## 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
YAMINI MALEPATI	294-89-0646
Spouse's name	Spouse's social security number
KALYANA CHAKRAVA RAYALLA	844-76-3409
Part I Tax Return Information — Tax Year Ending December	<b>31,</b> 2023 (Enter year you are 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 Adjusted gross income	
2 Total tax	<b>2</b> 5,821.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be	sure you get and keep a copy of your return)
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 for any delay in processing the return or refund, and (c) the date of any refund. If appl Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financia payment of my federal taxes owed on this return and/or a payment of estimated tax, a authorization is to remain in full force and effect until I notify the U.S. Treasury Finapayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pa business days prior to the payment (settlement) date. I also authorize the financial instaxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return (Electronic Funds Withdrawal Consent.	service provider, transmitter, or electronic return originator (ERO) receipt or reason for rejection of the transmission, (b) the reason licable, I authorize the U.S. Treasury and its designated Financial all institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a ayment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of a issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
X lauthorize GLOBAL TAXES LLC	to enter or generate my PIN 9 0 6 4 6 as my
ERO firm name signature on the income tax return (original or amended) I am now a	Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original 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	
I authorize GLOBAL TAXES LLC  ERO firm name  signature on the income tax return (original or amended) I am now a	to enter or generate my PIN  6 3 4 0 9 as my  Enter five digits, but don't enter all zeros
I will enter my PIN as my signature on the income tax return (original if you are entering your own PIN <b>and</b> your return is filed using the below.	al or amended) I am now authorizing. Check this box only
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns On	
Part III Certification and Authentication — Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-self-self-self-self-self-self-self-	Don't enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electron authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form — 9	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

£1040		artment of the Treasury—Internal Revenue Servi  S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use (	Only—	Do not w	rite or sta	ıple in th	nis space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	;	See sep	oarate i	nstruc	ctions.
Your first name	e and m	iddle initial	Last nar	ne						٠.	Your so	cial sec	urity n	umber
YAMINI			MALE	PATI							294	89	064	6
	spouse's	s first name and middle initial	Last nar							- ;				ity numbe
KALYANA	CHA	KRAVA	RAYA	LLA							844	76	340	19
		er and street). If you have a P.O. box, see						A	Apt. no.					Campaig
408 HAM	PTON	CIRCLE						12	202	- 1	Check h	ere if y	ou, or	your
		ce. If you have a foreign address, also co	mplete sp	oaces belo	ow.	Sta	te	ZIP c			•	•		, want \$3
ROCHEST	ER					MI	-	483	307		to go to belo			ecking a ange
Foreign countr	y name		F	oreign pro	ovince/state/o	count	у	Forei	gn postal co		your tax			9-
												Yo	u [	Spouse
Filing Status	s	Single	•				Head of he	ouseh	old (HOH	)				
Check only	_	Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	survi	ing spou	se (C	QSS)			
	If y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	cked the HOF	l or Q	SS box, e	enter	the chi	ld's na	me if t	:he
	qu	ialifying person is a child but not you	ır depen	dent:										
Digital	Δ+ 21	ny time during 2023, did you: (a) rec	oive (as a	a roward	l award or	navn	nent for prope	rty or	convicae):	or (h	a) sall			
Digital Assets		nange, or otherwise dispose of a dig						-		•		ΠYe	es D	≺ No
Standard		neone can claim:  You as a de					a dependent	-,- (-			/			
Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Age/Blindnes	s You	: Were born before January 2, 1	959 _	│ Are bli	nd <b>Spc</b>	use	: U Was bor	-	ore Janua				blind	
Dependent	•	•		<b>(2)</b> S	ocial security	'	(3) Relationsh	<sub>iip</sub> (4	l) Check th			,		•
If more	<u>(1)</u> ⊦	irst name Last name			number		to you		Child ta	x cre	ait	Credit 10	r otner (	dependent
than four dependents,									L	<del>-</del> -			<u> </u>	
see instruction	ns												<u> </u>	
and check	<sub>1</sub> —									<del> </del>			<u> </u>	
here L		T-1-1-1			L' \						4-			004
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		90	,094.
Attach Form(s)	_	Household employee wages not re	•								1b			
W-2 here. Also attach Forms	_	Tip income not reported on line 1a	•		•						1c			
W-2G and	d	Medicaid waiver payments not rep									1d			
1099-R if tax	e	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	ents from	Form 80	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .	· · ·								1g			0.
W-2, see	h :	Other earned income (see instruct	,				· · · · ·	i.			1h			0.
instructions.	i -	Nontaxable combat pay election (s	see instri	uctions)			<u>1i</u>				4-		an	,094.
AII 1 6 : 5	<u>z</u>	Add lines 1a through 1h			· · · ·	 L T					1z		90	,0,74.
Attach Sch. B if required.	2a	· —	2a				axable interest				2b			
	<u>3a_</u>		3a				rdinary divide				3b 4b			
Standard	4a		4a 5a				axable amoun axable amoun				46 5b			
Deduction for—	5a		5а 6а				axable amoun				6b			
Single or Married filing	6a	,		nethod 1				٠		· .	ab			
c If you elect to use the lump-sum election method, check here (see instructions)						7								
Married filing	Married filling					8		_10	,222.					
jointly or Qualifying	8	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9	+		, <u>222.</u> ,872.
surviving spouse, \$27,700	10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-							10		13	,014.
Head of	11	Subtract line 10 from line 9. This is	-								11	+	70	,872.
household, \$20,800	12	Standard deduction or itemized	-	-	_						12			,87 <u>2.</u> ,700.
If you checked any box under	13	Qualified business income deduction		•		-	 5-Δ				13		<u> </u>	, , , , , , ,
Standard	14						о-A 				14		27	,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									15	+		172

