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

	1.01.01.00						
Submis	ssion Identification Number (SID)						
Taxpaye	r's name	Social securi	ty numb	per			
SAME	HITHA KANDIMALLA	663-69	-748	4			
Spouse's	s name	Spouse's social security number					
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ent	 er year you a	re au	thorizina.	.)		
	whole dollars only on lines 1 through 5.	o. you. you a			·/		
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	Adjusted gross income		1	70	,641.		
	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.		
	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	l keep a cop	y of y	our retu	rn)		
return (or to send for any Agent to paymer authoriz paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboriginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the formation of the financial institution account in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation resist days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	emitter, or electro- ejection of the to U.S. Treasury andicated in the to- tion to debit the atte the authorizate must be equests must be the processing of a payment. I fur	onic reformation of its can be	turn origina ssion, (b) the designated paration soft to this acco To revoke (ved no late ectronic par knowledge	tor (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the		
	nic Funds Withdrawal Consent. yer's PIN: check one box only						
X		e my PIN	7 4	1 8 4	as my		
•••	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my		
	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 me below.						
Your si	ignature ▶ Date ▶						
Spous	e's PIN: check one box only						
	I authorize to enter or generat	e mv PIN			as my		
	ERO firm name	En		digits, but	,		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	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 me below.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue belo	w					
Part I	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 2 4 9 Don't ent	6 0 er all ze	8 2 7	1		
		20	20				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income zed 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 or	mitting this retu	ırn in a	accordance			
ERO'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		eartment 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 m	niddle initial	Last nar	ne							Your so	cial sec	curity number
SAMHITHA	A		KAND	IMALL	A						663	69	7484
		s first name and middle initial	Last nar										security number
Home address	(numb	er and street). If you have a P.O. box, see	instructio	ne					Apt. no.	-	Drosido	ntial Ele	ection Campaign
		ROOK DRIVE	iiioti uotio) iio.				'	ıpı. no.	- 1			ou, or your
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c	ode		spouse	if filing	jointly, want \$3
CHARLOT:		,				NC	7	282	69	- 1	•		nd. Checking a
Foreign country		1	F	oreign pro	ovince/state/o				n postal c		your tax		not change ınd.
	•			0 1			•		'		,	Yo	_
Filing Status	s 🗵	Single	· ·				Head of he	ouseh	old (HOH	- 1)			
Check only		Married filing jointly (even if only or	ne had ir	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)		
	lf y	you checked the MFS box, enter the	name o	f your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the
	qι	ualifying person is a child but not you	ır depen	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	excl	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial intere	est ir	n a digital asse	et)? (Se	e instru	ction	s.)		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	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	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for ((see instructions):
If more		First name Last name	Last name number to you Child tax of			ax cre	edit	Credit fo	or other dependents				
than four									[
dependents, see instruction									[
and check													
here													
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		77,627.
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 reported on Form(s) W-2 (see instructions)							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	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h	_	0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>li</u>						
	Z	Add lines 1a through 1h									1z		77,627.
Attach Sch. B if required.	2a		2a				axable interest				2b		
ii required.	3a_	· ·	3a				rdinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for—	5a	-	5a				axable amoun				5b		
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b		
separately,	_ c	If you elect to use the lump-sum e		,		`	,			. ⊨	1 -		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7		<u> </u>
jointly or Qualifying	8	Additional income from Schedule	•								8		-6,986.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		70,641.
\$27,700 Head of	10	Adjustments to income from Sche									10		70 641
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-							11		70,641.
If you checked	12	Standard deduction or itemized				,					12		13,850.
any box under Standard	13	Qualified business income deduct									13		12 050
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850. 56 791

