## 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		
Sunil Kumar Sai Kris Vadlakondas	3926			
Spouse's name		ial security number		
SUMASHREE BOGUM	2591			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you are	e authorizing.)		
Enter whole dollars only on lines 1 through 5.				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1		
1 Adjusted gross income	_	1 120,059.		
2 Total tax	_	2 10,938.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	-	3 17,327.		
4 Amount you want refunded to you	-	<b>4</b> 6,389.		
5 Amount you owe	keen a conv			
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended				
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmosend my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the L Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account incompanyment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminat payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation reclusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) I at Electronic Funds Withdrawal Consent.	ection of the tra J.S. Treasury and dicated in the tax ion to debit the e te the authorizat quests must be be processing of t payment. I furth	nsmission, (b) the reason dits designated Financial corporation software for entry to this account. This ion. To revoke (cancel) a received no later than 2 the electronic payment of er acknowledge that the		
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate	mv PIN └──	3 9 2 6 as my		
ERO firm name	Ente	r five digits, but 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 (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodow.				
Your signature ► Date ►				
Spouse's PIN: check one box only	<b>DIV.</b>	0 5 0 1		
X I authorize GLOBAL TAXES LLC to enter or generate  ERO firm name	, –	2 5 9 1 as my		
signature on the income tax return (original or amended) I am now authorizing.		t enter 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 <b>and</b> your return is filed using the Practitioner PIN methodow.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below	/			
Part III Certification and Authentication — Practitioner PIN Method Only				
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 6  Don't enter			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subrrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of I	nitting this returi	n in accordance with the		
ERO's signature ▶ Date ▶				
ERO Must Retain This Form — See Instructions				

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity number	
Sunil K	umar	Sai Kris	Vadl	akond	as						025	85	3926	
		s first name and middle initial	Last na										security numb	ber
SUMASHRI	EE		BOGU	М							684	30	2591	
		er and street). If you have a P.O. box, see						A	Apt. no.				ection Campai	ign
1913 Bra	aide	d Mane Ave									Check h	nere if y	ou, or your	Ĭ
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode				jointly, want \$	
AUBREY						TX	ζ	762	27		U		nd. Checking a not change	а
Foreign countr	y name		F	oreign pro	ovince/state/	count	ty	Foreig	n postal c		your tax		•	
												Yo	ou 🗌 Spou	se
Filing Status	s $\square$	Single					Head of h	ouseh	old (HOI	 				
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	lf v	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
		ialifying person is a child but not you												
B: ::::	Λ± α.	mu timo durina 2002 did vovu (a) raa	oive (oo											_
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										∏ Y€	es 🛛 No	
		neone can claim: You as a de					a dependent	), (O	30 11101114	Otion	o.,		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_
Standard Deduction		Spouse itemizes on a separate retur	•		-		•							
Deddollon	<u> </u>		11 01 you	- Word a c	dual Status	ancii								_
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd <b>Sp</b>	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		<b>(2)</b> S	ocial security	,	(3) Relationsh	nip (4	-				see instruction	-
If more	(1) F	(1) First name Last name			number to you			Child tax		ax cre	edit	Credit fo	or other depende	nts
than four														
dependents, see instruction	s —													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions) .						1a		135,685	
Attach Form(s)	b	Household employee wages not re	eported	on Form(	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		,						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	339, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct						· ·			1h		0	<u>•</u>
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i						105 605	
	<u>z</u>	Add lines 1a through 1h			· · · ·						1z		135,685	•
Attach Sch. B	2a	· -	2a				axable interes				2b			_
if required.	3a_		3a				ordinary divide				3b			_
Standard	4a	<del>-</del>	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			_
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			_
separately,	_ c	If you elect to use the lump-sum e		•		`	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7	+	15 606	_
jointly or Qualifying	8	Additional income from Schedule	•								8	+	-15 <b>,</b> 626	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	+	120,059	•
\$27,700 • Head of	10	Adjustments to income from Sche									10		100 050	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		120,059	
If you checked	12	Standard deduction or itemized									12		27 <b>,</b> 700	•
any box under Standard	13	Qualified business income deduct									13		07 700	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 <b>,</b> 700	
	15	SUBTRACT LING 1/1 from ling 11 It zon	OPICO	- antar		OUR !	TOVODIO IDOOM	••			15		47 450	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	10,938.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	10,938.	
	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	10,938.	
	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	10,938.	
<b>Payments</b>	25	Federal income tax withheld	I from:							
_	а	Form(s) W-2				<b>25a</b> 17	,327.			
	b	Form(s) 1099								
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	17,327.	
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)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	B, 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 refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,327.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	6,389.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a	6,389.	
Direct deposit?	b	Routing number 1 1 1				Checking	Savings			
See instructions.	d	Account number 5 8 6 0 3 3 7 3 6 6 4 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		structions				. 🗌 Yes. C	omplete	below.	<b>⋈</b> No	
		esignee's	Phone			identification				
<u>~</u>		me der penalties of perjury, I declare t	hat I have everning	no.	accompanying coher		ber (PIN)	the best	of my knowledge and	
Sign		lief, they are true, correct, and com			1 , 0		,		, ,	
Here	Yo	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity	
		ar olgridiato	Pate Four occupation				Protection PIN, enter it here			
Joint return?					IT	(see	see inst.)			
See instructions. Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation	on			nt your spouse an	
your records.					HOMEMAKER		niny Pron e inst.)	ection PIN, enter it here		
	——————————————————————————————————————	one no.		Email address	saikrishna.	reedomail o	,			
		eparer's name	Preparer's signat		Saintibillid.	Date	PTIN		Check if:	
Paid			1 .		מבד.ד.א שמד.ד.א	03/02/2024	P0208	2702	Self-employed	
Preparer										
Use Only				UINCWICK NI 08816				Phone no. (678) 965-9522 Firm's EIN 84-3171965		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's						II 9 LIIV	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 Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(	ame(s) shown on Form 1040, 1040-SR, or 1040-NR					
Suni	l Kumar Sai Kris Vadlakondas & SUMASHREE BOGUM	35-39	926			
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	Ε.	5	-15,626.	
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				
I	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 (		2		
t	Pension or annuity from a nonqualifed deferred compensation plan or					
	a nongovernmental section 457 plan	8t				
	Wages earned while incarcerated	8u				
Z	Other income. List type and amount:	_				
^	Total ather income Add lines On through On	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 nere and on	ı Form			

