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

- Internal n	evenue del vice						
Submis	ssion Identification Number (SID)						
Taxpayer	's name	Social secu	rity numl	oer			
SHARAN KUMAR MAMILLAPALLY 004-85-9476							
Spouse's name Spouse's social sec							
Part		year you	are au	thoriz	ing.)		
	/hole dollars only on lines 1 through 5.						
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	I	61	226	
	Adjusted gross income		2			$\frac{336.}{752.}$	
	Total tax		3				
	Amount you want refunded to you		4			<u>967.</u>	
	Amount you want refunded to you		5		3,	215.	
Part		eep a co		our r	eturr	n)	
	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
to send for any of Agent to paymen authoriz paymen business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmismy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indiction of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions 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 publication number (PIN) below is my signature for the income tax return (original or amended) I are a financial institutions involved.	ction of the S. Treasury cated in the n to debit the the authoriests must processing ayment. I full the second second in the second sec	transmis and its tax prepare entry exation. The be received the elurther according	ssion, (designation to this Forevolution to the contract of th	(b) the ated Fin softwaccouple (capacitate) accouple (capacitate) accoupled accoupled (capacitate) accoupled (capa	reason inancial vare for nt. This ancel) a than 2 ment of hat the	
	ic Funds Withdrawal Consent.				_		
	yer's PIN: check one box only		5 9 4	4 7	6		
X	I authorize GLOBAL TAXES LLC to enter or generate r	·	nter five		but	as my	
	signature on the income tax return (original or amended) I am now authorizing.	C	lon't ente	r all ze	ros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Your si	gnature ► Date ►						
Spous	e's PIN: check one box only	_					
Opous	I authorize to enter or generate r	ny DINI				ac my	
	ERO firm name	_	nter five	digits.		as my	
	signature on the income tax return (original or amended) I am now authorizing.		lon't ente				
	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 and your return is filed using the Practitioner PIN methodelow.		_			_	
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	II Certification and Authentication — Practitioner PIN Method Only						
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 0	8 2	2 7	1	
	= INVITAL EIRO YOU SIX digit El INVISIONOU BY YOU INVO digit son solocida i INV.		nter all ze		. .		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ed 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 e-file Providers of In	tting this re	turn in a	accorda	anće v		
ERO's	signature ► Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.	
Your first name and middle initial Last na											Your social security number			_
SHARAN KUMAR MAMI					APALLY						004	85	9476	
If joint return, spouse's first name and middle initial Last na													security numb	e
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.		Preside	ntial Ele	ection Campai	
	,	LLING AVE								- 1			ou, or your	9.
		ice. If you have a foreign address, also co	mplete sp	aces belo	ow.	Sta	te	ZIP c	ode		•	_	jointly, want \$	
SOUTH JO	ORDA	N				UI	:	840	95	- 1	•		nd. Checking a not change	а
Foreign countr	y name		F	oreign pro	ovince/state/o	count	ty	Foreig	ın postal c	- 1	your tax		ınd.	se
Filing Status	s X	Single					Head of he	useh	old (HOH	——)				_
_		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your sp	ouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ır depend	dent:										
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as a	a reward	, award, or	payr	nent for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Yee □	es 🛛 No	
Standard	Son	neone can claim: 🔲 You as a de	pendent		Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Spc	ouse	: Was bor	n befo	ore Janua	ary 2.	1959		s blind	
Dependent				(2) S	ocial security		(3) Relationsh	14				fies for (see instructions	 s):
If more	(1) First name Last name				number		to you				dit	Credit fo	or other depender	nts
than four														
dependents,									[
see instruction and check	s 								[
here														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		75,937	
Attach Form(s)	b	Household employee wages not re	•								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 instri	uctions)			<u>1i</u>				_		75,937	
AHI 0 : 5		Add lines 1a through 1h	 22		· · i	 . T					1z		13,331	<u>. </u>
Attach Sch. B if required.	2a	· –	2a				axable interest Irdinary divide:				2b			_
	3a_ 4a	· · ·	3a 4a				ordinary dividei axable amoun				3b 4b			_
Standard	1	_	4 а 5а				axable amoun				5b			_
Deduction for— Single or	5a 6a	_	6a				axable amoun				6b			_
Married filing	C	If you elect to use the lump-sum e		nethod (· Ė	1			_
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			. F	7			
Married filing jointly or	8	Additional income from Schedule		•	•						8		-14,601	_
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		61,336	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10			_
Head of household,	11	Subtract line 10 from line 9. This is									11		61,336	_
\$20,800	12	Standard deduction or itemized	•	-							12		13,850	
If you checked any box under	13	Qualified business income deduct				,					13			Ė
Standard Deduction,	14										14		13,850	_
see instructions.	15	Subtract line 14 from line 11. If zer									15		47 486	_

