Form 8879
(Rev. January 2021)
Depertment of the Treesury

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.

Submission Identification Number (SID)

T.....

Taxpay	ver's name		Social se	ecurity num	ber
SAM	HITHA KANDIMALLA		663-	-69-748	4
Spous	e's name		Spouse'	s social sec	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023	(Enter	year yo	ou are au	thorizing.)
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			. 1	70,641.
2	Total tax			. 2	7,798.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3	8,821.
4	Amount you want refunded to you			. 4	1,023.
5	Amount you owe				
Dor	Toxpoyor Declaration and Signature Authorization (Pagura you go	ا ام مرم ا		a a mar a f a	(a

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's	PIN:	check	one	box	only
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X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

9	/	4	8	4	
			gits,		as my

ERO firm name signature on the income 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

04/03/2024

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date ►			
Practitioner PIN Method Returns Only—continue below				
Part III Certification and Authentication – Practitioner P	N Method Only			
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit s	elf-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
ERO Don't Submi		
For Denemoral Deduction Act Nation and your		Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SAMHITHA			KAN	DIMALI	.A							7484
		s first name and middle initial	Last r									security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
		ROOK DRIVE									,	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				jointly, want \$3 nd. Checking a
CHARLOTT						NC	-	282		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta:	k or refu ער ריי	_
												ou 🔄 Spouse
Filing Status		Single	no hor	t incomo)			Head of ho	ousen	DIA (HOH)			
Check only		Married filing jointly (even if only or Married filing separately (MFS)	ne nac	i income)			Qualifying	cupit	ing chouse	(099)		
one box.	L If \	ou checked the MFS box, enter the	name	of your s	nouse If voi	ı che			• •	. ,	ild's na	me if the
		alifying person is a child but not you										
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi										es 🛛 No
Standard		eone can claim: You as a de		-			a dependent	0: (00		113.)		
Deduction	_	Spouse itemizes on a separate return	•		•		•					
		: Were born before January 2, 1		Are b		ouse	_	n hofe	ore January	2 1050		s blind
Dependents			303	<u> </u>	•			14	,			(see instructions):
•	•	irst name Last name		(2) 3	Social security number	,	(3) Relationsh to you		Child tax of			or other dependents
lf more than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	77 , 627.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	nstructior	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 10	I	
1099-R if tax	е	Taxable dependent care benefits f								. 16	-	
was withheld.	f	Employer-provided adoption bene								. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instruction	,				· · · ·	· ·		. <u>1</u> h	<u>ا</u>	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					77 677
	<u>z</u>	Add lines 1a through 1h	· ·		· · · ·	 ьт				. 1z		77,627.
Attach Sch. B if required.	2a 2o	•	2a 3a				axable interest			. 2b . 3b		
	<u>3a</u> 4a		sa 4a				Ordinary divider axable amount			. 30	-	
Standard	4a 5a		4a 5a				axable amount			. 40.	-	
 Deduction for — Single or 	5a 6a	-	6a				axable amount			. 6b	-	
Married filing	c	If you elect to use the lump-sum e		method								
separately, \$13,850	7	Capital gain or (loss). Attach Scher				•	,	• •		7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		,			. 8		-6,986.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,				e			. 9		70,641.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	-	
 Head of household, 	11	Subtract line 10 from line 9. This is		-	gross incor	ne				. 11		70,641.
\$20,800	12	Standard deduction or itemized								. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deducti		•		,	95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	e.	<u> </u>	. 15	5	56,791.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

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	7,798.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	7,798.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					🔽	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,798.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax				🗖	24	7,798.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				25a 8	,821.		
	b	Form(s) 1099				25b	· · · · · ·		
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,				2	25d	8,821.
If you have a	26	2023 estimated tax payment						26	i
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fror				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	,	•	•			33	8,821.
Refund	34	If line 33 is more than line 24						34	1,023.
neruna	35a	Amount of line 34 you want	-			, .	_ –	35a	1,023.
Direct deposit?	b	Routing number 0 5 3					Savings		i
See instructions.	d	Account number 2 3 7							
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, ge						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another							
Designee		structions	•				omplete belo	ow.	🗙 No
_ • • • • 9.100	De	signee's		Phone			onal identifica		
	nar	nē		no.		numb	per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Declaration of		,	ased on an informatic		•	, 0
	Yo	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					BUSTNESS S	YSTEM ANALYS			
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat			S sen	nt your spouse an
Keep a copy for	- 1-	,	5				Identity	Prote	ection PIN, enter it here
your records.							(see ins)	
	Ph	one no. (704)453-809		Email address	SAMHITHA.KAND	IMALLA@GMAIL.CO	DM		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/03/2024	P020827	03	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone r	io. (678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAMHITHA KANDI	663-69	-7484	

