## 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)	
Taxpayer's name	Social security number
MAHANTESH SHIVASANGAPPA	501-93-9812
Spouse's name	Spouse's social security number
GANGAMMA HATTI	984-97-9240
Part I Tax Return Information — Tax Year Ending December	r 31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
<b>1</b> Adjusted gross income	
<b>2</b> Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<del> </del>
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Bounder penalties of perjury, I declare that I have examined a copy of the income tax re	
my knowledge and belief, it is true, correct, and complete. I further declare that the return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of or any delay in processing the return or refund, and (c) the date of any refund. If ap Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the finance payment of my federal taxes owed on this return and/or a payment of estimated tax, authorization is to remain in full force and effect until I notify the U.S. Treasury Fin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Functional bases to receive confidential information necessary to answer inquiries and resolv personal identification number (PIN) below is my signature for the income tax return Electronic Funds Withdrawal Consent.	e service provider, transmitter, or electronic return originator (ERO) of receipt or reason for rejection of the transmission, (b) the reason plicable, I authorize the U.S. Treasury and its designated Financial cial institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This reaction accounts to terminate the authorization. To revoke (cancel) a Payment cancellation requests must be received no later than 2 institutions involved in the processing of the electronic payment of the issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
• •	to enter or generate my PIN 3 9 8 1 2 as my
ERO firm name	don't enter all zeros
signature on the income tax return (original or amended) I am now	authorizing.
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN <b>and</b> your return is filed using the below.	
Your signature ▶	Date ▶
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 7 9 2 4 0 as my
ERO firm name signature on the income tax return (original or amended) I am now	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amended) rain now	_
if you are entering your own PIN <b>and</b> your return is filed using the below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns 0	nly—continue below
Part III Certification and Authentication — Practitioner PIN M	Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	Pelected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the elect authorized to file for tax year indicated above for the taxpayer(s) indicated above. requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorize	I confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date▶
ERO Must Retain This Form —	

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



OMB No. 1545-0074

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

For the year Jan	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate inst	ructions.
Your first name and middle initial			Last name				Your social security number				
MAHANTESH			SHIVASANGAPPA					501   93   9812			
If joint return, spouse's first name and middle initial			Last na						Spouse	's social sec	curity number
GANGAMMA	A		HATT	ΓI					984	97 9:	240
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Election	on Campaign
3002 LAR	Œ R	IDGE LN							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.	Stat	te	ZIP code		spouse if filing jointly, want \$3		
DUNWOODY	ζ		GA 3			30038		to go to this fund. Checking a box below will not change			
Foreign country	/ name			Foreign province/state/o	count	У	Foreign postal	code		x or refund.	
							1			You	Spouse
Filing Status	; [	Single				Head of ho	ousehold (HO	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	ouse (	QSS)		
	lf y	ou checked the MFS box, enter the	name (	of your spouse. If you	u che	ecked the HOH	or QSS box,	ente	ter the child's name if the		
	qu	alifying person is a child but not you	ır deper	ndent:							
Digital	Δt ar	ny time during 2023, did you: (a) rece	aiva (as	a reward award or	navn	nent for prope	rty or service	s). or	(h) sall		
Digital Assets		ange, or otherwise dispose of a digi								Yes	⊠ No
Standard		eone can claim:  You as a de		_ <u>_</u>			.,. (000		,		
Deduction	_	Spouse itemizes on a separate return		•		•					
				_	unon						
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Spo	ouse:	: Was bor	n before Janu			Is bli	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	IP			1	instructions):
If more	(1) F	irst name Last name	number			to you	Child	tax cr	edit	Credit for oth	ner dependents
than four								<u>Ц</u>		<u> </u>	
dependents, see instructions	s —							<u> </u>		<u> </u>	
and check	·							<u> </u>		<u> </u>	ᆗ
here L											
Income	1a	Total amount from Form(s) W-2, bo	•	•					1a		75,087.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)								)	
W-2 here. Also	С									;	
attach Forms W-2G and	d									i l	
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							16		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .							10		
W-2, see	h	Other earned income (see instructi	,						1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				-	7E 007
	<u>z</u>	<u> </u>			 				1z		75,087.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a		3a			rdinary divider			3b		
Standard	4a		4a			axable amount axable amount			4b		
Deduction for—	5a		5a			axable amount			5b		
Single or Married filing	6a	,	6a					· .	6b	<u>'</u>	
separately, \$13,850	С 7	If you elect to use the lump-sum election method, check here (see instructions)							7		
Married filing	8	Additional income from Schedule 1						٠ ـ	8	_	-9,752.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•						9		55,335.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Scheo		•					10		,,,,,,,,,,
Head of	11	Subtract line 10 from line 9. This is							11		55,335.
household, [ \$20,800	12	Standard deduction or itemized	-	-					12		27,700.
If you checked any box under	13	Qualified business income deducti				 5-A			13		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Standard	14	Add lines 12 and 13			. 000	·/·			14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero			 our <b>t</b>	axable incom	 ne		15		37,635.
				,						. ~	, •