Form 1040 (2023	3)								Page Z			
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	з 🗌		16	5,752.			
Credits	17	Amount from Schedule 2, lin	ne 3					17				
	18	Add lines 16 and 17						18	5,752.			
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19				
	20	Amount from Schedule 3, lin	ne 8					20				
	21	Add lines 19 and 20						21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,752.			
	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	5,752.			
Payments	25	Federal income tax withheld	from:									
-	а	Form(s) W-2				25a	8,967					
	b	Form(s) 1099				25b						
	С	Other forms (see instructions	s)			25c						
	d	Add lines 25a through 25c						25d	8,967.			
If you have a	26	2023 estimated tax payment	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			28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .				30						
	31	Amount from Schedule 3, lin	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 to	tal payments				33	8,967.			
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,215.			
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	🗆	35a	3,215.			
Direct deposit?	b	Routing number 1 2 4			c Type: 🔀	Checking	Savings	;				
See instructions.	d	Account number 9 1 0	7 8 0 3	2 6								
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36						
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe								
You Owe		For details on how to pay, g	_	-				37				
	38	Estimated tax penalty (see in	nstructions) .			38						
Third Party		you want to allow another	•			_						
Designee							•		⊠ No			
		esignee's me		Phone no.			sonal ider ber (PIN)	tification				
Sign	Un	der penalties of perjury, I declare the	nat I have examined	d this return and	accompanying sche	dules and statemer	nts, and to	the best	of my knowledge and			
Here	be	lief, they are true, correct, and com	ch prepar	er has any knowledge.								
Here	Yo	our signature		Date	Your occupation				nt you an Identity			
		CODMITTER						otection P e inst.)	PIN, enter it here			
Joint return? See instructions.		accessor alamateura. If a laint vatuum I	the manual airm	Dete	SOFTWARE E				e IRS sent your spouse an			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation			Ide		ection PIN, enter it here			
•		one no	- 1101./									
		one no. (801)410-644 eparer's name	0 Preparer's signat	Email address	SHARANMAMILLA	PALLY@GMAIL.C Date	PTIN		Check if:			
Paid		•	'		מווחתה החודה אינ			2772	Self-employed			
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	02/23/2024	P020					
Use Only		m's name GLOBAL TA		MCMTAV N	 J 08816				(678)965-9522			
	-ir	m's address 245 ROONE	Y CT E BRU	MATCK IN	7 00010		Fir	n's EIN	84-3171965			

SCHEDULE 1 (Form 1040)

9

10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

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.

SHAF	RAN KUMAR MAMILLAPALLY		004-8	5-94	76
Par	t I 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. Atta	ach Schedule	E .	5	-14,601.
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			
	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:	87			
		07			

-14,601.

9

10

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				
	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:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 1 (Form 1040) 2023

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. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 004-85-9476 SHARAN KUMAR MAMILLAPALLY 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) H.NO:1-8-47/B/C2 CHURCH COMPOUND SURYAPET, TELANGANA IN 508213 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 3 530. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,834. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,460. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 3,711. 14 Repairs 14 3,936. 15 Supplies 15 16 16 Taxes 17 Utilities 17 4,190. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 15,131. 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 -14,601. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 14,601.) 530. 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 15,131. Total of all amounts reported on line 20 for all properties 23e Income. Add positive amounts shown on line 21. Do not include any losses 24 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,601. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-14,601.

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