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.

Submission Identification Number (SID)

Taxpay	ver's name	Social secu	rity numb	er
AJA	Y KUMAR MALAPATI	334-32	L-8290	C
Spouse	's name	Spouse's so	ocial secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you	are aut	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	42,260.
2	Total tax		2	3,191.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,114.
4	Amount you want refunded to you		4	3,923.
5	Amount you owe		5	

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

GLOBAL	TAXES	LLC	to enter or generate my P	IN
OLODAL	THATTO		to enter or generate my r	II N

1	8	2	9	0	
	er fiv i't en				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

Date

Spouse's PIN: check one box only

I authorize

X I authorize

to	enter	or	generate	my	PIN

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 s	ignature D	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	9	8	9

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 Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning		, 2023	ending		, 20		See ser	parate instructions.
Your first name			Last r		Ŭ					cial security number
										31 8290
AJAY KUN		s first name and middle initial	Last	JAPATI						i S⊥ i 8290 s social security numbe
n joint rotaini, o	poucot		Laori	hamo					opouoo	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.			Apt. no.		Presider	tial Election Campaig
3012 CAN	JYON	BLUFF CT								ere if you, or your
		ce. If you have a foreign address, also co	omplete	e spaces below.	Sta	ite	ZIP code		•	if filing jointly, want \$3
ARGYLE					TΣ	ζ	76226		•	this fund. Checking a ow will not change
Foreign country	/ name			Foreign province/st	ate/count	ty	Foreign postal			or refund.
										You Spouse
Filing Status	; 🛛] Single				Head of h	ousehold (HC	DH)		
Check only] Married filing jointly (even if only o	ne had	d income)						
one box.] Married filing separately (MFS)				Qualifying	surviving sp	ouse (C	QSS)	
	lf y	ou checked the MFS box, enter the	e name	e of your spouse. If	you che	ecked the HO	H or QSS box	, enter	the chil	d's name if the
	qu	alifying person is a child but not you	ur dep	endent:						
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	as a reward, award	. or pavr	ment for prope	ertv or service	s): or (b) sell.	
Assets		hange, or otherwise dispose of a dig					•			🗌 Yes 🛛 No
Standard		eone can claim: 🗌 You as a de				a dependent	, ,		,	
Deduction		Spouse itemizes on a separate retur	•		tus alien	1				
Ago/Plindnoor	Vau		050	Are blind	Snouro		rn hofora lan		1050	Is blind
		Were born before January 2, 1	909		Spouse		rn before Jan			ies for (see instructions)
Dependents	•	instructions): irst name Last name		(2) Social sec number	urity	(3) Relationsh to you	iip · ·	I tax cre	· · · ·	Credit for other dependent
lf more than four	(1)									
dependents,										
see instructions	s ——							$\overline{\Box}$		<u> </u>
and check here										<u> </u>
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instructions)					1a	49,800.
	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 rep	orted	on Form(s) W-2 (s	ee instru	uctions)			1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		., .					1e	
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8839, line	29.				1f	
lf you did not	g	Wages from Form 8919, line 6							1g	
get a Form W-2, see	h	Other earned income (see instruct	ions)						1h	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		1i	i			
	z	Add lines 1a through 1h							1z	49,800.
Attach Sch. B	2a	Tax-exempt interest	2a		ЬΤ	axable interes	t		2b	
if required.	3a	Qualified dividends	3a		b C	Ordinary divide	nds		3b	
	4a	IRA distributions	4a		ЬΤ	axable amoun	ıt		4b	
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	ıt		5b	
Single or	6a	Social security benefits	6a		b T	axable amoun	ıt		6b	
Married filing separately,	С	If you elect to use the lump-sum e	electior	n method, check h	ere (see	instructions)		. [4
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	dule D) if required. If not i	required	, check here		. 🗆] 7	
jointly or Qualifying	8	Additional income from Schedule							8	-7,540.
V/DAUD/IDO	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	8. This is your tota	lincom	e			9	42,260.
surviving spouse,		Adjustments to income from Sche		. line 26					10	1
surviving spouse, \$27,700	10	•								-
surviving spouse, \$27,700 Head of household,	11	Subtract line 10 from line 9. This is	s your	adjusted gross in	come				11	
surviving spouse, \$27,700 Head of household, \$20,800 If you checked	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	s your dedu d	adjusted gross in ctions (from Scheo	dule A)	· · · · ·	· · · · ·	 	12	
surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under	11 12 13	Subtract line 10 from line 9. This is Standard deduction or itemized Qualified business income deduct	s your dedu d	adjusted gross in ctions (from Scheo	dule A)	· · · · ·	· · · · ·	· · · ·	12 13	13,850.
surviving spouse, \$27,700 Head of household, \$20,800 If you checked	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized Qualified business income deduct	s your deduc ion fro	adjusted gross in ctions (from Scheo om Form 8995 or F	i come dule A) orm 899 	 /5-A	· · · · ·	· · · · · ·	12	42,260. 13,850. 13,850. 28,410.

