВІ	f "Yes," did you or will you file required Form(s) 1099							. <u></u> Ye	es 🗌 No
1a	Physical address of each property (street, city, sta	ate, ZIP code	e)						
Α	KPHB PHASE-5 HYDERABAD TELANGANA 1	IN 500072	2						
В									
С									
1b		For each rental real estate property lis above, report the number of fair rental				Fair Rental Days			QΊΛ
Α		personal use days. Check the QJV box				365		0	
В	if you meet the requiremen			В					
С	qualified joint venture. See	Instructions	s.	С					
Туре	of Property:						•		
1	Single Family Residence 3 Vacation/Short-Terr	m Rental	5 Lanc	d	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Propert			
Incon	201			Α		Propert B	ies.		С
3	Rents received	. 3			50.	ь			· ·
4	Royalties received			- 4	50.				
Exper									
5	Advertising	. 5							
6	Auto and travel (see instructions)								
7	Cleaning and maintenance			8	63.				
8	Commissions				03.				
9	Insurance								
10	Legal and other professional fees								
11	Management fees			6	50.				
12	Mortgage interest paid to banks, etc. (see instruction				50.				
13	Other interest								
14	Repairs			2,3	75.				
15	Supplies			1,8					
16	Taxes			, -					
17	Utilities			2,8	49.				
18	Depreciation expense or depletion								
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19			8,6	16.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royaltie	es). If							
	result is a (loss), see instructions to find out if you	must							
	file Form 6198	. 21		-8,1	66.				
22	Deductible rental real estate loss after limitation, if								
	on Form 8582 (see instructions)		(8,16	6.)	()	(
23a	Total of all amounts reported on line 3 for all rental				23a		450.		
b	Total of all amounts reported on line 4 for all royalty				23b				
С	Total of all amounts reported on line 12 for all prop				23c				
d	Total of all amounts reported on line 18 for all prop				23d				
е	Total of all amounts reported on line 20 for all prop				23e	8	3,616.		
24	Income. Add positive amounts shown on line 21.		-				. 24		
25	Losses. Add royalty losses from line 21 and rental rea							(8,166.
26	Total rental real estate and royalty income or (I								
	here. If Parts II, III, and IV, and line 40 on page 2						on		_9 166
	SCHEDULE LIFORM HIGHI HING'S LITHORWICE INCHING	THIS AMPLINE	IN TOP TO	וו ממוגו		ロロ ロタペセン	1 00		_x 166