## 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 securit	y number		
VEERA VENKATA NAGA CHALLAPALLI	-5229			
Spouse's name	Spouse's soc	ial security n	umber	
BHARGAVI SRI DURGHA TANUKU	801-51	-1140		
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authori	zing.)	
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		
1 Adjusted gross income		1	164,	
2 Total tax		2		670.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>556.</u>
4 Amount you want refunded to you		5	1,	886.
5 Amount you owe	 een a con	- 1	ratur	2)
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, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment 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 terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requ business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I an Electronic Funds Withdrawal Consent.	ction of the tr S. Treasury are tated in the ta n to debit the the authoriza ests must be processing of ayment. I furt	ansmission and its design preparation to this entry to this ition. To reversely the electrocher acknown	, <b>(b)</b> the nated Fi on softwas account woke (can had later nic payruledge t	reason inancial vare for nt. This ancel) a than 2 ment of hat the
Taxpayer's PIN: check one box only				
▼ I authorize GLOBAL TAXES LLC to enter or generate n	av PIN 8	5 2 2		as my
ERO firm name	ř Ent	er five digits i't enter all z	, but	ao iiiy
signature on the income tax return (original or amended) I am now authorizing.	40.	r contor an z	.0100	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Your signature ► Date ►				
Spouse's PIN: check one box only				
☐ I authorize GLOBAL TAXES LLC to enter or generate n	nv PIN 1	1 1 4		ac my
ERO firm name	,	er five digits		as my
signature on the income tax return (original or amended) I am now authorizing.		n't enter all z		
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methodelow.				
Spouse's signature ▶ Date ▶				
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication — Practitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 0 8 er all zeros	2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirrequirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	tting this retu	rn in accor	dance v	
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		m 20 <b>2</b>	23	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, er	nding			, 20		See se	oarate i	nstructions.	
Your first name  VEERA VE	NKA:		Last name	APALLI						711	78	urity number 5229 security numb	_
BHARGAVI	SR		TANUK	U				Apt. no.		801	51	1140	
_6510 BAF	RSI ost offi		omplete spa		Sta FI		ZIP o	ode		Check I spouse to go to	nere if your if filing in this fur ow will u	_	3
Filing Status Check only one box.  Digital	If y	Single  Married filing jointly (even if only or Married filing separately (MFS)  ou checked the MFS box, enter the alifying person is a child but not you  ny time during 2023, did you: (a) received.	name of y ur depende	your spouse. If yourse.			surviv	ving spou	use (0 enter	the chi			_
Assets Standard Deduction	Som	nange, or otherwise dispose of a digitation can claim: You as a de Spouse itemizes on a separate returning the control of the	ital asset ( pendent	or a financial inte	rest ir se as	n a digital asse a dependent					☐ Ye	es 🗵 No	
Age/Blindness	You:	: Were born before January 2, 1	959	Are blind Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	1959	☐ Is	s blind	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	ip (4	) Check to	he bo	x if quali	fies for (	see instructions	s):
If more than four	(1) F	irst name Last name		number		to you		Child ta	ax cre	edit	Credit fo	r other depender	ıts
dependents, see instructions and check here	s —							]					_
Income Attach Form(s) W-2 here. Also	1a b c	Total amount from Form(s) W-2, b Household employee wages not re Tip income not reported on line 1a	eported or a (see instr	ructions)					  	1a 1b		178,729.	
attach Forms W-2G and 1099-R if tax was withheld.	d e f	Medicaid waiver payments not rep Taxable dependent care benefits f Employer-provided adoption bene	rom Form	2441, line 26		uctions)	 	· · · · · · · · · · · · · · · · · · ·	 	1d 1e 1f			_
If you did not get a Form W-2, see instructions.	g h i	Wages from Form 8919, line 6. Other earned income (see instruction Nontaxable combat pay election (see	,	tions)	· · · · · · · · · · · · · · · · · · ·		· ·			1g 1h		0.	
Attach Sch. B if required.	2a 3a	Qualified dividends	2a 3a		<b>b</b> 0	axable interest	nds .			1z 2b 3b 4b			_
Standard Deduction for— Single or Married filing separately,	4a 5a 6a c	Pensions and annuities	4a 5a 6a lection me	ethod, check here	<b>b</b> T	axable amount axable amount axable amount instructions)	t	· · · · · · · · · · · · · · · · · · ·		5b 6b			_
\$13,850  Married filing jointly or Qualifying surviving spouse,	7 8 9	Capital gain or (loss). Attach Scheladditional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	dule D if re 1, line 10	equired. If not rec	quired 	, check here				7 8 9		-14,417. 164,312.	
\$27,700 Head of household, \$20,800	10 11 12	Adjustments to income from Sche Subtract line 10 from line 9. This is Standard deduction or itemized	dule 1, line your <b>adj</b> u	e 26 usted gross inco	 ome					10 11 12		164,312. 27,700.	
If you checked any box under Standard Deduction, see instructions.	13 14	Qualified business income deducti	ion from F	orm 8995 or For	n 899 	5-A				13		27 <b>,</b> 700.	

