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 Idea	ntification Number (SID)			
Taxpayer's name	·	Social	security numl	ber
CHAITANYA	CHOWDARY TRIPURANENI	297	-27-216	0
Spouse's name		Spouse	's social sec	urity number
B	B. 16 E. V. E. B.			
	x Return Information — Tax Year Ending Decem	ber 31, 2023 (Enter year y	ou are au	thorizing.)
	lars only on lines 1 through 5. I0-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blar	al.		
	I gross income		. 1	1,646.
				0.
	ncome tax withheld from Form(s) W-2 and Form(s) 1099			
	you owe		. 5	0.
Part II Tax	xpayer Declaration and Signature Authorization	(Be sure you get and keep a	copy of y	our return)
my knowledge ar return (original or to send my return for any delay in pi Agent to initiate a payment of my fer authorization is to payment, I must business days pri taxes to receive personal identifica	of perjury, I declare that I have examined a copy of the income to a delief, it is true, correct, and complete. I further declare the amended) I am now authorizing. I consent to allow my interment to the IRS and to receive from the IRS (a) an acknowledgeme rocessing the return or refund, and (c) the date of any refund. I an ACH electronic funds withdrawal (direct debit) entry to the firderal taxes owed on this return and/or a payment of estimated or remain in full force and effect until I notify the U.S. Treasury contact the U.S. Treasury Financial Agent at 1-888-353-453 for to the payment (settlement) date. I also authorize the financial information necessary to answer inquiries and reation number (PIN) below is my signature for the income tax re Withdrawal Consent.	at the amounts in Part I above are the diate service provider, transmitter, or ant of receipt or reason for rejection of applicable, I authorize the U.S. Treasuancial institution account indicated in Financial Agent to terminate the au 7. Payment cancellation requests mial institutions involved in the process solve issues related to the payment.	e amounts to electronic rethe transmissury and its to the tax preport the entry ust be receiving of the electronic of th	from the income tax turn originator (ERO) ssion, (b) the reason designated Financial paration software for to this account. This To revoke (cancel) a ived no later than 2 lectronic payment of cknowledge that the
	l: check one box only			
·	orize GLOBAL TAXES LLC	to enter or generate my PIN	7 2 2	1 6 0 as my
	ERO firm name ure on the income tax return (original or amended) I am n		Enter five	digits, but er all zeros
	nter my PIN as my signature on the income tax return (o are entering your own PIN and your return is filed using			
Your signature	>	Date ▶		
Snouse's PIN:	check one box only			
☐ I autho	-	to enter or generate my PIN		as my
	ERO firm name		Enter five	digits, but
signatu	ure on the income tax return (original or amended) I am n	ow authorizing.	don't ente	er all zeros
	nter my PIN as my signature on the income tax return (o are entering your own PIN and your return is filed using			
Spouse's signat	ture ►	Date ►		
	Practitioner PIN Method Return			
Part III Ce	rtification and Authentication — Practitioner PII	N Method Only		
ERO's EFIN/PII	N. Enter your six-digit EFIN followed by your five-digit se		9 6 0 n't enter all ze	8 2 7 1 eros
authorized to file	above numeric entry is my PIN, which is my signature for the effor tax year indicated above for the taxpayer(s) indicated above Practitioner PIN method and Pub. 1345 , Handbook for Author	ve. I confirm that I am submitting th	is return in a	accordance with the
ERO's signature	₽▶	Date ▶		
	ERO Must Retain This Form			
	Don't Submit This Form to the IRS	Jnless Requested To Do So		