Tax and Credits       16       Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	Form 1040 (2023	3)								Page <b>2</b>	
Transport   Credits   17	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16		
18		17							17		
19		18	Add lines 16 and 17						18	5,821.	
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		$ ag{7}$	19		
22   Subtract line 21 from line 18. If zero or less, enter -0   22   5,821   23   0.0		20		-					20		
23		21	Add lines 19 and 20					🗀	21		
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗀	22	5,821.	
Payments   25		23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		🗀	23		
Payments   25		24	. •			•		🗀	24		
a Form(s) W-2	Payments	25									
b Form(s) 1099 . 255b	. ayınıcınıc		Form(s) W-2				<b>25a</b> 13	,087.			
C   Other forms (see instructions)   25c   25d   13,087.		b	` '								
Vou have a   26   262   263   264   274   275   285		С	Other forms (see instructions	s)			25c				
2023 estimated tax payments and amount applied from 2022 return   26		d	,	•				2	25d	13,087.	
Earned income credit (EIC)	If you have a	26	· ·						26		
28	qualifying child,						1 1				
30   Reserved for future use   30   30   31   Amount from Schedule 3, line 15   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   32   Add lines 27, 28, 29, and 32. These are your total payments   33   13, 087.   33   Add lines 25d, 26, and 32. These are your total payments   33   13, 087.   34   7, 266.   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   7, 266.   35	attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2		28				
30   Reserved for future use   30   31   Amount from Schedule 3, line 15   31   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   32   Add lines 27, 28, 29, and 32. These are your total payments   33   13, 087   33   Add lines 25d, 26, and 32. These are your total payments   33   13, 087   34   7, 266   35a   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   7, 266   35a   7, 266   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   7, 266   35a   7, 266   Amount of line 34 you want refunded to you. If Form 8888 is attached, check here   35a   7, 266   35a   7, 266   Amount of line 34 you want applied to you. If Form 8888 is attached, check here   35a   7, 266   35a		29	American opportunity credit	from Form 8863	3, line 8		29				
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32		30					30				
Refund   34		31	Amount from Schedule 3, lin	ie 15			31				
Refund   34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32		
Sign Here   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss this return with the IRS? See instructions   Do you want to allow another person to discuss 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.   If the IRS sent you an Identity Protection PIN, enter it here (see inst.)    Sign Here   Proparer's name   Preparer's signature   Date   Proparer's name   Preparer's signature   Date   Proparer's signature   Date   Proparer's name   Preparer's signature   Date   Proparer's signature   Date   Proparer's name   Proparer's signature   Date   Proparer's signature   Date   Proparer's signature   Date   Proparer's signature   Proparer's signature   Proparer's signature   Proparer's signature   Proparer's signature   Proparer's signature		33							33	13,087.	
Direct deposit? See instructions.  b Routing number 0 2 1 2 0 0 0 3 3 9 c Type:  Checking Savings d Account number 3 8 1 0 0 6 2 8 5 5 9 8 3   Savings d Account number 3 8 1 0 0 6 2 8 5 5 9 8 8 3   Savings d Account number 3 8 Subtract line 33 from line 24. This is the amount you owe.  For details on how to pay, go to www.irs.gov/Payments or see instructions	Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	7,266.	
See instructions   d   Account number   3   8   1   0   6   2   8   5   5   9   8   3		35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, ched	ck here	. 🗆 🖫	35a	7,266.	
Amount You Owe  36		b	Routing number 0 2 1	2 0 0 3	3 9	c Type: 🛛	Checking S	Savings			
Amount You Owe  37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.  38 Estimated tax penalty (see instructions)  39 Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  10 Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  11 Designee's name  12 Designee's name  13 Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  13 Do you want to allow another person to discuss this return with the IRS? See instructions number (PIN)  13 Do you want to allow another person to discuss this return with the IRS? See instructions.  Personal identification number (PIN)  14 If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  15 Spouse's signature. If a joint return, both must sign.  16 Date  17 PROFESSIONAL  18 Spouse's occupation  18 If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (878) 348–3605  Preparer's name  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Date  Prin Check if:  SYMM PRIYA RAM SACAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2024 P02082703 Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678) 965–9522  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965	See instructions.	d	Account number 3 8 1	0 6 2 8	5 5 9 8	3 3					
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to <i>www.ir</i> s.go	v/Payments or	see instructions .			37		
Designee's name  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.  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Phone no. (878)348-3605  Preparer's name  Preparer's signature  Preparer's name  Preparer's signature  Preparer's signature  Preparer's name  Preparer's name  Preparer's name  Preparer's signature  Preparer's name  Preparer's name		38	Estimated tax penalty (see in	nstructions) .			38				
