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)		<u>!</u>				
Taxpayer's name		Social security number 791-80-6252				
VENKATA CHARAN KUMAR KODI Spouse's name		ocial security	number			
opodos e maine	Орошоо о о	Joidi Goodi ity	. iaiiiboi			
Part I Tax Return Information — Tax Year Ending December 31, 2	023 (Enter year you	are author	rizing.)			
Enter whole dollars only on lines 1 through 5.			<u> </u>			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income		1	81,4			
2 Total tax		2	10,1	85.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,2	05.		
4 Amount you want refunded to you		4	3,0	20.		
5 Amount you owe		5	4			
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (original	· · · · · · · · · · · · · · · · · · ·					
return (original or amended) I am now authorizing. I consent to allow my intermediate service proto send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or r for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the fina authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agen payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment can business days prior to the payment (settlement) date. I also authorize the financial institutions in taxes to receive confidential information necessary to answer inquiries and resolve issues relapersonal identification number (PIN) below is my signature for the income tax return (original or a Flectronic Funds Withdrawal Consent	eason for rejection of the thorize the U.S. Treasury account indicated in the ncial institution to debit the to terminate the authoricellation requests must volved in the processing ated to the payment. I fu	transmission and its desig tax preparate he entry to the zation. To re- oe received of the electro- urther acknowless.	n, (b) the regnated Fination softwaries account evoke (can no later the control payments)	eason ancial are for t. This ncel) a han 2 lent of at the		
Electronic Funds Withdrawal Consent.	_					
Taxpayer's PIN: check one box only	. 50	0 6 2 5	5 2			
X I authorize GLOBAL TAXES LLC to enter (nter five digit	s, but	s my		
signature on the income tax return (original or amended) I am now authorizing		lon't enter all	zeros			
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practitional below.						
Your signature ►	Date ►					
Spouse's PIN: check one box only						
	or generate my PIN			0 mv		
ERO firm name	•	nter five digit		s my		
signature on the income tax return (original or amended) I am now authorizing		lon't enter all				
I will enter my PIN as my signature on the income tax return (original or amer if you are entering your own PIN and your return is filed using the Practitional below.						
Spouse's signature ▶	Date ►					
Practitioner PIN Method Returns Only—cont	nue below					
Part III Certification and Authentication — Practitioner PIN Method Or	ly					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN		6 0 8	2 7 1	1		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individ authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file File File File File File File File F	at I am submitting this re	turn in acco	rdance wit			
ERO's signature ▶	Date ►					
ERO Must Retain This Form — See Instr						
Don't Submit This Form to the IRS Unless Requ						

