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

	3.00.000						
Submi	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numb	per			
KALI	PANA SIDDULA	282-17-8173					
Spouse'	s name	Spouse's soo	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	er year you a	re au	thorizina \			
	whole dollars only on lines 1 through 5.	er year you a	ie au	uionzing.,	<u>'</u>		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1	47	,685.		
2	Total tax		2		,839.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		367.		
4	Amount you want refunded to you		4		528.		
5	Amount you owe		5	-	, 0201		
Part		keep a cop	y of y	our retui	n)		
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I about original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfulling return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the logical initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formal of the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation received confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	ove are the amomitter, or electro- jection of the tr U.S. Treasury a dicated in the tr ition to debit the te the authoriza quests must be e processing of payment. I furl	ounts for the counts of the counts of the country for the coun	trom the incturn originates in the signated loar ation soff to this according to the control of	come tax or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
Тахра		my DIN 7	8 1	1 7 3	ac my		
_	ERO firm name	ř En		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	uo	ii t ciite	an zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Your s	ignature ▶ Date ▶						
Snous	e's PIN: check one box only						
Г	I authorize to enter or generate	my PIN			as my		
ERO firm name Enter five digits, but							
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belov	v					
Part	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 Don't ent	6 0 er all ze	8 2 7	1		
		Don tent	J. 411 20				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	ırn in a	accordance			
FRO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					

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, ending			, 20		See separate instructions.				
Your first name and middle initial			Last name					Your so	ocial securit	ty number	
KALPANA			SIDI	DULA					282	17 8	173
If joint return, spouse's first name and middle initial				ame							curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electi	on Campaign
4955 USAA BLVD UNIT 54,								here if you,	•		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	paces below. State ZI				spouse if filing jointly, want \$3 to go to this fund. Checking a		
SAN ANTO	ONIO				TX	ζ	78240		box below will not change		
Foreign country	/ name		Foreign province/state/county Foreign		Foreign postal	code		x or refund.	0		
								You _			
Filing Status	; X	Single				☐ Head of ho	ousehold (HC)H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving sp	ouse (QSS)		
	lf y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS box	, ente	r the ch	ild's name	; if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	Δt ar	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navn	nent for prope	rty or service	e). or	(h) sell		
Assets		nange, or otherwise dispose of a digi					-			Yes	⊠ No
Standard		neone can claim: You as a de					, (- /		
Deduction	_	Spouse itemizes on a separate return	•			•					
		<u> </u>		_	unon						
Age/Blindness	S You:	: Were born before January 2, 19	959 [Are blind Spo	ouse:	: U Was bor	n before Jan			☐ Is bl	
Dependent				(2) Social security	,	(3) Relationsh	יין קי		-	1	e instructions):
If more	(1) F	irst name Last name		number		to you	Child	tax cr	edit	Credit for ot	ther dependents
than four								<u> </u>			ऱ
dependents, see instructions	s							<u>Ц</u>			<u> </u>
and check	, —							<u>Ц</u>			<u> </u>
here L										<u> </u>	<u> </u>
Income	1a	Total amount from Form(s) W-2, bo	`	,					1a		54 , 680.
Attach Form(s)	b	Tip income not reported on line 1a (see instructions)							1b		
W-2 here. Also	С.								10		
attach Forms W-2G and	d								10		
1099-R if tax	e								1e		
was withheld.	f	Employer-provided adoption bene							1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .							10		0.
W-2, see	h	Other earned income (see instructi	,			٠			1h	1	<u></u>
instructions.	i -	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>				.	54,680.
	<u>z</u>		 .		 L T				1z		J4,000.
Attach Sch. B if required.	2a	'	2a			axable interest			2b		
	3a_		3a 4a			rdinary divider axable amount			3b		
Standard	4a 5a		т а 5а			axable amount			5b		
Deduction for—	_							•	6b		
Single or Married filing	C	6a Social security benefits 6a b Taxable amount									
separately, \$13,850	7	,	lect to use the lump-sum election method, check here (see instructions)							7	
Married filing	8	Additional income from Schedule						٠ ـ	7 8	_	-6 , 995.
jointly or Qualifying	9		•					•	9		47 , 685.
surviving spouse, \$27,700	10	Adjustments to income from Sche	o, 6b, 7, and 8. This is your total income						10		<u>- </u>
Head of household,	11	Subtract line 10 from line 9. This is							11		47,685.
\$20,800	12	Standard deduction or itemized	-						12		13 , 850.
If you checked any box under	13	Qualified business income deducti		,	,	5-A .			13		
Standard Deduction,	14	Add lines 12 and 13							14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		ss, enter -0 This is v	our t	axable incom	e		15		33,835.

Form 1040 (202)	3)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 \square 881	4 2 🗌 4972	з 🗌		16	3,839.
Credits	17	Amount from Schedule 2, line	3					17	
	18	Add lines 16 and 17						18	3,839.
	19	Child tax credit or credit for ot	her dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. I	f zero or less, e	enter -0				22	3,839.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is yo	our total tax					24	3,839.
Payments	25	Federal income tax withheld fr	rom:						
-	а	Form(s) W-2				25a	8 , 367		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	8,367.
If you have a	26	2023 estimated tax payments	and amount ap	pplied from 20	122 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit from	om Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	15			31			
	32	Add lines 27, 28, 29, and 31. T	These are your	total other pa	ayments and refu	ındable credits		32	
	33	Add lines 25d, 26, and 32. The	ese are your to	tal payments				33	8,367.
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amoun	nt you overpaid		34	4,528.
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	is attached, ched	ck here	🗆	35a	4,528.
Direct deposit?	b	Routing number 1 1 1 (, , <u> </u>	Checking] Savings	s	
See instructions.	d	Account number 4 8 8 1	1 1 7 1	1 9 2 1	1 5				
	36	Amount of line 34 you want ap	plied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. 1							
You Owe		For details on how to pay, go	_	-		1 1		37	
	38	Estimated tax penalty (see ins				38			
Third Party		you want to allow another particular to structions					Complete	e below.	⊠ No
Designee		signee's		Phone			•	ntification	ĭ NO
		me		no.			nber (PIN)		
Sign		der penalties of perjury, I declare that lief, they are true, correct, and comple							
Here	Yo	Your signature Date Your occupation If the						he IRS se	nt you an Identity
		3		Jane Tour Goodpanon					IN, enter it here
Joint return?		SOFTWARE E				GINEER (TEST	, ,	ee inst.)	
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign. Date Spouse's occupation		Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Ph	one no. (210) 456-0844		Email address	SIDDULAKALPA	NA01@GMAIL.	COM		
Poid	Pre	eparer's name F	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2024	P020	82703	Self-employed
Preparer Use Only	Fir	m's name GLOBAL TAXE	ES LLC				Ph	Phone no. (678) 965-9522	
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965
<u> </u>	/-	1010 ()							- 1040

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

KALPANA SIDDULA

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. 01
Your soc	ial security number
282-17	-8173

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	-6 , 995.
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		6 00=
	1040, 1040-SR, or 1040-NR, line 8		10	-6 , 995.

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, Attachment

Department of the Treasury 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 282-17-8173 KALPANA SIDDULA 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) 2-1-143, BOIWADA SIDDIPET, TELANGANA IN 502103 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** 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 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 550. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 745. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,541. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 1,452. 14 Repairs 2,748. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,059. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 7,545. 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 -6,995. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 6,995.) 550. 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 23d Total of all amounts reported on line 18 for all properties 7,545. 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 6,995. 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 .

-6,995.