Designee's name    Designee's name   Phone no.   Personal identification number (PIN)				person to disc	cuss this retu	rn with the IRS?					
Sign   Here   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.   Your signature   Date   Your occupation   If the IRS sent you an Identity Protection PIN, enter it here (see instructions. Keep a copy for your records.   Spouse's signature. If a joint return, both must sign.   Date   Spouse's occupation   If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	Designee						<del></del>	•		⊠ No	
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. Your signature    Date									tion		
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  When is a copy for your records.  Phone no. (878) 348-3605  Email address YAMINI MALEPATI@GMAIL COM  Preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Phone no. (678) 965-9522  Firm's name  GLOBAL TAXES LLC  Phone no. (678) 965-9522  Firm's address  245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965	Sign			nat I have examine		accompanying sche		, ,	best	of my knowledge and	
Your signature    Date	_									,	
Joint return? See instructions. Keep a copy for your records.  Phone no. (878)348-3605  Preparer's name  Preparer's signature  Prepa	Here	Yo	ur signature		Date	Your occupation		If the IR	S se	nt you an Identity	
See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, both must sign. Date  Spouse's occupation  HOME MAKER  Phone no. (878)348-3605  Email address YAMINI.MALEPATI@GMAIL.COM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's signature  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965						·		<b>I</b>		IN, enter it here	
Keep a copy for your records.  Phone no. (878)348-3605  Preparer's name  Preparer's signature  Preparer's SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2024 P02082703 Self-employed Firm's name  GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's address 545 ROONEY CT E BRUNSWICK NJ 08816  Right HOME MAKER  HOME MAKER  Right HOME MAKER  Date  PTIN Check if:  902082703 Self-employed  Phone no. (678)965-9522  Phone no. (678)965-9522								,			
your records.         HOME MAKER         (see inst.)           Phone no. (878)348-3605         Email address YAMINI MALEPATI@GMAIL.COM           Paid Preparer's name         Preparer's signature         Date         PTIN         Check if:           SYAM PRIYA RAM SAGAR GUPTA TALLAM         SYAM PRIYA RAM SAGAR GUPTA TALLAM         03/11/2024         P02082703         Self-employed           Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN         84-3171965		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation						
Phone no. (878)348-3605         Email address YAMINI.MALEPATI@GMAIL.COM           Paid         Preparer's name         Preparer's signature         Date         PTIN Check if:           SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2024         p0 208 2703         □ Self-employed           Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-3171965									solion in in the circle it here		
Preparer's name   Preparer's signature   Date   PTIN   Check if:		———Ph	one no. (878)348-360	 5	Email address			M			
Preparer Use Only  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 03/11/2024 P02082703 Self-employed  Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965			· · ·			7171111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Check if:	
Freparer Use Only         Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-3171965			•	, ,		GUPTA TAI.I.AM	1		0.3		
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•						1 - 3 / 1 - 1 / 2 0 2 1				
1010	Use Only				NSWICK N	J 08816					
	Go to www.irs.ac						REV 03/04/24 PRO				

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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 social security number

YAMI	NI MALEPATI & KALYANA CHAKRAVA RAYALLA		294-	-89-06	346
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 Sch	nedule E .	5	-10,222.
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 a	ınd on Form	1	

10

-10,222.

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

Par	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	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				
	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				
	1041)	24k			
Z	Other adjustments. List type and amount:	04-			
0E		24z		0.5	
25 26	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	. ⊏nter	nere and on	26	
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#### **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,

Department of the Treasury Internal Revenue Service

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

2023	
Attachment Sequence No. <b>13</b>	

OMB No. 1545-0074

Name(s) shown on return Your social security number 294-89-0646 YAMINI MALEPATI & KALYANA CHAKRAVA RAYALLA 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) SANTHOSH NAGAR COLONY HYDERABAD IN 500059 HYDERABAD 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 . 3 580. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,260. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,012. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,865. 14 Repairs . . . . 15 Supplies 15 2,454. 16 16 Taxes 17 Utilities . . . . . . . 17 3,211. 18 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . 10,802. 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 -10,222. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 22 10,222.) 580. 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 23d Total of all amounts reported on line 18 for all properties 10,802. 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 10,222. 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

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-10,222.