### 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)							
Taxpaye	rer's name	ial security	rity number					
RES	HMA KALICHETI	6	96-54-	1234	1			
Spouse	e's name	Spo	use's soci	al secu	rity numbe	r		
Part	Tax Return Information — Tax Year Ending December 31,	2023 (Enter yea	r vou ar	'A 21.1t	horizina	1		
	whole dollars only on lines 1 through 5.	ZUZ3 (LITTEL YES	ii you ai	e aut	HOHZING	.)		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income			1	95	5,111.		
2	Total tax		+	2		3,188.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3		5,506.		
4	Amount you want refunded to you		- +	4		2,318.		
5	Amount you owe			5				
Part	Taxpayer Declaration and Signature Authorization (Be sure )	ou get and keep	а сору	of y	our retu	ırn)		
my know return of to send for any Agent of payme authori payme busines taxes to person	penalties of perjury, I declare that I have examined a copy of the income tax return (origiowledge and belief, it is true, correct, and complete. I further declare that the amoun (original or amended) I am now authorizing. I consent to allow my intermediate service d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt y delay in processing the return or refund, and (c) the date of any refund. If applicable, to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial instituent of my federal taxes owed on this return and/or a payment of estimated tax, and the rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment associates prior to the payment (settlement) date. I also authorize the financial institutions to receive confidential information necessary to answer inquiries and resolve issues and identification number (PIN) below is my signature for the income tax return (original poinc Funds Withdrawal Consent.	its in Part I above are provider, transmitter, or reason for rejection I authorize the U.S. To tion account indicated financial institution to gent to terminate the cancellation requests involved in the process related to the payments.	e the amo or electron of the tra- reasury and in the ta- debit the authorizar must be essing of ent. I furth	unts from the control of the control	rom the in urn original sion, (b) the lesignated aration so to this accordence or revoke of the distribution of the extronic parknowledge	come tax ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	ayer's PIN: check one box only							
×		er or generate my F	NN [4]	1 2	3 4	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authoriz		Ente		digits, but r all zeros	,		
	I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN <b>and</b> your return is filed using the Practiti below.							
Yours	signature ►	Date ▶						
Snous	se's PIN: check one box only							
Г		er or generate my F	NINI			as my		
	ERO firm name	or or gonerate my r		er five o	digits, but	aomy		
	signature on the income tax return (original or amended) I am now authoriz	ing.	don	't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or an if you are entering your own PIN <b>and</b> your return is filed using the Practiti below.							
Spous	se's signature ▶	Date ►						
	Practitioner PIN Method Returns Only—co	ntinue below						
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 6  Don't ente		8 2 7 ros	7 1		
authori	by that the above numeric entry is my PIN, which is my signature for the electronic indicated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file.	that I am submitting	this retur	n in a	ccordance			
ERO's	s signature ▶	Date ►						
	ERO Must Retain This Form — See In							
	Don't Submit This Form to the IRS Unless Re	quested To Do S	o					

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20		See se	parate inst	tructions.	
Your first name	and mi	iddle initial	Last na	ast name					١,	Your social security number			
RESHMA			KALI	CHETI						696	54   1	.234	
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					;	Spouse'	's social se	curity number	
										806	16 7	660	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			А	pt. no.	1			on Campaign	
708 E CY	PRES	SSWOOD DR					1	0303		Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP co	de		spouse if filing jointly, want \$3 to go to this fund. Checking a			
SPRING					TX	ζ	773	73			ow will not		
Foreign country	/ name			Foreign province/state/o	count	У	Foreig	n postal c	ode	your tax	x or refund.		
							You	Spouse					
Filing Status	, $\square$	Single				☐ Head of ho	ouseho	old (HOF	H)				
Check only		Married filing jointly (even if only or	ne had i	income)									
one box.	X	Married filing separately (MFS)				☐ Qualifying	surviv	ing spol	use (C	QSS)			
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	or QS	SS box,	enter	the chi	ild's name	if the	
	qu	alifying person is a child but not you	ır deper	ndent: ABHINAV KUMAR	REDI	OY GANDLURI							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or s	services	): or (l	o) sell.			
Assets		ange, or otherwise dispose of a digi					-				☐ Yes	⊠ No	
Standard	Som	eone can claim: You as a de	penden	t	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status a	alien								
Ago/Blindnoss	Vau	Were born before January 2, 1	050 Γ	Are blind Spo	NICO.	: Was bor	n hofo	ro lanu	nn/ 2	1050	☐ Is bl	lind	
			939 <u></u>	<del>-</del>	ouse		14					ina instructions):	
Dependents		instructions): irst name Last name		(2) Social security number	'	(3) Relationsh to you	iip	Child t				ther dependents	
If more than four	(1)	Last name		Hamboi		to you		]			0.000.00		
dependents,									_				
see instructions	s —								=				
and check here								[	=		<u> </u>		
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)			<u> </u>			1a	1 1/	07,960.	
Income	b	Household employee wages not re	•	,						1b		<u> </u>	
Attach Form(s) W-2 here. Also		c Tip income not reported on line 1a (see instructions)							1c				
attach Forms	d								1d				
W-2G and	е	Taxable dependent care benefits f		, ,						1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene		•						1f			
If you did not	g	Wages from Form 8919, line 6.		•						1g			
get a Form	h	Other earned income (see instructi								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i							
	z	Add lines to through th								1z	_ 10	07,960.	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest	t.			2b	,		
if required.	3a	Qualified dividends	3a		<b>b</b> 0	rdinary divider	nds .			3b	,		
	4a	IRA distributions	4a		b Ta	axable amount	t			4b	)		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,		
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	)		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here (	(see	instructions)			. $\square$				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched	dule D i	f required. If not requ	uired,	, check here			. $\square$	7			
jointly or	8	Additional income from Schedule	1, line 1	0						8		12,849.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome					9		95,111.	
\$27,700 Head of	10	Adjustments to income from Sche	dule 1,	line 26						10	,		
household,	11	Subtract line 10 from line 9. This is	-	-						11		95,111.	
\$20,800 If you checked <sub>r</sub>	12	Standard deduction or itemized	deduct	ions (from Schedule	A)					12	:	13,850.	
any box under Standard	13	Qualified business income deducti	on from	n Form 8995 or Form	899	5-A				13			
Deduction,	14	Add lines 12 and 13								14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>t</b>	axable incom	ne .			15	;	81,261.	