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



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding	ONE NO. 1010	, 20	7 01,	See ser	parate instructions.
Your first name			Last na							cial security number
CHAITAN		CHOWDARY		PURANENI					297	27 2160
		s first name and middle initial	Last na							s social security number
jo o.a, o	pouco								орошоо	
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.		Preside	ntial Election Campaigr
3528 GEI	NTIA	N BLVD					R05	1	Check h	nere if you, or your
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code		•	if filing jointly, want \$3
COLUMBUS	3				G <i>I</i>	A	31907		•	this fund. Checking a ow will not change
Foreign country	y name			Foreign province/state/o	coun	ty	Foreign postal of	code		or refund.
										You Spouse
Filing Status	s 🗵	Single				Head of he	ousehold (HOI	H)		
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	use (QSS)	
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	l or QSS box,	ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır depe	ndent:						
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward, award, or	pavr	ment for prope	rty or services	s): or	(b) sell.	
Assets		nange, or otherwise dispose of a dig	•				•	, .	. ,	☐ Yes 🏻 No
Standard	-	neone can claim: You as a de					, ,			
Deduction		Spouse itemizes on a separate retur	•	•		•				
Ago/Plindnoo		: Were born before January 2, 1	050 [Are blind Spo		□ Was box	n before Janu	05/0	1050	☐ Is blind
	_		909 [T .	ouse		(A) Chaola			fies for (see instructions):
Dependent	•	instructions): irst name Last name		(2) Social security number	/	(3) Relationsh to you	hip (4) Check (Credit for other dependents
If more	(1)	list name Last name		Hamber		10 you	O mile		- June	
than four dependents,								<u> </u>		
see instruction	s							<u> </u>		
and check here	1 —							H		
	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instructions)		1		<u> </u>	. 1a	1,646.
Income	b	Household employee wages not re	,	,					1b	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•	* *					1c	
attach Forms	d	·	•	·					1d	
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e	
1099-R if tax was withheld.	f	•	Employer-provided adoption benefits from Form 8839, line 29							
If you did not	q	Wages from Form 8919, line 6.							. 1g	
get a Form	h	Other earned income (see instruct	ions)						. 1h	
W-2, see instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i				
	z	Add lines 1a through 1h							. 1z	1,646.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t		. 2b	
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		. 3b	
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b	
Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)		. [
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if required. If not requ	uired	, check here		. [7	
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					. 8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8.	This is your total inc	come	e			. 9	1,646.
\$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	s your a	djusted gross incor	ne				. 11	1,646.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				. 12	13,850.
any box under Standard	13	Qualified business income deduct	ion fron	n Form 8995 or Form	1 899	95-A			. 13	
Deduction,	14								. 14	•
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	taxable incom	ne		. 15	0.

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌			. 16	0.
Credits	17	Amount from Schedule 2, lir							. 17	
	18	Add lines 16 and 17							. 18	0.
	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	. If zero or less,	enter -0					. 22	0.
	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	0.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c							. 25d	
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	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					e credits		. 32	
	33	Add lines 25d, 26, and 32. T							. 33	
Refund	34	If line 33 is more than line 24							. 34	
riciana	35a	Amount of line 34 you want	•			•	-	Г	_ —	
Direct deposit?	b	Routing number X X X				Check		Savino		
See instructions.	d	Account number X X X				-	_	0415	,	
	36	Amount of line 34 you want				36	'			
Amount	37	Subtract line 33 from line 24				1 00				
You Owe	31	For details on how to pay, g							. 37	0.
	38	Estimated tax penalty (see in	_	-		38			0,	0.
Third Party		you want to allow another								
Designee		structions	•				Yes. C	omple	te below.	⋉ No
_ 00.900	Des	signee's		Phone			Pers	onal ide	entification	
	nar	me		no.			num	ber (PII	1)	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com								, ,
Here	You	ur signature		Date	Your occupation			l If	the IRS se	nt you an Identity
		3								IN, enter it here
Joint return?					STUDENT			(5	see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion		lo		nt your spouse an ection PIN, enter it here
, ca. 1000. ac.		one no. (706)593-702	г	Empil address	CITA TERRATURA CITATIDA DA		TENT OF UNIT			
		one no. (706)593-702 eparer's name	Preparer's signat	Email address	CHAITHANYACHOWDAR!	Date	NENI@GMAIL.	PTIN		Check if:
Paid		•			CIIDTA TAITAM		7/2024		102702	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		KAN SAGAR	GUPTA TALLAM	1 UZ/]	L7/2024		082703	
Use Only		m's name GLOBAL TA		INTOTATE OF	T 00016				hone no. ((678)965-9522
			Y CT E BRU	MONTCK N				F	irm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02	2/11/24 PRO			Form 1040 (2023)





Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

Page 1

Beginning

STATE **ISSUED**

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

YOUR FIRST NAME 1. CHAITANYA CHOWD YOUR SOCIAL SECURITY NUMBER 297-27-2160

LAST NAME (For Name Change See IT-511 Tax Booklet)

TRIPURANENI

SPOUSE'S FIRST NAME

SUFFIX

SPOUSE'S SOCIAL SECURITY NUMBER

DEPARTMENT USE ONLY

LAST NAME

SUFFIX

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number)

CHECK IF ADDRESS HAS CHANGED

2. 3528 GENTIAN BLVD

APT NO R05

CITY (Please insert a space if the city has multiple names)

STATE

ZIP CODE

3. COLUMBUS

31907 GA

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT TO 3. NONRESIDENT Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)......

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Surviving Spouse

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself X 6b. Spouse 6c. 1

7a. Number of Qualified Dependents*

7b. Number of Unborn Dependents

7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

2023

Page 2

YOUR SOCIAL SECURITY NUMBER 297-27-2160

First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, us	se the minus sign (-). Example -3456.	
8. Federal adjusted gross income (From Federal Fo (Do not use FEDERAL TAXABLE INCOME) If the W-2s you must include a copy of your Federal	e amount on Line 8 is \$40,000 or more, or your gro	1646 ss income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-	7-511 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Line	e 8 and Line 9) 10.	1646
11. Standard Deduction (Do not use FEDERAL STA (See IT-511 Tax Booklet)	NDARD DEDUCTION) 11a.	5400
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind? c. Total Standard Deduction (Line 11a + Line 11b		5400
Use EITHER Line 11c OR Line 12c (Do not write 12. Total Itemized Deductions used in computing Feder	•	ou must include Federal Schedule A
a. Federal Itemized Deductions (Schedule A- Fo	form 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)		
c. Georgia Total Itemized Deductions		
- 5	120.	

-3754

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue



2023

Page 3

YOUR SOCIAL SECURITY NUMBER 297-27-2160

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	2700
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).	15a. 15b.	-6454
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	-6454
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	0
17. Low Income Credit 17a. 1 17b. 26	17c.	0
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19. Credits used from IND-CR Summary Worksheet	19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be file electronically)	d 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	0

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

	(INCOME STATEMENT A)		(INCOME STA	ATEMENT B)			(INCOME STA	TEMENT C)	
1.	WITHHOLDING TYPE:	1.	WITHHOLDIN	G TYPE:		1.	WITHHOLDING	TYPE:	
	X W-2 G2-A G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099 G2-FL G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN	2.	EMPLOYER/P		RAL SSN	2.	EMPLOYER/PA ID NUMBER (F		
	232573585								
3.	EMPLOYER/PAYER STATE WITHHOLDIN 2008764WI	IG ID 3.	EMPLOYER/P	AYER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	AYER STATE V	VITHHOLDING ID
4.	GA WAGES / INCOME 1646	4.	GA WAGES /	INCOME		4.	GA WAGES / II	NCOME	
5.	GA TAX WITHHELD 23	5.	GA TAX WITH	HELD		5.	GA TAX WITH	HELD	

