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	number		
SRAVYA GORREPATI	010-81-	7908	
Spouse's name	Spouse's socia	al security number	
NANDAKISHORE JAMPANI	211-81-		
	nter year you ar	e 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.	ı	a	F 0 0
1 Adjusted gross income	+		589. 425.
 Total tax			319.
4 Amount you want refunded to you	+	- J	894.
5 Amount you owe	+	5	094.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	nd keep a copy	-	n)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amen my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trat to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutionic institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended) Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generating to enter one tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN my below.	above are the amonsmitter, or electron of the transe U.S. Treasury and indicated in the transe the authorizar requests must be the processing of the payment. I furth I am now authorizar atte my PIN	unts from the inconic return originato ansmission, (b) the d its designated Fi x preparation softwentry to this accountion. To revoke (careceived no later the electronic paymer acknowledge the condition of the property of	ome tax or (ERO) reason inancial ware for nt. This ancel) a than 2 ment of that the ble, my as my
Your signature ► Date I	-		
Spouse's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or general signature on the income tax return (original or amended) I am now authorizing.	Ente	2 3 3 7 arr five digits, but 't enter all zeros	as my
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN m below.			
Spouse's signature ▶ Date I	•		
Practitioner PIN Method Returns Only—continue bel	low		
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.	2 2 4 9 6 Don't ente		1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incomauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retur	n in accordance w	
ERO's signature ▶ Date I	•		
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 so	cial sec	curity number
SRAVYA			GORR	EPATI							010	81	7908
	pouse's	s first name and middle initial	Last na		<u> </u>								security number
NANDAKIS	SHORI	E.	JAMP	ANT							211	81	2337
		er and street). If you have a P.O. box, see						1	Apt. no.			_	ection Campaign
		S WATERS BLVD							213	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c			spouse	if filing	jointly, want \$3
COPPELL			·			TX	7	750	19		_		nd. Checking a not change
Foreign countr	v name		F	Foreign pr	ovince/state/				n postal c		your tax		•
	,			0 1			•		'		,	Yo	
Filing Status	, [Single	•				Head of h	ouseh	old (HOI				
Check only	X	Married filing jointly (even if only or	ne had i	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	If y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır deper	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	nent for prope	rty or	services); or (b) sell,		
Assets		nange, or otherwise dispose of a digi										□ Yee □	es 🗵 No
Standard	Som	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien							
Age/Rlindnes	 • Vou	: Were born before January 2, 1	959 F	Are bli	ind Sn c	ouse	: Was bor	n hefe	re Janu	an/ 2	1050		s blind
Dependent	_			Ī	<u> </u>		(3) Relationsh	11					(see instructions):
=		(1) First name Last name			(2) Social security number (3) Relationship to you			lib (Child t				or other dependents
If more than four	<u> </u>												
dependents,													
see instruction	s —												
and check here	1												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .					-	1a		60,279.
	b	Household employee wages not re	,		,						1b		· ·
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•		` '						1c		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits f									1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g	Wages from Form 8919, line 6.									1g		
get a Form	h	Other earned income (see instructi	ions)								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				l 1i	Ì					
	z	Add lines 1a through 1h									1z		60,279.
Attach Sch. B	 2a	1	2a		i i i	b Ta	axable interest	t .			2b		
if required.	3a	· —	3a				rdinary divide				3b		
	4a		4a				axable amoun				4b		
Standard	5a		5a				axable amoun				5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing	C	If you elect to use the lump-sum e		method	check here						7		
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,			·	7		
Married filing	8	Additional income from Schedule									8		-8,690.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		51,589.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•							10		
Head of	11	Subtract line 10 from line 9. This is									11		51,589.
household, \$20,800	12	Standard deduction or itemized	•	-	_						12		27,700.
If you checked any box under	13	Qualified business income deduction					 5-Δ				13		<u> </u>
Standard	14						o-A				14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer									14		23 889

