## 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

Submi	ssion Identification Number (SID)		•				
Taxpaye	er's name	Social securit	Social security number				
RAVI	I K NUKALA	414-87-	819	5			
Spouse'	s name	Spouse's soc	e's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	g.)		
	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		7,566.		
2	Total tax		2		3 <b>,</b> 827.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		7,483.		
4 5	Amount you want refunded to you		4 5		3 <b>,</b> 656.		
Part	Amount you owe	eep a cop	_	our ret	urn)		
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)						
for any Agent t paymer authoriz paymer busines taxes to persona	I my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectled in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated for my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate that, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pala identification number (PIN) below is my signature for the income tax return (original or amended) I aminic Funds Withdrawal Consent.	S. Treasury are cated in the tand to debit the the authorizates must be processing of ayment. I furt	nd its out prepared its of the control of the contr	designated paration so this accuration for the this accuration for the thick	d Financial oftware for count. This (cancel) a ter than 2 payment of ge that the		
					7		
тахра	yer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate r	DINI 7	8 1	L 9 5	as my		
	ERO firm name	ř Ent		digits, but r all zeros	,		
	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 if you are entering your own PIN and your return is filed using the Practitioner PIN method below.						
Your s	ignature ▶ Date ▶						
Spous	se's PIN: check one box only	_			7		
	I authorize to enter or generate r	nv PIN			as my		
	ERO firm name	Ent		digits, but			
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.		6 6		8 9		
		Don't ente	er all ze	eros			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordand			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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

Earthau		S. Individual Income Tax			ndin =	OMB No. 1545	-0074		<u> </u>			this space.
For the year Ja	n. 1-Dec	c. 31, 2023, or other tax year beginning		, 2023, €	ending			, 20	See s	epara	te instr	uctions.
Your first name	iddle initial	Last nam	ne					Your	social	security	number	
RAVI K		NUKAI	LA					414	1 8	7 81	. 95	
If joint return, s	spouse's	s first name and middle initial	Last nam	ne					Spous	e's so	cial seci	urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			,	Apt. no.	Presid	dential	Electio	n Campaign
_10737 W	ILTO	N DRIVE									if you, o	
City, town, or	post offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP c	ode			0,	ly, want \$3
FRISCO					TΣ	ζ	750	35	1 -		vill not o	Checking a change
Foreign countr	y name		Fo	oreign province/sta	te/coun	ty	Forei	gn postal cod	- 1	ax or r		Spouse
Filing Status	s X	Single				☐ Head of h	L ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne had in	icome)				,				
one box.		Married filing separately (MFS)		,		☐ Qualifying	survi	ving spous	e (QSS)			
0.10 2071	If y	you checked the MFS box, enter the	name of	f your spouse. If y	ou che			• .		:hild's	name i	f the
		alifying person is a child but not you										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a reward, award,	or payr	ment for prope	rty or	services);	or (b) sel	l,		
Assets		lange, or otherwise dispose of a dig					-				Yes	⊠ No
Standard	Som	eone can claim:	pendent	☐ Your spor	use as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or you									
Age/Blindnes	s You:	: Were born before January 2, 1	959	Are blind S	pouse	: Was bor	rn bef	ore Januar	y 2, 1959	) [	] Is blir	nd
Dependent	s (see	instructions):		(2) Social secu	ritv	(3) Relationsh	nin (4	1) Check the	box if qu	alifies f	or (see i	nstructions):
If more		(1) First name Last name num			ity	to you	P	Child tax		Cred	it for oth	er dependents
than four									]			
dependents,									]			
see instruction and check	ıs ——								]			
here									]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions) .						la	6	0,576.
Attach Form(s)	b	Household employee wages not re	eported c	on Form(s) W-2.					. 1	lb		
W-2 here. Also	_	Tip income not reported on line 1a	•	•						lc		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions) $\ldots \ldots \ldots \ldots$						. 1	ld			
1099-R if tax	е	Taxable dependent care benefits f	from Forn	n 2441, line 26						le		
was withheld.	f	Employer-provided adoption bene	efits from	Form 8839, line 2	29 .				_	1f		
If you did not	g	Wages from Form 8919, line 6 .							. 1	lg		
get a Form W-2, see	h	Other earned income (see instruct	•				٠, ٠			lh		0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)		<u>li</u>						
	<u>z</u>	Add lines 1a through 1h							_	1z	6	0,576.
Attach Sch. B	2a	· –	2a			axable interest			_	2b		
if required.	<u>3a</u> _		3a			Ordinary divide				3b		
Standard	4a		4a			axable amoun				lb		
Deduction for—	5a	<del>-</del>	5a			axable amoun				5b		
Single or Married filing	6a	,	6a			axable amoun	t		<u>.</u>	3b		
separately,	C	If you elect to use the lump-sum e		•	•	,						
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•				_	7		2 012
jointly or Qualifying	8	Additional income from Schedule							_	8		3,010.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						9	4	7,566.
\$27,700 Head of	10	Adjustments to income from Sche							_	10	-	
household, \$20,800	11	Subtract line 10 from line 9. This is								11		7,566.
If you checked	12	Standard deduction or itemized								12	1	3,850.
any box under Standard	13	Qualified business income deduct								13	-	2 0 5 0
Deduction, see instructions.	14	Add lines 12 and 13							_	14		3,850.