Form 1040 (2023	3)						Page 2		
Tax and	16	Tax (see instructions). Check if any from Form(s	s): 1 🗌 881	4 2 4972	3 🗌	1	6 7,798.		
Credits	17	Amount from Schedule 2, line 3				1	7		
	18	Add lines 16 and 17				1	7,798.		
	19	Child tax credit or credit for other dependents	s from Sched	ule 8812		1	9		
	20	Amount from Schedule 3, line 8				2	0		
	21	Add lines 19 and 20				2	1		
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			2	7,798.		
	23	Other taxes, including self-employment tax, for	rom Schedule	2, line 21		2	0.		
	24	Add lines 22 and 23. This is your total tax				2	7,798.		
Payments	25	Federal income tax withheld from:							
-	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				25	5d 8,821.		
If you have a	26	2023 estimated tax payments and amount ap	plied from 20	22 return		2	6		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)		No .	27				
allacii Scii. ElC.	28	Additional child tax credit from Schedule 8812			28				
	29	American opportunity credit from Form 8863,	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 your to	total other pa	yments and refu	indable credits	3	2		
	33	Add lines 25d, 26, and 32. These are your tot	al payments			3	8,821.		
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amour	nt you overpaid	3	1,023.		
	35a	Amount of line 34 you want refunded to you.		is attached, ched	ck here	. 🗌 35	5a 1,023.		
Direct deposit?	b	Routing number 0 5 3 0 0 0 1			Checking S	Savings			
See instructions.	d	Account number 2 3 7 0 4 9 3	9 8 2 4	1 5					
	36	Amount of line 34 you want applied to your 2	2024 estimate	dtax	36				
Amount	37	Subtract line 33 from line 24. This is the amount	unt you owe.						
You Owe		For details on how to pay, go to www.irs.gov/	/Payments or	see instructions .		3	7		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to discutructions			_	mplete belo	w. 🔀 No		
	De na	signee's ne	Phone no.			onal identificati per (PIN)	on		
Sign		der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration of					,		
Here	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity		
					/!	n PIN, enter it here			
Joint return?			BUSINESS SYSTEM ANALYST				<u> </u>		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupati	on		sent your spouse an Protection PIN, enter it here)		
	Ph	one no. (704)453-8094	Email address	SAMHITHA.KAND	IMALLA@GMAIL.CC	M			
Poid	Pre	parer's name Preparer's signatu	ire		Date	PTIN	Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIYA	A RAM SAG	GAR GUPTA	04/03/2024	P0208270	3 Self-employed		
Preparer	Fir	n's name GLOBAL TAXES LLC				Phone no	o. (678)965-9522		
Use Only	Fir	n's address 245 ROONEY CT E BRUI	NSWICK NO	J 08816		Firm's Ell	N		
Go to www.irs.ai	ov/Form	21040 for instructions and the latest information		DAA	DEV 02/07/24 DDO	•	Form 1040 (2023)		

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

SAMHITHA KANDIMALLA

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
663-69	-7484

Par	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 E .	5	-6,986.
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	0- /		
	1040, line 1a or 1d	8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0+		
	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 82 through 87		9	
9 10	Total other income. Add lines 8a through 8z	r hara and an Farm	9	
10	1040, 1040-SR, or 1040-NR, line 8		10	-6,986.
	1010, 1010 011, 01 1070 1111, 11110 0		1 10	0,,,,,,

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.

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

SAM	HITHA KANDIMALLA						663-69	9-7484	
Par	Note: If you are in the business of renting personal proper			C . See	instru	ctions. If you	are an indiv	ridual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. <u></u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code	∋)						
Α	MIRYALAGUDA NALGONDA.DIST TELANGANA IN	1 508	3207						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and	Fair Ren Days			Person Day		QJV
Α	personal use days. Check the Q					365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quannea joint venture. dee matre	iotionic	,.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc	d		Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Propert			
Incor	ma:			Α		В	103.		С
3	Rents received	3			26.				
4	Royalties received	4			20.				
	nses:	 							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,0	22.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11							
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,0	24.				
15	Supplies	15		9	16.				
16	Taxes	16							
17	Utilities	17		1,1	21.				
18	Depreciation expense or depletion	18		3,3	29.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		7,4	12.				
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		-6,9	86.				
22	Deductible rental real estate loss after limitation, if any,		,	_		,		,	
	on Form 8582 (see instructions)	22	(6,98	6.)	()((
23a	Total of all amounts reported on line 3 for all rental prope				23a		426.		
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		200		
d	Total of all amounts reported on line 18 for all properties				23d		3,329.		
e	Total of all amounts reported on line 20 for all properties				23e		7,412.		
24	Income. Add positive amounts shown on line 21. Do not		-			 Mallaces !	. 24	<i>'</i>	C 005
25	Losses. Add royalty losses from line 21 and rental real estate								6,986.
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 at						on 26		-6,986.
	concessor i to one to to, into or other wise, include this di	ouiit		cai oii ii		on page 2	. 20		0,000.