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	
Credits	17	Amount from Schedule 2, lin					17	,
	18	Add lines 16 and 17					18	2,425.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19)
	20	Amount from Schedule 3, lin	ie 8				20)
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	2,425.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		23	
	24	Add lines 22 and 23. This is			·		24	
Payments	25	Federal income tax withheld						,
. ayınıcınıc	а	Form(s) W-2				25a 3	,319.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				25	d 3,319.
15	26	2023 estimated tax payment					26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from			_	28		
	29	American opportunity credit				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31					32	
	33	Add lines 25d, 26, and 32. T						
Refund	34	If line 33 is more than line 24					34	
riciana	35a	Amount of line 34 you want				•		
Direct deposit?	b	Routing number 0 1 1				_	Savings	
See instructions.	d	Account number 3 8 5					, a	
	36	Amount of line 34 you want				36		
Amount	37	Subtract line 33 from line 24						
You Owe	31	For details on how to pay, g					37	
	38	Estimated tax penalty (see in	_	-		38	J.	
Third Party Designee		you want to allow another	person to disc	cuss this retur		See	mplete belov	/. × No
Designee		signee's		Phone			nal identification	
		me		no.			er (PIN)	
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com						
Here	Υo	ur signature		Date	Your occupation		If the IBS	sent vou an Identity
		a. o.g. a.a.			. ca. cccapanen			PIN, enter it here
Joint return?					DENTAL ASS	SISTANT	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on		sent your spouse an
your records.				COEMMADE I	(see inst.)	Identity Protection PIN, enter it here (see inst.)		
		one no. (917) 679–623	Λ	Email address	SOFTWARE I		, ,	
		one no. (917) 679-623 eparer's name	Preparer's signat	Email address	NAMDAVISHOKEJA	MPANI99@GMAIL.CC	PTIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA	'		באם כווסייה		P02082703	
Preparer				A LWI PA	SAN GUPIA	03/13/2024		
Use Only			XES LLC Y CT E BRU	MCMTCK M	J 08816			(678) 965-9522
Go to warm im =		m1040 for instructions and the late		TANATCI/ IA			Firm's EIN	Form 1040 (2023)
au to www.iis.go	JV/I UIII	moto ioi manuonona and nie late	or information.		BAA	REV 03/07/24 PRO		1 01111 1 0 TO (2023)

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

SRAVYA GORREPATI & NANDAKISHORE JAMPANI

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
010-81-7908

	t I Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes			
а	Alimony received		. 2a	
b	Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C			
•	Other gains or (losses). Attach Form 4797			
•	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta			-8,690
•	Farm income or (loss). Attach Schedule F			
,	Unemployment compensation		. 7	
3	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		
1	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		
o	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
a 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	

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-basis governr	nent		
	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		9a	
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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
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			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter here and			
	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.

Attachment Sequence No. 13

Your social security number

SRA	JYA GORREPATI & NANDAKISHORE JAMPANI						010-8	1-7908	<u> </u>	
Par						<u> </u>				
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	c . See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm	
Α	Did you make any payments in 2023 that would require you		Form(s)	10992.5	See ins	structions		□ Ye	es X No	_
	If "Yes," did you or will you file required Form(s) 1099?									
	Physical address of each property (street, city, state, ZII									_
			-	T	EOO	016				_
<u>A</u>	SHANTIBAGH APT, BG5 BEGUMPET HYDERABAI	D, TE	LANGAI	NA IN	500	016				
B										
	T (D) 0 5 1 1 1 1 1 1				_		_			
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair		Fair Rental Days				nal Use ays	Se QJV		
Α		personal use days. Check the QJV box						0		_
	if you meet the requirements to	file as	a ´	A B		365				_
C	qualified joint venture. See instru	uctions	S.	C						_
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Lanc	1	7	Self-Rental				
	Multi-Family Residence 4 Commercial	itai	6 Roya	-			he)			
	With army residence 4 Commercial		O HOYE	11103		Other (descri				
						Propertie	es:			
Incor				Α		В			С	
3	Rents received	3		4	50.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	90.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13			1.0					
14	Repairs	14			10.					_
15	Supplies	15		2,2	70.					_
16	Taxes	16		2 F	2.0					_
17	Utilities	17 18		2,5	20.					_
18 19	Depreciation expense or depletion	19								_
20	Other (list) Total expenses. Add lines 5 through 19	20		Ω 1	10					_
		20		9,1	40.					_
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		-8,6	90.					
22	Deductible rental real estate loss after limitation, if any,									_
	on Form 8582 (see instructions)	22	(8,69	0.)	()	()
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	450.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
C	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					
e	Total of all amounts reported on line 20 for all properties				23e	9.	,140.			
24	Income. Add positive amounts shown on line 21. Do not		de any lo	sses			24			
25	Losses. Add royalty losses from line 21 and rental real estat		•		nter to	tal losses here		(8,690.	
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								-8,690	