Form 1040 (202)	3)							Page 2		
Tax and	16	Tax (see instructions). Check if any from Form	m(s): <b>1</b> 🗌 881	4 <b>2</b> 🗌 4972	з 🗌		16	3,827.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	3,827.		
	19	Child tax credit or credit for other depende	nts from Sched	lule 8812			19			
	20	Amount from Schedule 3, line 8					20			
	21	Add lines 19 and 20					21			
	22	Subtract line 21 from line 18. If zero or less	, enter -0				22	3,827.		
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax					24	3,827.		
<b>Payments</b>	25	Federal income tax withheld from:								
-	а	Form(s) W-2			25a	7,483.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	7,483.		
If you have a	26	2023 estimated tax payments and amount	applied from 20	022 return			26			
qualifying child,	27	Earned income credit (EIC)		No .	27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	12		28					
	29	American opportunity credit from Form 886	63, 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 you	32							
	33	Add lines 25d, 26, and 32. These are your t	total payments				33	7,483.		
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33	. This is the amour	nt you <b>overpaid</b>		34	3,656.		
	35a	Amount of line 34 you want refunded to yo	<b>ou</b> . If Form 888	8 is attached, ched	ck here	🗌	35a	3,656.		
Direct deposit?	b	Routing number 1 0 3 1 0 0 1			Checking	Savings				
See instructions.	d	Account number 6 8 9 1 1 6 8	0 7 2	1 5						
	36	Amount of line 34 you want applied to you	r 2024 estimat	ed tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This is the <b>an</b> For details on how to pay, go to www.irs.go					37			
	38	Estimated tax penalty (see instructions) .	-		38		0,			
Third Party Designee	Do	you want to allow another person to disstructions	scuss this retu	rn with the IRS?	See	Complete	below.	X No		
Doolgiloo	De	signee's	Phone	<b>:</b>		sonal ident				
	na	me	no.		num	ber (PIN)				
Sign Here		der penalties of perjury, I declare that I have examin lief, they are true, correct, and complete. Declaration								
11010	Yo	ur signature	Date Your occupation				If the IRS sent you an Identity			
				' T ( NI N T		tection P e inst.)	IN, enter it here			
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>both</b> must sign.	Date	IT PROFESS		`	· · · · · · · · · · · · · · · · · · ·			
Keep a copy for your records.	opodoo o aignaturo. Il a joint roturn, <b>botti</b> must sign.		Bate	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (945) 217-0537	Email address	RAVIKNUKAI	A@GMAIL.C	MC				
Paid	Pr	eparer's name Preparer's signa	ature		Date	PTIN		Check if:		
Preparer	VENE	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA SA	I PAVAN KUN	MAR DUDIPALLI		P0247	0833	Self-employed		
Use Only	Firm's name GLOBAL TAXES LLC Ph						Phone no. (678) 965-9522			
————	Fir	m's address 245 ROONEY CT E BR	UNSWICK N	J 08816		Firn	ı's EIN	88-2145487		
o	/-	10106 1 1 11 11 11 11 11 11			<del></del>			= 1040 ()		

# 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

RAVI K NUKALA

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

414-87-8195

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	-13,010.
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	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-13,010.

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number 111 07 0105

	I K NUKALA						414-8	/-81	15		
Par	<b>Note:</b> If you are in the business of renting personal proper rental income or loss from <b>Form 4835</b> on page 2, line 40.	erty, use S	Schedule								
	Did you make any payments in 2023 that would require you If "Yes," did you or will you file required Form(s) 1099?					☑ No ☑ No					
1a	Physical address of each property (street, city, state, Zlf										
Α	LOLITA GARDENS MISSISSAUGA CA										
В											
С											
1b	Type of Property (from list below)  2 For each rental real estate properabove, report the number of fair	rental a	nd		Fa			rsonal Use Days		QJV	
Α	personal use days. Check the Q					365		0			
В	if you meet the requirements to find a qualified joint venture. See instru			В							
С	quamica joint vontare. God incirc	40110110.		С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial		5 Land 6 Royal	lties		Self-Rental Other (descrik	oe)				
						Properties	s:				
Incor	ne:			Α		В			С		
3	Rents received	3		5	50.						
4	Royalties received	4									
	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,2	50.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		9	50.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		4,2							
15	Supplies	15		4,1	50.						
16	Taxes	16									
17	Utilities	17		2,9	60.						
18	Depreciation expense or depletion	18									
19	Other (list)	19		10 5	60						
20	Total expenses. Add lines 5 through 19	20		13,5	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 <b>Form 6198</b>		_	·13 <b>,</b> 0	10.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (	1	13,01	.0.)	(	)	(		)	
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		550.				
b	Total of all amounts reported on line 4 for all royalty prop	perties			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	13,	560.				
24	Income. Add positive amounts shown on line 21. Do not	<b>t</b> include	any los	ses			24				
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from line	e 22. Er	nter to	tal losses here	25	(	13,0	010.)	
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						26		-13,	,010.	