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	13,188.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	13,188.
	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	13,188.
	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 <b>total tax</b>					24	13,188.
<b>Payments</b>	25	Federal income tax withheld							
_	а	Form(s) W-2				<b>25a</b> 15	5,506.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	15,506.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	122 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	!		28			
	29	American opportunity credit	from Form 8863	8, 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 ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	15,506.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	2,318.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here	🗆	35a	2,318.
Direct deposit?	b	Routing number 3 2 2			<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 7 6 7	3 0 0 1	5 0					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
<b>Third Party</b>		you want to allow another	•			_			
Designee						<del></del>	•		<b>⊠</b> No
		signee's me		Phone no.			sonal ident ber (PIN)	ification	
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche			the best	of my knowledge and
_		lief, they are true, correct, and com							,
Here	Your signature		Date		If th	If the IRS sent you an Identity			
								IN, enter it here	
Joint return?				Date	SOFTWARE :		inst.)		
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupat	Ider	tity Prot	nt your spouse an ection PIN, enter it here	
, , ,		/0001575 375		_ ,			inst.)		
		one no. (909)676-178		Email address	RESHMAKALICH	ETI94@GMAIL.C			Chook if:
Paid		eparer's name	Preparer's signat		GIIDM3	Date	PTIN	0000	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	02/11/2024	P0208		Self-employed
Use Only		m's name GLOBAL TA			T 00015		_		(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

RESHMA KALICHETI

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. <b>01</b>
Your soc	ial security number
696-54	-1234

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	-12,849.
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 (	<u>)</u>	
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:			
_	Tall the face of All Free College 1.0	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente			10 040
	1040, 1040-SR, or 1040-NR, line 8		10	-12,849.

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	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	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			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	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.

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

OMB No. 1545-0074

2023
Attachment Sequence No. 13

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

RES.	HMA KALICHETI					,	596-5	4-12	34	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use <b>S</b>		. See ir	nstruct	ions. If you are	an indi	vidual,	report	farm
Α	Did you make any payments in 2023 that would require you		orm(s) 109	9? Se	e insti	ructions		. П	Yes	⊠ No
	If "Yes," did you or will you file required Form(s) 1099? .									_ □ No
1a	Physical address of each property (street, city, state, ZII									
Α	GAUTHAMI PARADISE APT. HYDERABAD TELAN	NGANA	IN 5000	084						
В										
С										
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental ar	nd			Rental Days	Personal Use Days			QJV
Α	personal use days. Check the Q		only <b>A</b>		203		0			
В	if you meet the requirements to find a qualified joint venture. See instru			В						
С	qualified joint venture. Ode instite	dottorio.		С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren		5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial	(	6 Royaltie	es	8 (	Other (describ	oe)			
						Properties	S:			
Incor	me:		Α			В			С	
3	Rents received	3		61	4.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,67	8.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11	-	1,23	0.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,21	_					
15	Supplies	15		2,74	6.					
16	Taxes	16								
17	Utilities	17		2,00	_					
18	Depreciation expense or depletion	18		3,58	8.					
19	Other (list)	19	1.	2 4 6	_					
20	Total expenses. Add lines 5 through 19	20	1.	3,46	3.					
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 <b>Form 6198</b>	04	_1'	2,84	٥					
22	Deductible rental real estate loss after limitation, if any,	21		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	J .					
	on Form 8582 (see instructions)	22 (	12	,849			)	(		)
23a	Total of all amounts reported on line 3 for all rental prope			_	23a		614.			
b	Total of all amounts reported on line 4 for all royalty prop			_	23b					
C	Total of all amounts reported on line 12 for all properties				23c	າ	EOO			
d	Total of all amounts reported on line 18 for all properties			_	23d		588.			
e	Total of all amounts reported on line 20 for all properties				23e	13,	463.			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-		ortot-	l loccoo bara	24	1	10	040 \
25	Losses. Add royalty losses from line 21 and rental real estat						25	(	12	,849.)
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									
	Schedule 1 (Form 1040), line 5. Otherwise, include this al						26		-12	2,849.