Form 1040 (202)	3)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	4,075.	
Credits	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	4,075.	
	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	4,075.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .				. 23	0.	
	24	Add lines 22 and 23. This is			•					4,075.	
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a	و	0,09	4.		
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							. 25d	9,094.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	)22 return				. 26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from				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					e credits		. 32	1	
	33	Add lines 25d, 26, and 32. T	•		-					9,094.	
Refund	34	If line 33 is more than line 24								5,019.	
Tiorana	35a	Amount of line 34 you want	-			•	-	_	35a	5,019.	
Direct deposit?	b	Routing number 1 1 1				Check		Savin			
See instructions.		Account number 2 7 3					9	<b>.</b>	99		
	36	Amount of line 34 you want			ed tax	36	<u></u>				
Amount	37	Subtract line 33 from line 24								1	
You Owe	٥.	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	ins	instructions									
									lentification		
		name no. number (PIN)								- f l	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here		ur signature		Date	Your occupation					ent you an Identity	
	10	ui signature	Date	Tour occupation					PIN, enter it here		
Joint return?			SOFTWARE ENGINEER				- (	(see inst.)			
See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation					f the IRS sent your spouse an		
Keep a copy for your records.					HOME MAKER				Identity Protection PIN, enter it here (see inst.)		
,		HOME MAKEK							300 11131.)		
		Phone no. (281)624-8472 Email address MSHIVASANGAPPA@GMAIL.COM  Preparer's name Preparer's signature Date PTIN						J	Check if:		
Paid		•			מווחתה תחודה.		10/2024		082703	Self-employed	
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAN SAGAR	GUPIA IALLAN	1   UZ/.	L0/2024				
Use Only	Firm's name GLOBAL TAXES LLC								(678)965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 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

MAHANTESH SHIVASANGAPPA & GANGAMMA HATTI

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 501-93-9812

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	-9,752.
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 <b>additional income</b> . Ente	r here and on Form	10	_9 752

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)

Department of the Treasury

#### 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,

Attachment

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number MAHANTESH SHIVASANGAPPA & GANGAMMA HATTI 501-93-9812 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . . 1a Physical address of each property (street, city, state, ZIP code) H.NO-118, JANGAMARAHATTI RAICHUR KARNATAKA IN 584128 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 681. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 1,245. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 841. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,354. 14 Repairs . . . . 15 Supplies 15 1,584. 16 16 Taxes 17 Utilities . . . . . . . 17 2,120. 18 3,289. 18 Depreciation expense or depletion . . . . . . 19 Other (list) 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 10,433. 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 -9,752. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 9,752.) 681. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,289. 23d Total of all amounts reported on line 18 for all properties 10,433. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 9,752. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -9,752.

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