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check if ar	ny from Form(	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	20,670.
Credits	17	Amount from Schedule 2, line 3						17	
	18	Add lines 16 and 17						18	20,670.
	19	Child tax credit or credit for other	er dependent	s 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. If a	zero or less, e	enter -0				22	20,670.
	23	Other taxes, including self-empl	loyment tax, f	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is you	r total tax					24	20,670.
<b>Payments</b>	25	Federal income tax withheld from	m:						
-	а	Form(s) W-2				<b>25a</b> 22	2,556.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	22,556.
If you have a	26	2023 estimated tax payments ar	nd amount ap	oplied from 20	122 return			26	
qualifying child,	27	Earned income credit (EIC) .			No .	27			
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812			28			
	29	American opportunity credit from	m Form 8863	, line 8 .     .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line 1	5			31			
	32	Add lines 27, 28, 29, and 31. Th	ese are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. Thes	e are your <b>to</b>	tal payments				33	22,556.
Refund	34	If line 33 is more than line 24, su	ubtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	1,886.
	35a	Amount of line 34 you want refu			is attached, chec	k here		35a	1,886.
Direct deposit?	b	Routing number 0 6 3 1				Checking	Savings		
See instructions.	d	Account number 2 2 9 0	4 9 4	6 5 7 8	3 8				
	36	Amount of line 34 you want app	lied to your 2	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. Th For details on how to pay, go to						37	
	38	Estimated tax penalty (see instru	_	-		38			
Third Party Designee	Do	you want to allow another pe	rson to disc	uss this retu	n with the IRS?	See	omplete	below.	⊠ No
gc	De	esignee's		Phone		Pers	onal ident	ification	
		me		no.			ber (PIN)		
Sign Here		der penalties of perjury, I declare that I lief, they are true, correct, and complete							
11010	Yo	ur signature		Date	Your occupation				nt you an Identity
					DIIGENEGG EN	IDITIONION A	1,	tection P e inst.)	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b>	muet eian	Date	BUSINESS INT  Spouse's occupati		, ,		nt vour enquee an
Keep a copy for your records.		ouse's signature. If a joint return, <b>both</b>	Date	NGINEER	Ide		sent your spouse an rotection PIN, enter it here		
	Ph	one no. (850) 567-7311		Email address	veerachallapa		om		
Daid	Pre		eparer's signati	ure	1.	Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SY.	AM PRIYA	RAM SAGAR	GUPTA TALLAM	02/25/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TAXES	S LLC			•			(678) 965-9522
Use Only	Fir	m's address 245 ROONEY (	CT E BRU	NSWICK N	J 08816		Firn	n's EIN	84-3171965
<u> </u>		4040 ( )							- 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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

V CHALLAPALLI & B TANUKU

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
711-78-5229

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	-14,417.
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> . Enter 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-14.417

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				
	<b>-</b>	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			
<b>0</b> -					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟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.

OMB No. 1545-0074

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

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

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

Your social security number

V CF	HALLAPALLI & B TANUKU						711-7	8-5229	)
Par	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rtv, use		<b>c</b> . See	instru	ctions. If you	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	ı to file F	Form(s)	1099? S	See in	structions .		. <b>Y</b>	es 🗵 No
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZI								
A	FLAT NO:302,16-504/7 GREENWOOD, PORANKI			(M) 77T	.TAVA	ממעע עמעעי	HDN DDN	DECH 1	IN 521137
<u></u>	FLAT NO.302,10 304// GREENWOOD,TOKANKI	I DIAM.	IALIOINO	(1·1) V I	UAIL	MADA, AND.	IIIVA IIVA	ו ווכנוסנו	IN JZIIJ7
1b	Type of Property (from list below)  2 For each rental real estate properties above, report the number of fair				Fa	air Rental Days	Person	nal Use	QJV
A	gersonal use days. Check the Q			Α		310		0	
В	if you meet the requirements to			В		310			
C	qualified joint venture. See instru	uctions.		C					
Type	of Property:						1		
1	Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	cribe)		
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		7	10.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	85.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,7	45.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			49.				
15	Supplies	15		4,1	25.				
16	Taxes	16		1 6					
17	Utilities	17			52.				
18	Depreciation expense or depletion	18		3,4	/1.				
19	Other (list)	19		1 - 1	07				
20	Total expenses. Add lines 5 through 19	20		15,1	21.				
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 <b>Form 6198</b>			-14,4	17.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		14,41		(	)	(	)
23a	Total of all amounts reported on line 3 for all rental proper	erties			23a		710.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		3,471.		
е	Total of all amounts reported on line 20 for all properties				23e	1:	5,127.		
24	Income. Add positive amounts shown on line 21. Do no	<b>t</b> includ	e any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	s from lin	e 22. Eı	nter to	tal losses he	re <b>25</b>	(	14,417.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a						on . 26		-14,417.