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

REV 01/29/24 PRO

Georgia Form 500 Individual Income Tax Return Georgia Department of Revenue 2023



2400411545

YOUR SOCIAL SECURITY NUMBER 297-27-2160

ID

Page 4

	(INCOME STATE	MENT D)			(INCOME STAT	EMENT E)			(INCOME STATI	EMENT F)	
1.	WITHHOLDING	TYPE:		1.	WITHHOLDING	TYPE:		1.	WITHHOLDING T	TYPE:	
	W-2	G2-A	G2-LP		W-2	G2-A	G2-LP		W-2	G2-A	G2-LP
	1099	G2-FL	G2-RP		1099	G2-FL	G2-RP		1099	G2-FL	G2-RP
2.	ID NUMBER (FEI			2.	EMPLOYER/PA'			2.	ID NUMBER (FE		
3.	EMPLOYER/PAY	YER STATE W	THHOLDING ID	3.	EMPLOYER/PA	YER STATE	WITHHOLDING ID	3.	EMPLOYER/PA	YER STATE \	WITHHOLDING I
4.	GA WAGES / INC	COME		4.	GA WAGES / IN	СОМЕ		4.	GA WAGES / IN	COME	
5.	GA TAX WITHHE	ELD		5.	GA TAX WITHH	ELD		5.	GA TAX WITHH	ELD	
23.	Georgia Incor (Enter Tax Wit		nheld on Wage				23.				23
24.	Other Georgi (Must include		ax Withheld , G2-LP and/or (24.				
25.	Estimated Ta						25.				
26.	Schedule 2B F (Cannot be cl		Tax Creditsss filed electron				26.				
27.	Total prepaym	ent credits (Add Lines 23,	24, 2	5 and 26)		27.				23
28.	If Line 22 exc		7, subtract Line				···· 28.				
29.	If Line 27 exc		2, subtract Line								23
30.	Amount to be	e credited t	o 2024 ESTIMA	ATED	TAX		30.				0
31.	Georgia Wildl	life Conserv	ation Fund (No	gift c	of less than \$1	.00)	31.				
32.	Georgia Fund	d for Childre	n and Elderly (No gi	ft of less than	\$1.00)	32.				
33.	Georgia Can	cer Researd	h Fund (No gif i	t of le	ss than \$1.00)	33.				
34.	Georgia Land	l Conservati	on Program (N	o gift	of less than \$	1.00)	34.				
35.	Georgia Natio	onal Guard F	oundation (No	gift c	of less than \$1	.00)	35.				
36.	Dog & Cat Sto	erilization F	und (No gift of	less 1	than \$1.00)		36.				
37.	Saving the Cu	ure Fund (N	o gift of less th	nan \$	1.00)		37.				
38.	Realizing Educ		vement Can Hap	open (REACH) Progra	am	38.				





YOUR SOCIAL SECURITY NUMBER 297-27-2160

2023 Page **5**

39	Public Safety Memorial Gr	ant (No gift of less tha	an \$1.00)	39.		
40.	Disabled Veterans' Scholar	rship Fund (No gift of le	ess than \$1.00)	40.		
41.	Form 500 UET (Estimated	I tax penalty) 500 U	IET exception attached	41.		
42.	Penalty: Late Payment and	l/or Late Filing		42.		
43.	Interest			43.		
44.	(If you owe) Add Lines 2 MAKE CHECK PAYABLE T Mail To: GEORGIA DEPAR PO BOX 740399 ATLANTA	TO GEORGIA DEPARTI	MENT OF REVENUE,			
45.	(If you are due a refund) Su	ubtract the sum of Lines 3	30 thru 43 from Line 29			
	THIS IS YOUR REFUND Refund Due Mail To: GEORG PO BOX 740380 ATLANTA, 0	GIA DEPARTMENT OF I		45. CENTER,		23
	If you do not enter Direct		or if you are a first tin	ne filer you will	be issued a paper check.	
45a	Direct Deposit (U.S. Accounts Only)	Type: Checking	Savings X			
	Routing Number 061000227		Acco	unt Der 1627602	700	
T	axpayer's Signature	(Check box if deceased	Spouse's	s Signature	(Check box if deceased)	
	Taxpayer's Date of Death		Spouse	's Date of Death		
	Taxpayer's Signature Date		yer's Phone Number -593-7025		Spouse's Signature Date	
	By providing my e-mail address I ar my account(s).	m authorizing the Georgia De	epartment of Revenue to elec	tronically notify me a	t the below e-mail address regarding any	updates to
-	Taxpayer's E-mail Address					
					I authorize DOR to disc with the named prepare	
	SYAM PRIYA RAM SAG	AR GUPTA TALLAM	1	Prepare 678-	r's Phone Number 965–9522	
	SYAM PRIYA RAM SAG Signature of Preparer Name of Preparer Other Tha SYAM PRIYA RAM	an Taxpayer	1	678- Prepare	r's Phone Number 965–9522 r's FEIN 171965	