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 Neveride Service							
Submission Identification	Number (SID)						
Taxpayer's name				Social securi	ty numbe	er	
BHARATHI AVULA				427-91	-1940		
Spouse's name				Spouse's so	cial secur	ity number	
	Information — Tax Year Ending	g December 31, 202	23 (Enter	year you a	are auth	norizing.)
Enter whole dollars only o	on lines 1 through 5. s use line 4 only. Leave lines 1, 2, 3, a	and E blank					
1 Adjusted gross inc	•				1	104	,607.
					2		<u>, 807.</u> ,278.
	k withheld from Form(s) W-2 and Form	n(s) 1099			3		
4 Amount you want r	` '				4		,887. ,609.
, , , , , , , , , , , , , , , , , , , ,					5	4	, 609.
Part II Taxpayer D	Declaration and Signature Author	prization (Be sure you o	get and I	ceep a cor		our retu	rn)
Under penalties of perjury, I cmy knowledge and belief, it return (original or amended) I to send my return to the IRS for any delay in processing the Agent to initiate an ACH electopayment of my federal taxes authorization is to remain in payment, I must contact the business days prior to the pataxes to receive confidential personal identification number Electronic Funds Withdrawal Taxpayer's PIN: check o	declare that I have examined a copy of this true, correct, and complete. I further I am now authorizing. I consent to allow read and to receive from the IRS (a) an acknown the return or refund, and (c) the date of arctronic funds withdrawal (direct debit) entrowed on this return and/or a payment of full force and effect until I notify the U.S. Treasury Financial Agent at 1-88 ayment (settlement) date. I also authorize I information necessary to answer inquirer (PIN) below is my signature for the inc Consent. The box only OBAL TAXES LLC ERO firm name	e income tax return (original or declare that the amounts in large in the provided service ser	r amended Part I above der, transm son for rejective the U ccount indi- ial institution terminated that the terminated in the ded to the parended) I amended) I amended) I amended) I am now au re are the am itter, or electrection of the t .S. Treasury a cated in the t on to debit the ethe authoriz uests must b processing o payment. I fur m now author my PIN	thorizing ounts from onic returns from onic retu	, and to the om the industry original sion, (b) the esignated aration soft of this accorded no late ctronic particularly in application of the condition of the	ne best of come tax tor (ERO) ne reason Financial ftware for ount. This cancel) a er than 2 ayment of that the
☐ I will enter my Pli	income tax return (original or amende IN as my signature on the income taxing your own PIN and your return is f	return (original or amende					
Your signature ► Bandh	ni		Date ▶ _	March 02,	2024		
Spouse's PIN: check one	o hov only						
	E DOX OTHY			may , DINI			
I authorize	ERO firm name	to enter or	generate		ter five d	igits, but	as my
signature on the	income tax return (original or amende	ed) I am now authorizing.			n't enter	· ·	
☐ I will enter my PII	IN as my signature on the income taxing your own PIN and your return is f	return (original or amende					
Spouse's signature ▶			Date ►				
	Practitioner PIN Metho	d Returns Only—continu	ue below				
Part III Certification	n and Authentication — Practit	ioner PIN Method Only	'				
ERO's EFIN/PIN. Enter yo	our six-digit EFIN followed by your fiv	ve-digit self-selected PIN.	2 2	2 4 9 Don't en	6 0 ter all zer	8 2 7 os	1
authorized to file for tax yea	eric entry is my PIN, which is my signatu ar indicated above for the taxpayer(s) ind ner PIN method and Pub. 1345 , Handboo	licated above. I confirm that	I am subm	itting this ret	urn in ac	ccordance	
ERO's signature ►			Date ►				
a*	ERO Must Retain TI	his Form - See Instruc	ctions				
	Don't Submit This Form to	the IRS Unless Reques	sted To I	Do So			

