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

internal nevertue Service							
Submission Identification Number (SID)							
Taxpayer's name	Social secu	Social security number					
ASHUTOSH CHANDRA SAKINALA	347-7	347-71-0351					
Spouse's name	Spouse's se	Spouse's social security number					
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you	are authoriz	ing.)				
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 . 1					
1 Adjusted gross income		_ 	136,919.				
2 Total tax		2	22,937.				
Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4	26,838.				
4 Amount you want refunded to you			3 , 901.				
5 Amount you owe	ou get and keen a co	ny of vour i	return)				
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original tax).							
return (original or amended) I am now authorizing. I consent to allow my intermediate service to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institut payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantization is to remain in full force and effect until I notify the U.S. Treasury Financial Agrayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment obusiness days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues personal identification number (PIN) below is my signature for the income tax return (original electronic Funds Withdrawal Consent.	or reason for rejection of the authorize the U.S. Treasury ion account indicated in the inancial institution to debit then to terminate the author cancellation requests must involved in the processing related to the payment. I further author than the processing related to the payment.	transmission, and its design tax preparatione entry to this zation. To revoce received no of the electron arther acknowl-	(b) the reason ated Financial n software for account. This oke (cancel) a later than 2 ic payment of edge that the				
Taxpayer's PIN: check one box only	Г						
	er or generate my PIN	1 0 3 5	as my				
ERO firm name	, E	inter five digits, lon't enter all ze	but				
signature on the income tax return (original or amended) I am now authorizi	· ·						
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practition below.							
Your signature ►	Date ►						
Spouse's PIN: check one box only	_						
	er or generate my PIN		as my				
ERO firm name	, _	inter five digits,					
signature on the income tax return (original or amended) I am now authorizi	ng.	lon't enter all ze	ros				
I will enter my PIN as my signature on the income tax return (original or am if you are entering your own PIN and your return is filed using the Practitic below.							
Spouse's signature ▶	Date ►						
Practitioner PIN Method Returns Only—co	ntinue below						
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 F		6 0 8 2	2 7 1				
I certify that the above numeric entry is my PIN, which is my signature for the electronic indirauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	that I am submitting this re	turn in accord	ance with the				
ERO's signature ▶	Date ►						
ERO Must Retain This Form — See Ins	structions						
Don't Submit This Form to the IRS Unless Rec							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



#104C		artment of the Treasury—Internal Revenue Servi		rn 2	023	OMB No. 1545-	0074 IR	S Use Only	y—Do not v	vrite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 20	023, ending	ı	, 20		See se	parate i	instructions.
Your first name ASHUTOSI If joint return, s	н сн		Last nam	JALA					347	71	0351 security number
88 CLIFT	FON oost offi	er and street). If you have a P.O. box, see PLACE ce. If you have a foreign address, also co				ate	716 ZIP code		Check spouse to go to	here if y if filing this fur	ection Campaign ou, or your jointly, want \$3 nd. Checking a
JERSEY (Foreign countr			Fo	oreign provinc	e/state/coun		07304 Foreign po	stal code	1	ow will in a contract with the contract will be contracted by the	
Filing Status Check only one box.	If y	Single Married filing jointly (even if only or Married filing separately (MFS) You checked the MFS box, enter the salifying person is a child but not you	name of ur depend	your spouse dent:			surviving or QSS I	spouse	er the ch	ild's na	me if the
Digital Assets Standard	exch	ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig neone can claim: You as a de	ital asset	(or a financi	al interest i					□ Ye	es 🗵 No
Deduction		Spouse itemizes on a separate retur			_						
		: Were born before January 2, 1	959	Are blind	Spouse	e: U Was borr			-		s blind
Dependent		(see instructions):		(2) Social security (3) Relationshi number to you		(4) Check the b		-		(see instructions): or other dependents	
If more	(1) F	irst name Last name		Hulli	Dei	to you			realt	Credit 10	
than four dependents,								<u> </u>			
see instruction and check here	s — 										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)	٠		. .	. 1a	i	151,414.
	b	Household employee wages not re	eported o	n Form(s) W	, '-2				. 1b	,	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see inst	ructions)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	•	•	2 (see instru	uctions)			. 10	ı	
W-2G and	е	Taxable dependent care benefits f							. 16	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene								:	
If you did not	g	Wages from Form 8919, line 6 .							. 10		
get a Form	h	Other earned income (see instruct	ions) .						. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i					
	z	Add lines 1a through 1h							. 1z		151,414.
Attach Sch. B	2a	Tax-exempt interest	2a		b 1	Γaxable interest			. 2b	,	
if required.	3a	· -	3a		b (Ordinary dividen	nds		. 3b	,	
	4a	_	4a			raxable amount				,	
Standard	5a	_	5a		b 1	Γaxable amount			. 5b	,	
Deduction for— Single or	6a	_	6a			Taxable amount			. 6b		
Married filing separately,	С	If you elect to use the lump-sum e		ethod, chec				[
\$13,850	7	Capital gain or (loss). Attach Sche		· ·	`	,		[□ 7		
 Married filing jointly or 	8	Additional income from Schedule							. 8		-14,495.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•						. 9		136,919.
\$27,700	10	Adjustments to income from Sche		-					. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is			s income				. 11		136,919.
\$20,800	12	Standard deduction or itemized							. 12		13,850.
If you checked any box under	13		ction from Form 8995 or Form 8995-A						. 13	3	<u> </u>
Standard Deduction,	14								. 14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer					_		15		123 069