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See	sep	arate instr	uctions.
Your first name	and mi	ddle initial	Last na	ame					You	ır soc	ial security	number
VENKATA	CHAI	RAN KUMAR	KODI	Ī					79	91	80 62	252
		s first name and middle initial	Last na	ame								urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no		Pre	siden	tial Electio	n Campaign
14698 BF	RIAR	FOREST DR					1120	7			ere if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code				0,	tly, want \$3
HOUSTON			TX			770772				w will not o	Checking a change	
Foreign country	name			Foreign province/state/o	count	y	Foreign post	al cod	ode your tax or refund.			_
											You	Spouse
Filing Status	\mathbf{X}	Single				☐ Head of he	ousehold (H	IOH)				
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving s	oous	e (QSS	S)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS bo	x, er	nter the	chile	d's name i	f the
	qu	alifying person is a child but not you	ır depei	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or servic	es):	or (b) s	ell.		
Assets		ange, or otherwise dispose of a digi					-			- ,	☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate returi	n or you	u were a dual-status a	alien	•						
A ao /Plindnoo	. Va	Wara bara bafara January 2, 19	050 [Are blind Cae		■ □ Was bor	n boforo la	nuor		50	☐ Is blir	nd
		Were born before January 2, 19	909 [ouse:		n before Ja					
Dependents		instructions): irst name Last name		(2) Social security number	'	(3) Relationsh to you	יין קי		credit		-	instructions): er dependents
If more	(1)	Last Harrie		Hamber		to you	011		1			
than four dependents,								÷]			
see instructions	s —							H	1			
and check here								F]	-		
-	1a	Total amount from Form(s) W-2, bo	ov 1 (ec	e instructions)					J	1a	T 9	
Income	b		`	,					•	1b	+	2,100.
Attach Form(s)	C	Household employee wages not reported on Form(s) W-2								1c	1	
W-2 here. Also attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	-		
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26							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	b h	Other earned income (see instructi							•	1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	İ		·			
	z	Add lines to through th								1z	9	2,160.
Attach Sch. B		<u> </u>	2a		b Та	axable interest	 !			2b	1	100.
if required.	3a	' -	3a			rdinary divider			.	3b		
	4a		4a			axable amount			.	4b		
Standard	5a		5a		b Ta	axable amount	t		. [5b		
Deduction for— Single or	6a	Social security benefits	6a		b Ta	axable amount	t		. [6b		
Married filing separately,	С		f you elect to use the lump-sum election method, check here (see instructions)									
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ıired,	, check here				7		
 Married filing jointly or 	8	Additional income from Schedule							. [8	-1	0,788.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come	e			. [9		1,472.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					. [10		
 Head of household, 	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne				. [11	8	1,472.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				. [12		3,850.
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-A				13		
Standard Deduction,	14	Add lines 12 and 13								14	1	3,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	axable incom	ie		. [15	6	7,622.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	10,185.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,185.
	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	10,185.
	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	10,185.
Payments	25	Federal income tax withheld	I from:						
_	а	Form(s) W-2				25a 13	3,181.		
	b	Form(s) 1099				25b	24.		
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,205.
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)			No .	27			
allacii Scii. Eic.	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	Amount from Schedule 3, lin	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	13,205.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	3,020.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	3 is attached, chec	k here		35a	3,020.
Direct deposit?	b	Routing number 1 1 1				Checking	Savings		
See instructions.	d	Account number 4 8 8	1 1 6 0	4 9 0 8	3 5				
	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 l	below.	⋈ No
		esignee's		Phone			onal identi	fication	
		me		no.	. ,		ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here		ur signature	•	Date	Your occupation				nt you an Identity
	10	ur signature		Date	Tour occupation				IN, enter it here
Joint return?					DATA ENGIN	(see	(see inst.)		
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an
Keep a copy for your records.							Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (646) 797-185	6	Email address	KVCHARANKUMA	R97@GMAIL.CO	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	02/07/2024	P0208	2703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	'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

VENKATA CHARAN KUMAR KODI

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 791-80-6252

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		5	-10,788.
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 . Ente	r here and on Form	10	- 10 - 788

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			
0 -					
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.

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

VENI	KATA CHARAN KUMAR KODI						791-8	0-6252)		
Par											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm		
	rental income or loss from Form 4835 on page 2, line 40.	1 - CI -		0000.0	.				- V N -		
	Did you make any payments in 2023 that would require you										
В	f "Yes," did you or will you file required Form(s) 1099? .							. L Y	es 🗌 No	-	
1a	Physical address of each property (street, city, state, ZIF	ode?))								
Α	76/216, RAMARAJUPALLE KADAPA ANDHRA PF	RADES	H IN 5	1600	3						
В											
С											
1b	Type of Property 2 For each rental real estate prope	erty list	ed	d Fair Re			Persor	nal Use	al Use		
		above, report the number of fair rental and				Days	Days		QJV		
Α	personal use days. Check the Q			A 365				0			
В	if you meet the requirements to f qualified joint venture. See instru			В							
С	quained joint venture. See institu	ictions	•	С							
Туре	of Property:										
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	ılties	8	Other (descri	ibe)				
						Propertie					
Incor	00'			Α		В	,		С		
3	Rents received	3			48.						
4	Royalties received	4			10.						
	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1.8	75.						
8	Commissions	8			, , ,						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1.5	48.						
12	Mortgage interest paid to banks, etc. (see instructions)	12			10.						
13	Other interest	13									
14	Repairs	14		2.7	49.						
15	Supplies	15			12.						
16	Taxes	16									
17	Utilities	17		1,9	52.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		11,5	36.						
21	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	21	-	- 10,7	88.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(10,78	38.)	()	()	
23 a	Total of all amounts reported on line 3 for all rental prope				23a		748.				
b	Total of all amounts reported on line 4 for all royalty prop				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						
е	Total of all amounts reported on line 20 for all properties				23e	11	,536.				
24	Income. Add positive amounts shown on line 21. Do not		-				. 24				
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	s from lin	e 22. E	nter to	tal losses here	25	(10,788	.)	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no						n				
	Schedule 1 (Form 10/0) line 5. Otherwise, include this as	mount	in the tot	al on li	na /11	on nage 2	0.0	1	_10 789	2	