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Date of original divorce or separation agreement (see instructions): 2a 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule C 3 5 Rental real estate, royalites, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a 8 Other income: 8a a Net operating loss 8a 7 6 Foreign eamed income exclusion from Form 2555 8d 7 7 Bat 8a 7 8 Income from Form 8853 8d 8a 9 Nataka Permanent Fund dividends 8g 8h 1 Prizes and awards 8i 8i 8i 1 Activity not engaged in for profit income 8i 8i 8i 8i 1 Actacellation of Meental of personal property 8a 8a 8a 8a 8a 8a 8a 8a 8a 8	Par	Additional Income			
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3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 4 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 -6,986. 6 Farm income or (loss). Attach Schedule F 5 -6,986. 7 Unemployment compensation 8a (6 7 Unemployment compensation 8a (6 7 Other income: 8a (7 8 Net operating loss 8a (7 6 Gambling 8a (7 7 Babb 8a (7 8 Cancellation of debt 8a (7 9 Income from Form 8853 8d (7 9 Activity not engaged in for profit income 8i 8i 9 Activity not engaged in the pring such property 8h 8i 1 Income from the rental of personal property if you engaged in the rental al for profit but were not in the business of renting such property 8m 8n 1 Income from S14(a) inclusion (see instructions) 8a 8n 8a 8a <th>2a</th> <th>Alimony received</th> <th></th> <th>2a</th> <th></th>	2a	Alimony received		2a	
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h Jury duty pay	f		8f		
i Prizes and awards 8i j Activity not engaged in for profit income 8j k Stock options 8k l 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 8k 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) 8n g 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 8t u Wages earned while incarcerated 8u z Other income. List type and amount: 8z g Total other income. Add lines 8a through 8z 9 Total other income. Add lines 8a through 8z 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10	g		8g		
 j Activity not engaged in for profit income k Stock options lincome from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property m Olympic and Paralympic medals and USOC prize money (see instructions) n Section 951(a) inclusion (see instructions) o Section 951A(a) inclusion (see instructions) p Section 461(l) excess business loss adjustment g Taxable distributions from an ABLE account (see instructions) r Scholarship and fellowship grants not reported on Form 1040, line 1a or 1d w Wages earned while incarcerated u Wages earned while incarcerated c Other income. List type and amount: g Total other income. Add lines 8a through 8z m Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 	h				
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10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-6,986.	•				
1040, 1040-SR, or 1040-NR, line 8				9	
	10	Combine lines 1 through / and 9. This is your additional income. Enter	nere and on Form		6 006
	D			-	•

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b	asis 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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
-		4c		
d		4d		
e	Repayment of supplemental unemployment benefits under the Trade			
•		4e		
f		4f		
q		4g		
	Attorney fees and court costs for actions involving certain unlawful	·9		
		4h		
:	Attorney fees and court costs you paid in connection with an award		-	
	from the IRS for information you provided that helped the IRS detect			
		24i		
:		4i	-	
J	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	.+)		
ĸ		4k		
_		46	-	
Z	Other adjustments. List type and amount:	4z		
05			25	
25	Total other adjustments. Add lines 24a through 24z		20	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10			
			26	
	BAA	REV 03/07/24 PRO	Schedule 1	(Form 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Cs, etc.)	2023
	Attachment Sequence No. 13
Your soci	al security number

Name(s) shown on return Ye						our social security number				
					663-6	663-69-7484				
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 If "Yes," did you or will you file required Form(s) 1099?									
				• •	• •			1e		
_1a	Physical address of each property (street, city		,							
A	MIRYALAGUDA NALGONDA.DIST TELAN	GANA IN 50	08207							
<u> </u>										
<u> </u>	-						_			
1b	(from list below) above, report the numl	2 For each rental real estate property list above, report the number of fair rental a			Fair Rental Days		Personal Use Days		QJV	
Α	3 personal use days. Ch	eck the QJV bo	ox only	Α		365		0		
В	if you meet the require qualified joint venture.			В						
C	quanneu joint venture.		10.	С						
	of Property:									
1 Single Family Residence3 Vacation/Short-Term Rental5 Land7 Self-Rental2 Multi-Family Residence4 Commercial6 Royalties8 Other (described)						ribe)				
						Propert	ies:			
Incom	ne:			Α		В			С	
3	Rents received			4	26.					
4	Royalties received	4								
Exper										
5	Advertising									
6	Auto and travel (see instructions)									
7	Cleaning and maintenance			1,0	22.					
8	Commissions									
9	Insurance									
10	Legal and other professional fees									
11	Management fees									
12	Mortgage interest paid to banks, etc. (see instr	· · ·								
13	Other interest			1 0	~ ~					
14				1,0						
15				9	16.					
16				1 1	21					
17 10				1,1						
18 19	Depreciation expense or depletion Other (list)	10		3,329.						
20	Total expenses. Add lines 5 through 19			7 412						
21	Subtract line 20 from line 3 (rents) and/or 4 (roy		,	7,412.						
21	result is a (loss), see instructions to find out if y									
	file Form 6198			-6,9	86.					
22	Deductible rental real estate loss after limitatio	n, if any,					,			
00-	on Form 8582 (see instructions)			6,98	<u> </u>) 426.	()	
23a	Total of all amounts reported on line 3 for all re				23a		420.			
b	Total of all amounts reported on line 4 for all ro				23b					
c d	Total of all amounts reported on line 12 for all p	•			23c		3,329.			
d	Total of all amounts reported on line 18 for all p									
е 24										
24 25	•							(6,986.)	
								\	0,900.)	
26	5 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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, inclu						. 26		-6,986.	