(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)  Tax payer's name  Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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.  1 Adjusted gross income  2 Total tax  4 Amount you want returned to you  4 2, 388.  5 Amount you want returned to you  5 Amount you want returned to you  6 Amount you want returned to you  7 Amount you want returned to you  8 Amount you want returned to you  9 Amount you want returned to you  10 Amount you want returned to you  10 Amount you want returned to you  11 Amount you want returned to you  12 Amount you want returned to you  13 Amount you want returned to you  14 Amount you want returned to you  15 Amount you want returned to you  16 Amount you want returned to you  17 Amount you want returned to you  18 Amount you want returned to you  18 Amount you want returned to you  19 Amount you want returned to you  19 Amount you want returned to you  10 Amount you want returned to you  10 Amount you want returned to you  10 Amount you want returned to you the income tax return (original or amended) I am now authorizing, and to the best or any desky in processing the return or refund, and of the date of any return for receipt or reason for rejection of the transmission, (b) the returned for any desky in processing the return or refund, and of the date of any return line to the Risk and to acceive from the Risk (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the returned for any desky in processing the return or refund, and of the date of any return (a Happichae) Lauthorize to the payment of the payment of the decent taxes owned to a behave the transmission account indicated in the tax preparation software for any desky in precision of the transmission, (b) the returned to see the receipt of the returned to the payment of the payment of the decent taxes wanted to the calcular returned to the payme					
Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Submission Identification Number (SID)				
Spouse's some   Spouse's social security number	Taxpayer's name	Social secur	ity numbe	er	
Spouse's some   Spouse's social security number	MANOJ KUMAR ENGALA	196-29	-5657		
Enter whole dollars only on lines 1 through 5.  Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 1 123, 418. 2 154 lax 2 19, 695c. 3 5 Federal income tax withheld from Form(s) W-2 and Form(s) 10:99 3 22, 0.84. 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you you go the best of you 9 Amount you want refunded to you 9 Amount you want you 9 Amount y					
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Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 19, 696. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 22, 084. 4 Amount you want refunded to you 4 4 2, 388. 5 Amount you want refunded to you 5 4 4 2, 388. 5 Amount you want refunded to you 6 4 4 2, 388. 5 Amount you want refunded to make the state of pergury, 1 declare that I have examined a copy of the income tax return foriginal or amended   am now authorizing and the best of who progress of the pergury. I declare that I have examined a copy of the income tax return foriginal or amended   am now authorizing and the best of who progress of the pergury. I declare that I have examined a copy of the income tax return foriginal or amended   am now authorizing   consent to allow my intermediate service provider, transmitter, or electronic return foriginal or amended   am now authorizing   consent to allow my intermediate service provider, transmitter, or electronic return foriginate or return (original or amended)   am now authorizing   consent to allow my intermediate service provider, transmitter, or electronic returns for my ferior for the processing the return or return declared the time for the consent of any delay in processing the return or return, and (c) the date of any refund, if applicable, i authorize the U.S. Treasury and its designated Financial anthorization in the payment of the payment is designated Financial institutions contained the authorization. To revoke (cancel) as a subchrazion to revoke (cancel) as a subchrazion to return and the authorization. To revoke (cancel) as a subchrazion to return and the payment is payment of the payment feetferment) date, laiso authorize the financial institutions involved in the processing of the electronic payment of the payment feetferment) date, laiso authorize the financial institutions involved in the processing of the electronic		23 (Enter year you a	are autr	iorizing.	)
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ERO Must Retain This Form — See Instructions	authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that	al income tax return (orig I am submitting this ret	inal or a urn in ac	mended) I	

