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

Subm	nission Identification Number (SID)				
Taxpay	rer's name	Social securit	y number		
NIKHIL CHANDRA KONDA 288-27-3596					
Spouse	o's name	Spouse's social security number			
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you a	re authorizir	ng.)	
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			85,338.	
2	Total tax		2	11,032.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			13,626.	
4	Amount you want refunded to you		4	2,594.	
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende				
return to sen for any Agent payme author payme busine taxes persor	consent to allow my intermediate service provider, trans draw return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rey delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in ent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation receives days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the heal identification number (PIN) below is my signature for the income tax return (original or amended) I onic Funds Withdrawal Consent.	mitter, or electro- ejection of the tra U.S. Treasury are dicated in the ta- ticated in the ta- ticated in the ta- ticated in the ta- quests must be e processing of payment. I furt	nic return orig ansmission, (b) nd its designat x preparation entry to this action. To revok received no the electronic her acknowled	inator (ERO) the reason ed Financial software for ccount. This e (cancel) a later than 2 payment of dge that the	
	ayer's PIN: check one box only			\neg	
-	I authorize GLOBAL TAXES LLC to enter or generate	e my PIN	3 5 9 6	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, bu 't enter all zero	ut	
	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 and your return is filed using the Practitioner PIN medbelow.				
Your	signature ▶ Date ▶				
Snou	se's PIN: check one box only				
Ороц	I authorize to enter or generate	n my DINI		ac my	
	ERO firm name		er five digits, bu	as my	
	signature on the income tax return (original or amended) I am now authorizing.		't enter all zero		
	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 and your return is filed using the Practitioner PIN med below.				
Spous	se's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below	N			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO'	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2		5 0 8 2 er all zeros	7 1	
author	by that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subtements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	mitting this retu	rn in accordar	nce with the	
FR∩'	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



£1040		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 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 m	iddle initial	Last na	me							Your social security number			_
NIKHIL (CHAN	DRA	KOND	ıΑ							288	27	3596	
		s first name and middle initial	Last na								Spouse'		security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.		Preside	ntial Ele	ection Campai	
540 RAVI									474	- 1			ou, or your	9.
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c			•	_	jointly, want \$	
GAITHERS	SBUR	G				ME)	208	77	- 1	•		nd. Checking a not change	a
Foreign countr			F	oreign pr	ovince/state/	count	У		ın postal c	- 1	your tax	or refu	ınd.	
		7 O							-1-1/1101	n\		Yc	ou Spou	se
Filing Status	s 🗠	Single	na had i	\			☐ Head of h	ousen	ola (HOF	٦)				
Check only		Married filing jointly (even if only o Married filing separately (MFS)	ne nau i	ricorrie)			Qualifying	our in	ina ono	100 ((2001			
one box.	L If √	you checked the MFS box, enter the	nama a	of vour or	nouse If you	ı obo	, ,		0 .	,	,	ld'e na	mo if the	
		ialifying person is a child but not you			•							iu 5 iia	ille ii tile	
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward										_
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	
Standard	Son	neone can claim: 🔲 You as a de	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Spc	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check tl	he bo	x if quali	fies for ((see instruction	s):
If more		irst name Last name		number to you		to you		Child to	ax cre	dit	Credit fo	or other depender	nts	
than four														
dependents, see instruction	s —													
and check	. —													
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		97,198	<u>.</u>
Attach Form(s)	b	Household employee wages not re	•		` '						1b			_
W-2 here. Also attach Forms	C	Tip income not reported on line 1a			•						1c			_
W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			_
1099-R if tax	e	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene	tits from	1 Form 8	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			<u>-</u>
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1i</u>						97,198	
AII	Z	Add lines 1a through 1h	20		· · · i	 ьт	 axable interest				1z		77,170	<u>.</u>
Attach Sch. B if required.	2a	· –	2a 3a				rdinary divide				2b 3b			_
	3a		4a				•				4b			_
Standard	4a 5a		4a 5a				axable amoun axable amoun				5b			_
Deduction for—	6a	_	6a				axable amoun				6b			_
Single or Married filing	C	If you elect to use the lump-sum e		method i	check here					· :]			_
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,			·	7			
Married filing	8	Additional income from Schedule		•	•					٠ ـ	8		-11,860	_
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7									9		85,338	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10			_
Head of household,	11	Adjustments to income from Schedule 1, line 26							11		85,338	_		
\$20,800	12	Standard deduction or itemized	•	-	_						12		13,850	
If you checked any box under	13	Qualified business income deduct				-					13			·
Standard Deduction,	14										14		13,850	_
see instructions.	15	Subtract line 14 from line 11. If zer							-		15		71 488	