E1040 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		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not v	vrite or staple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instructions.
Your first name	and mi	iddle initial	Last na	ame						Your so	ocial security number
BHARATH	Ι		AVU:	LA						427	91 1940
If joint return, s	pouse's	s first name and middle initial	Last na	ame						Spouse	's social security numb
	-	er and street). If you have a P.O. box, see	instruct	ions.					Apt. no.	ł	ential Election Campai
364 WINI		DR . N ce. If you have a foreign address, also co	mploto	onaca ha	Jour	Sta	+0	ZIP o	odo		here if you, or your if filing jointly, want \$
	JOSE OIII	ce. If you have a foreight address, also co	inpiete	spaces be	HOW.					to go to	this fund. Checking a
OXFORD Foreign countr	v namo			Foreign n	rovince/state/o	MS		386	n postal code		low will not change x or refund.
r oreign country	y Hairie			i oreigii p	TOVITICE/State/C	Journ	Ly	i oreig	gri postar code	your ta	You Spou
Filing Status	· X	Single					Head of ho	ouseh	old (HOH)		
_		Married filing jointly (even if only o	ne had	income)					,		
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)	
0.10 20711	If y	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che					ild's name if the
		alifying person is a child but not you									
Digital	Δt ar	ny time during 2023, did you: (a) rec	aiva (as	a rewar	d award or i	navr	ment for proper	tv or	sarvicas): or	(h) sell	
Digital Assets		ange, or otherwise dispose of a dig						-			☐ Yes X No
Standard		eone can claim: You as a de					a dependent			,	
Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	l				
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was bor	n befo	ore January 2	2, 1959	☐ Is blind
Dependent	s (see	instructions):		(2)	Social security		(3) Relationshi	ip (4) Check the b	ox if qual	ifies for (see instruction:
If more		(1) First name Last name		`,	number		to you		Child tax c	redit	Credit for other depender
than four											
dependents, see instruction											
and check	s 										
here											
Income	1a	Total amount from Form(s) W-2, b								. 1a	110,287
Attach Form(s)	b	Household employee wages not re	eportec	on Form	n(s) W-2					. 1k)
W-2 here. Also	С	Tip income not reported on line 1a	•		•					. 10	;
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ıctions)			. 10	i
1099-R if tax	е	Taxable dependent care benefits f								. 16	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29					. 11	_
If you did not get a Form	g	Wages from Form 8919, line 6 .								. 10	
W-2, see	h	Other earned income (see instruct	,					, .		. <u>1</u>	0
instructions.	i	Nontaxable combat pay election (s	see ins	tructions))		<u>l 1i</u>				110 207
	<u>z</u>	Add lines 1a through 1h			· · · ·					. 12	0.71
Attach Sch. B if required.	2a	' -	2a				axable interest			. 2t	
	3a		3a				ordinary divider			. 3b	
Standard	4a	-	4a				axable amount axable amount			. 4t	
Deduction for—	5a	-	5a							. 5k	
 Single or Married filing 	6a	,	6a	mothad			axable amount			. 6k	,
separately, \$13,850	7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche							· · · L	-	
 Married filing 	8	Additional income from Schedule		•			•		L	. 8	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9	
surviving spouse, \$27,700	10	Add lifes 12, 25, 35, 45, 55, 65, 7, Adjustments to income from Sche								. 10	
 Head of 	11	Subtract line 10 from line 9. This is								. 11	
household, \$20,800	12	Standard deduction or itemized	-							. 12	
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13	
Standard Deduction,	14	A 111 40 140								. 14	
see instructions.	15	Subtract line 14 from line 11. If zer				our I	taxable incom	е.			

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	15,278.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	15,278.
	19	Child tax credit or credit for	other dependent	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	15,278.
	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	15,278.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 1	9,887.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,887.
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			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	19,887.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	4,609.
	35a	Amount of line 34 you want			is attached, ched	ck here	🗆	35a	4,609.
Direct deposit?	b	Routing number 0 8 4							
See instructions.	d	Account number 5 3 9							
	36	Amount of line 34 you want	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	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See			
Designee	ins	structions	below.	⋉ No					
	De nai	signee's		Phone			sonal ident nber (PIN)	ification	
0:		der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho		(/	the best	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation	l If th	e IRS se	nt you an Identity	
	10	ar signature		Date	Tour occupation			IN, enter it here	
Joint return?					PRINCIPLE	SCIENTIST	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on	Ider	ntity Prot	nt your spouse an ection PIN, enter it here
your records.							(see	inst.)	
		one no. (662) 202-470		Email address	BAVULA@OLE				
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/02/2024	P0208	2703	Self-employed
Preparer Use Only Firm's name GLOBAL TAXES LLC Phone						ne no.	(678) 965-9522		
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firn	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

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	social security number								
ВНА	BHARATHI AVULA 427-								
Pa	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. Att	ach Schedule	Ε.	5	-6,051.				
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							
	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) Scholarship and fellowship grants not reported on Form W-2	8q							
r		8r							
S	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	96 (١						
	·	8s (
ι	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t							
	Wages earned while incarcerated	8u							
	Other income. List type and amount:	Ju							

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

-6,051.