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	3,191.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	3,191.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	3,191.
	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 total tax				[24	3,191.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 7	,114.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	7,114.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	7,114.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,923.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	3,923.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 5 3	2 9 3 0	8 8					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identifi ber (PIN)	cation	
0:		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	a hast	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
				Dato					IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ir	ıst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see in		ection PIN, enter it here
	Dh	one no. (720)225-885	2	Email address		ONATT COM	(0000		
		one no. (720)225-885 eparer's name	3 Preparer's signat	Email address	AUAIVUZ450	Date	PTIN		Check if:
Paid					דיזגתיתוות סגו			022	Self-employed
Preparer		ATA SAI PAVAN KUMAR DUDIPALLI		PAVAN KUM	AR DUDIPALLI	1	P02470		
Use Only		m's name GLOBAL TAX	Y CT E BRU		J 08816				678)965-9522
				MOWICK N			Firm's		88-2145487 Form 1040 (2023)
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	sumormation.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 202 23

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
AJAY KUMAR MAL	APATI	334-31	-8290

Par	t 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. Atta		5	-7,540.
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		
I.	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	<u>8u</u>	_	
Z	Other income. List type and amount:	~		
•	Tatal athening and Add lines On the such On	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			-7,540.
Eor D-	1040, 1040-SR, or 1040-NR, line 8		10	
FULPA	perwork neuronal notice, see your lax return instructions.		Scheanle	1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	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			19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
لم			-	
d			-	
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			
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	1/21/24 PRO	Schedule 1 (I	orm 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 Name(s) shown on return

AJAY KUMAR MALAPATI

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023
Attachment Sequence No. 13

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

www.iis.gov/ocileduleE	and the latest i	

Your social security number
334-31-8290

101	JT	0200	

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.

Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions	. 🗌 Yes 🛛 No
	If "Yes," did you or will you file required Form(s) 1099?	. 🗌 Yes 🗌 No

1a Physical address of each property (street, city, state, ZIP code)

	-						
Α	GURAZALA PAI	LNAD	U ANDHRA PRADESH IN 522415				
В							
С							
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and		Fair Rental Days	Personal Use Days	QJV
Α	3]	personal use days. Check the QJV box only	Α	365	0	
В]	if you meet the requirements to file as a qualified joint venture. See instructions.	В			
С				С			

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental4 Commercial
- 5 Land6 Royalties

7 Self-Rental 8 Other (describe)

			Properties:				
Incom	ne:		Α		В		С
3	Rents received	3	4	20.			
4	Royalties received	4					
Exper	ises:						
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	5	20.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14		50.			
15	Supplies	15	2,0	50.			
16	Taxes	16					
17	Utilities	17	2,2	50.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	7,9	60.			
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	-7,5	40.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22		10.))	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	4	20.	
b	Total of all amounts reported on line 4 for all royalty prope			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			
е	Total of all amounts reported on line 20 for all properties			23e	7,9		
24							
25	Losses. Add royalty losses from line 21 and rental real estate					25	(7,540.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do not						
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	t in the total on li	ne 41	on page 2 .	26	-7,540.