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from For	rm(s): 1 881	4 2 4972	3 🗌		16	11,032.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17				F	18	11,032.
	19	Child tax credit or credit for other depende	ents from Sched	lule 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 zero or less	s, enter -0			[22	11,032.
	23	Other taxes, including self-employment tax				Г	23	0.
	24	Add lines 22 and 23. This is your total tax					24	11,032.
Payments	25	Federal income tax withheld from:						
•	а	Form(s) W-2			25a 13	3,626.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	13,626.
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return		[26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 88	12		28			
	29	American opportunity credit from Form 886	63, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are you	32					
	33	Add lines 25d, 26, and 32. These are your	total payments	.		[33	13,626.
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amou	nt you overpaid		34	2,594.
	35a	Amount of line 34 you want refunded to you		8 is attached, che	ck here	🗆 [35a	2,594.
Direct deposit?	b	Routing number 1 1 1 1 9 0 0 6		c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 9 0 4 9 0 1 1	L 5 9 7					
	36	Amount of line 34 you want applied to you	ır 2024 estimat	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the an	•					
You Owe		For details on how to pay, go to www.irs.g	-		1 1		37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party Designee		you want to allow another person to distructions			_	omplete he	alow.	⊠ No
Designee		uctions						Z NO
		me	no.			ber (PIN)	, a.i.o.i.	
Sign		der penalties of perjury, I declare that I have examin			,			
Here		lief, they are true, correct, and complete. Declaration	1		ased on all informat			
	Yo							it you an Identity N, enter it here
Joint return?				CLINICAL SIL	PPLY STUDY L	/!		iv, enter it nere
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat				t your spouse an
Keep a copy for your records.	·	, ,		'		Identit	y Prote	ction PIN, enter it here
your records.						(see in	st.)	
		one no. (720)656-0310	Email address	NIKHILCHANDR	A1996@GMAIL.C			
Paid		eparer's name Preparer's sign			Date	PTIN		Check if:
Preparer	SYA	YAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 03/15/2024 P02082703 Self-employed						
Use Only	Fir	m's name GLOBAL TAXES LLC						678)965-9522
	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firm's	EIN	
o		40406						- 4040

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NIKHIL CHANDRA KONDA

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 soc	ial security number
288-27	-3596

_	Additional Income		1 4 1	
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):		3	
3	Business income or (loss). Attach Schedule C			
4	Other gains or (losses). Attach Form 4797		4	-11,860.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att		5	-11,000.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (4	
b	Gambling	8b	-	
C	Cancellation of debt	8c	1	
d	Foreign earned income exclusion from Form 2555	8d (4	
е	Income from Form 8853	8e	-	
f	Income from Form 8889	8f	-	
g	Alaska Permanent Fund dividends	8g	-	
h	Jury duty pay	8h	-	
İ	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 ()	
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:			
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-11,860.

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	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	e. Enter	here and on	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,

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 NIKHIL CHANDRA KONDA 288-27-3596 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 ☐ Yes ☐ No 1a Physical address of each property (street, city, state, ZIP code) SRINIVASAM BUILDING 3RD FL BURRIPALEM ROAD TENALI, ANDHRA PRADESH IN 522201 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 3 600. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,825. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,000. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,367. 14 Repairs 15 Supplies 15 2,841. 16 16 Taxes 17 Utilities 17 3,427. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 12,460. 20 Total expenses. Add lines 5 through 19 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 -11,860. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 11,860.) 600. 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 12,460. 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 11,860. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26

-11,860.

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