9

10

8z

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 I	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j		-	
k		24k			
_	1041)	24K			
Z		24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

BHAF	ATHI AVULA						427-9	1-1940	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	yalties Schedule	C . See	instruc	ctions. If you a	ıre an indi	vidual, rep	ort farm
Α [Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	ee ins	tructions .		. <u></u> Ye	
B I	f "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	es U No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	84/A, F101, AVULA APTS VENGALA RAO NAG	GAR H	HYDERAE	BAD, 5	relai	NGANA IN	500030	0	
В									
С						ir Rental			
1b	(from list below) above, report the number of fair	above, report the number of fair rental and							QJV
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru	ictions	a 3.	В					
С				С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descr			
				_		Properti	es:		
ncon				Α		В			С
3	Rents received	3		8	57.				
4 Exper	Royalties received	4							
zper 5		5							
6	Advertising	6							
7	Cleaning and maintenance	7		1,1	50				
8	Commissions	8			50.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		5	46.				
12	Mortgage interest paid to banks, etc. (see instructions)	12			10.				
13	Other interest	13							
14	Repairs	14		1,9	82.				
15	Supplies	15		1,4					
16	Taxes	16							
17	Utilities	17		1,7	40.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		6,9	08.				
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		-6,0	51.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(6 , 05	1.))	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		857.		
b	Total of all amounts reported on line 4 for all royalty prop				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				
е	Total of all amounts reported on line 20 for all properties				23e	6	,908.		
24	Income. Add positive amounts shown on line 21. Do not		•				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estate							(6,051.
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 ar						. 26		-6,051.

Form **8582**

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment Sequence No. 858

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

Identifying number 427-91-1940

Par	2023 Passive Activity Loss Caution: Complete Parts IV ar		eting Part I						
Renta	I Real Estate Activities With Active Pa			ive participation. s	ee Special				
	ance for Rental Real Estate Activities			, , ,					
1a	Activities with net income (enter the a	mount from Part I\	/, column (a)) .	1a	0.				
b	Activities with net loss (enter the amou				6,051.)				
С	c Prior years' unallowed losses (enter the amount from Part IV, column (c)) 1c (
d	Combine lines 1a, 1b, and 1c					1d	-6,051.		
All Ot	her Passive Activities								
2a	Activities with net income (enter the a	mount from Part V	, column (a)) .	2a					
b	Activities with net loss (enter the amount)				
С	Prior years' unallowed losses (enter the)				
d	Combine lines 2a, 2b, and 2c					2d			
3	Combine lines 1d and 2d and subtra-								
	zero or more, stop here and include								
	prior year unallowed losses entered of normally used		Report the losses	on the forms and	schedules	3	-6,051.		
	If line 3 is a loss and: • Line 1d is a l					3	-0,031.		
		oss (and line 1d is	zero or more), ski	ip Part II and go to	line 10.				
Cautio	on: If your filing status is married filing	· ·	•	•		year,	do not complete		
	Instead, go to line 10.	. , ,	·		· ·	•	•		
Par				-					
	Note: Enter all numbers in Par	•		tions for an examp	ole.				
4	Enter the smaller of the loss on line 1					4	6,051.		
5	Enter \$150,000. If married filing separ	•			50,000.				
6	Enter modified adjusted gross income				10,658.				
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s / and 8 and ent	er -u-					
7	Subtract line 6 from line 5			7	39,342.				
8	Multiply line 7 by 50% (0.50). Do not er	nter more than \$25000. If married filir			8	19,671.		
9	Enter the smaller of line 4 or line 8. If					9	6,051.		
Part			•				.,		
10	Add the income, if any, on lines 1a an	d 2a and enter the	total			10	0.		
11	Total losses allowed from all passiv		23. Add lines 9 an	d 10. See instructi	ons to find				
	out how to report the losses on your to					11	6,051.		
Part	V Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.					
Name of activity		Currer		Prior years	Ove	rall ga	in or loss		
(a) Net income (b) Ne (line 1a)				(c) Unallowed loss (line 1c) (d) G		1	(e) Loss		
84/1	A, F101, AVULA APTS	0.	6,051.				6,051.		

6,051.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e P	art I, Lines 2	a, 2b,	and 2c. S	ee ins	structio	ns.					
	Current			ent year Prior ye			ears Overa			all gain or loss		
Name of activity		(a) Net income (line 2a)		(b) Net loss (line 2b)		Jnallowe s (line 2		(d) Gain		(e) Loss		
Total. Enter on Part I, lines 2a, 2b, and 2c												
Part VI Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee ins	structio	ns.					
Name of activity	an to b	Form or schedule and line number to be reported on (see instructions)		(a) Loss		(b) Ratio		(c) Special allowance		(d) Subtract column (c) from column (a).		
84/A, F101, AVULA APTS		E Ln 22		6,051.	1.0	00000	00	6,051		. 0.		
Total				6,051.		1.00		6 , 05	1	0.		
Part VII Allocation of Unallowed L	oss	ses. See instri	uction		I			0,00		0.		
Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) l	Loss (b) Ratio		o) Ratio	(c) Unallowed loss			
Total								1.00				
Part VIII Allowed Losses. See instr	ucti	ons.		1								
Name of activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) Loss		(k	(b) Unallowed loss		(c) Allowed loss			
Total												