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check i	f any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	22,937.	
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18	22,937.	
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line	98					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	22,937.	
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is y	our total tax					24	22,937.	
Payments	25	Federal income tax withheld	from:							
-	а	Form(s) W-2				25a 2	6 , 838			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c .						25d	26,838.	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .			No .	27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit f	from Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 15								
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments				33	26,838.	
Refund	34	If line 33 is more than line 24,	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,901.	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	ck here	🗆	35a	3,901.	
Direct deposit?	b	Routing number 3 2 5			c Type:	Checking	Savings	;		
See instructions.	d	Account number 7 8 5	3 0 1 2	7 3						
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.								
You Owe		For details on how to pay, go	_	-		1 1		37		
	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•			_		la al a	₩.	
Designee		structions		Phone			•		⊠ No	
		me		no.			sonal ider nber (PIN)	illication		
Sign		der penalties of perjury, I declare th								
Here		lief, they are true, correct, and comp	nete. Declaration (· · · ·	. , ,	sea on all informat			, ,	
	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?				DATA SCIENTIST				e inst.)	iiv, enter it nere	
See instructions.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati		If t	the IRS sent your spouse an		
Keep a copy for your records.			Specific a social control of the con				Identity Protection PIN, enter it here (see inst.)			
•	——Ph	one no. (919) 937-1699)	Email address	L ASH.QUARK1	Olecmati c				
		eparer's name	Preparer's signat		11011. QUARKI	Date	PTIN		Check if:	
Paid		M PRIYA RAM SAGAR GUPTA	. 0		GAR GUPTA	04/15/2024		32703	Self-employed	
Preparer								Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	т 08816			m's EIN	84-3171965	
<u> </u>		10406	1. t T D1(0		0 00010		1	5 = 114	- 1010	

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

ASHUTOSH CHANDRA SAKINALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 347-71-0351

Par	t I 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	-14,495.
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			
	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	
0	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,495.

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.

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

ASH	UTOSH CHANDRA SAKINALA						347-7	1-0351	L	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indi	vidual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	tructions .		. Y	es 🗵 No	
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No	
1a	Physical address of each property (street, city, state, ZII									
A	2-2-647/201/A, FNO.202 C.E. COLONY, SHIVAM		<u> </u>	וסואוג נ	יים ס סיי	ועטבטעו	א דים יח רוג כ	MCA NA	TN 50001	<u>-</u>
B	2-2-04//201/A, FNO.202 C.E. COLONI, SHIVAR.	I KOF	AD, DAGI	וטויוא ו.	ı Kr ii 1	, HIDERAL	JAU, ILLA	MINGANA	IN 30001	_
										_
1b	Type of Property (from list below) 2 For each rental real estate properties above, report the number of fair					ir Rental Days		nal Use ays QJV		
A	personal use days. Check the Q	JV box	only	Α		365		0		_
В	if you meet the requirements to			В						_
С	qualified joint venture. See instru	uctions	5.	С						_
Туре	of Property:									_
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc				
						Propert	ies:			
Incor	me:			Α		В			С	
3	Rents received	3		7	10.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	90.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,5	40.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			80.					
15	Supplies	15		4,1	50.					
16	Taxes	16								
17	Utilities	17			50.					
18	Depreciation expense or depletion	18		3,0	95.					
19	Other (list)	19		4 = 0	0.5					_
20	Total expenses. Add lines 5 through 19	20		15,2	05.					
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	-	-14,4	95.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		14,49		()	(
23 a	Total of all amounts reported on line 3 for all rental prope	erties			23a		710.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
С	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		3,095.			
е	Total of all amounts reported on line 20 for all properties				23e	1.	5,205.			
24	Income. Add positive amounts shown on line 21. Do no	t includ	de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	e losse	es from lin	e 22. E	nter to	tal losses he	re 25	(14,495.)
26	Total rental real estate and royalty income or (loss).	Combi	ine lines	24 and	25. E	nter the res	ult			
	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	ot apply	y to you,	also e	nter th	nis amount			-14,495	