10

-15,626.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	-basis	government		
	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b		_	
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c		_	
d	Reforestation amortization and expenses	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	041			
	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	04:			
	Housing deduction from Form 2555	24i 24j		-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k	1041)	24k			
_		24K		-	
Z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			23	
_0	Form 1040, 1040-SR, or 1040-NR, line 10	. LIIIGI		26	
	BAA		23/24 PRO		le 1 (Form 1040) 2023
	BAA	1\L'V UZ/	LUIZA FINO		

#### **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 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

Suni	il Kumar Sai Kris Vadlakondas & SUMAS	SHREE B	OGUM				025-8	5-3926		
Part	Income or Loss From Rental Real Estate	and Ro	yalties							
	Note: If you are in the business of renting personal prental income or loss from Form 4835 on page 2, line	roperty, use	Schedule	<b>C</b> . See	instruc	tions. If you a	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require									
В	If "Yes," did you or will you file required Form(s) 1099?								s No	
1a	Physical address of each property (street, city, state	e, ZIP cod	e)							
Α	1-1-698, Flat-501 Rajeswari Resider	cy Gan	dhinaga	ar, Hy	derak	oad, Telai	ngana I	IN 5000	080	
В										
С										
1b	Type of Property 2 For each rental real estate p	For each rental real estate property listed Fair Rental							0.11/	
		above, report the number of fair rental				Days	Days		QJV	
Α	g personal use days. Check the	personal use days. Check the QJV box				365		0		
В	if you meet the requirements qualified joint venture. See in	s to file as	a	В						
С	quaimed joint venture. See ii	ISH UCTION	5.	С						
Туре	of Property:									
1	Single Family Residence 3 Vacation/Short-Term	Rental	5 Land	l	7	Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert				
Incon	ne:			Α		В	100.		С	
3	Rents received	. 3			40.					
4	Royalties received				10.					
Expe		· ·								
5	Advertising	. 5								
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			8	80.					
8	Commissions									
9	Insurance									
10	Legal and other professional fees									
11	Management fees			2,1	50.					
12	Mortgage interest paid to banks, etc. (see instruction									
13	Other interest	· —								
14	Repairs			3,1	57.					
15	Supplies			4,5	11.					
16	Taxes									
17	Utilities	. 17		2,1	44.					
18	Depreciation expense or depletion	. 18		3,1	24.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	. 20		15,9	66.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties	). If								
	result is a (loss), see instructions to find out if you m	ust								
	file <b>Form 6198</b>	. 21	-	<b>-</b> 15,6	26.					
22	Deductible rental real estate loss after limitation, if a									
	on Form 8582 (see instructions)		(	15 <b>,</b> 62			)	(	)	
23a	Total of all amounts reported on line 3 for all rental p	-			23a		340.			
b	Total of all amounts reported on line 4 for all royalty				23b					
С	Total of all amounts reported on line 12 for all proper				23c					
d	Total of all amounts reported on line 18 for all proper				23d		3,124.			
е	Total of all amounts reported on line 20 for all proper				23e	15	,966.			
24	Income. Add positive amounts shown on line 21. Do		-				. 24	,		
25	Losses. Add royalty losses from line 21 and rental real e							(	15,626.)	
26	Total rental real estate and royalty income or (lo	an Camb	sino linos	21 and	25 =	ntar tha roci	il+			

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

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**-15,626.**