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate inst	ructions.
Your first name	and m	iddle initial	Last na	ame					Your so	cial securit	y number
MANOJ KU	JMAR		ENGA	ALA					196	29   50	657
If joint return, s	pouse's	s first name and middle initial	Last na	ame							curity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electic	on Campaign
944 VILI	LA R	IALTO VIEW								here if you,	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	te	ZIP code		•	if filing join this fund. (	tly, want \$3
LEANDER					TX	,	78641				change
Foreign country	/ name			Foreign province/state/o	count	у	Foreign postal	oreign postal code yo		x or refund.	_
										You	Spouse
Filing Status	; X	Single				Head of he	ousehold (HO	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				Qualifying	surviving spo	use (	QSS)		
	lf y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	cked the HOF	or QSS box,	enter	r the chi	ild's name	if the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navn	nent for prope	rty or service:	s): or (	(b) sell.		
Assets		nange, or otherwise dispose of a digi					-			☐ Yes	⊠ No
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate return	•	•		·					
A /DI' l		<u> </u>		_				0	4050		
		: Were born before January 2, 19	959 [		ouse:		n before Janu		-	∐ Is bli	
Dependent				(2) Social security number	'	(3) Relationsh to you	יין קי	tax cre		1	instructions): her dependents
If more	(1) F	irst name Last name		nambei		to you	Offilia		Suit	Credit for oth	
than four dependents,										<u> </u>	┽──
see instruction:	s							$\frac{\sqcup}{\sqcap}$			┽──
and check here	ı —							$\frac{\sqcup}{\sqcap}$			┽──
-	10	Total amount from Form(s) W 2 h	ov 1 (oc	oo inatruational					10	1:	<u> </u>
Income	1a h	Total amount from Form(s) W-2, be	`	,					1a 1b		11,952.
Attach Form(s)	b	Household employee wages not re Tip income not reported on line 1a	•	• • •					1c		
W-2 here. Also attach Forms	c d	Medicaid waiver payments not rep	•	*				٠.	1d		
W-2G and	e	····		, , , ,	iistiu	Ctions)			1e		
1099-R if tax was withheld.	f	Taxable dependent care benefits from Form 2441, line 26						1f			
If you did not	g g	Wages from Form 8919, line 6.							1g		
get a Form	h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i					
instructions.	z	Add lines to through th							1z	, 13	37 <b>,</b> 952.
Attach Sch. B	 2a	1	2a		<b>b</b> Та	axable interest	· · ·		2b		
if required.	3a		3a			rdinary divider			3b		
	4a		4a			axable amoun			4b		
Standard Deduction for—	5a		5a		<b>b</b> Ta	axable amoun	t		5b	,	
Single or	6a	Social security benefits	6a			axable amoun			6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method, check here (	(see i	instructions)		. 🗆			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ired,	check here		. [	7		
Married filing jointly or	8	Additional income from Schedule							8	-1	L4,534.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9		23,418.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26					10	)	
Head of household,	11	Subtract line 10 from line 9. This is	your <b>a</b>	djusted gross incon	ne				11	12	23,418.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12	2 1	13,850.
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-A			13	;	
Standard Deduction,	14	Add lines 12 and 13							14	1	L3,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our <b>t</b>	axable incom	e		15	10	9,568.

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	19,696.	
Credits	17	Amount from Schedule 2, lin	e3					17		
	18	Add lines 16 and 17						18	19,696.	
	19	Child tax credit or credit for	other dependen	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	19,696.	
	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 <b>total tax</b>					24	19,696.	
<b>Payments</b>	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				<b>25a</b> 22	2,084			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	22,084.	
If you have a	26	2023 estimated tax paymen	s and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. ElC.	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	e 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	22,084.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,388.	
	35a	Amount of line 34 you want			is attached, chec	k here	🗆	35a	2,388.	
Direct deposit?	b	Routing number 0 8 1				Checking	Savings	3		
See instructions.	d	Account number 3 5 5	0 0 7 4	2 1 5 6	5 0					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another				See		_		
Designee		structions				. 🗌 Yes. C	omplete	e below.	<b>⋉</b> No	
		esignee's		Phone				ntification		
<u>~</u>		me der penalties of perjury, I declare t	act I have everning	no.	accompanying acho		ber (PIN)		of my knowledge and	
Sign		lief, they are true, correct, and com			1 , 0		,		, ,	
Here	Υn	ur signature		Date	Your occupation		l If t	he IRS se	nt you an Identity	
		ar olgridiato		Duto	Tour occupation		Pro	otection P	PIN, enter it here	
Joint return?			SOFTWARE ENGINEER				(see inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on		If the IRS sent your spouse an		
your records.								Identity Protection PIN, enter it here (see inst.)		
	———Ph	Phone no. (515) 708-7308 Email address MANOJENGALA@GMAIL.COM					L )M			
		eparer's name	Preparer's signat	1 1 1 1 0 0 1 1 0 1 1 1 1 0 0 1 1 1 1 1					Check if:	
Paid		M PRIYA RAM SAGAR GUPTA	SYAM PRJY	A RAM SAC	SAR GUPTA	04/13/2024	P020	82703	Self-employed	
Preparer		m's name GLOBAL TA				1 - 1 / 20 / 2021			(678) 965-9522	
Use Only				NSWICK N.	т 08816		Firm's EIN 84-3171965			
	. "	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							<u>^</u>	

# 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

MANOJ KUMAR ENGALA

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 social security number
196-29-5657

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	-14,534.
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		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		
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 (	<u>)</u>	
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:			
_	Table the face of Addition On the state O	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente			1/ 52/
	1040, 1040-SR, or 1040-NR, line 8		10	-14,534.

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 government	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 8l 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	1	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, Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number MANOJ KUMAR ENGALA 196-29-5657 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) 11-15-19/6, ROAD NO 4 DOCTORS COLONY SAROORNAGAR, HYDERABAD, TELANGANA IN 500035 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 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 672. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,698. 8 Commissions . . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 2,133. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,847. 14 Repairs . . . . 2,365. 15 Supplies . . . . . . . 15 16 16 Taxes 17 Utilities . . . . . . . . 17 2,510. 18 2,653. 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 15,206. 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 -14,534. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 14,534.) 672. 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 2,653. 23d Total of all amounts reported on line 18 for all properties 23e 15,206. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 14,534. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

-14**,**534.