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	r's name	Social securit	Social security number				
RAJ	YA LAKSHMI BATHULA	659-60-	659-60-2139				
Spouse'	s name	Spouse's soc	ial sec	urity numbe	er		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	.)		
	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		9,800.		
2	Total tax		2		2 , 897.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		5,581.		
4	Amount you want refunded to you		4	2	2,684.		
5 Part	Amount you owe	 een a con	5 v of v	our reti	ırn)		
	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 rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate and, 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 amonic Funds Withdrawal Consent.	S. Treasury as cated in the tand to debit the the authorization of the a	nd its of ax prepartion. It is not the element of t	designated paration so to this acc for revoke ved no late tectronic per	I Financial oftware for ount. This (cancel) a ler than 2 ayment of a that the		
	yer's PIN: check one box only						
Тахра		ny DINI 0	2	1 3 9	as my		
	Signature on the income tax return (original or amended) I am now authorizing.	ř Ent		digits, but er all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN metholelow.						
Your s	ignature ▶ Date ▶						
Snous	e's PIN: check one box only						
Opous	I authorize to enter or generate r	nv DINI			as my		
	ERO firm name	_	er five	digits, but	asiny		
	signature on the income tax return (original or amended) I am now authorizing.	doı	n't ente	er 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 and 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. 2 2		6 0		7 1		
		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 submitments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordanc			
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



1040		artment of the Treasury—Internal Revenue Serv		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructions.
Your first name	e and m	iddle initial	Last na	me							Your so	cial sec	curity number
RAJYA L	AKSHI	ΜT	BATH	IIII.A							659	60	2139
		s first name and middle initial	Last na										security numbe
											770	75	3461
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	Apt. no.			•	ection Campaig
1360 LA	KESI	DE AVE						2	211				ou, or your
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode			0	jointly, want \$3 nd. Checking a
MANTECA						CA	A	953	37		U		not change
Foreign countr	y name			Foreign pr	rovince/state/	count	ty	Foreig	ın postal c		your tax	or refu	ınd.
		7 o						<u> </u>				Yc	ou Spouse
Filing Status	s ⊢	Single					☐ Head of h	ouseh	old (HOI	⊣)			
Check only	_	Married filing jointly (even if only o	ne had i	income)						(6	200)		
one box.		Married filing separately (MFS)					U Qualifying		0 1	,	,	1-12	:f +l
		you checked the MFS box, enter the alifying person is a child but not you						or Q	55 box,	enter	the chi	ia s na	me if the
	—	lamying person is a crilic but not you	uepei	ident. 5	AIIA VEEKA PA	IVAIN N	O MADDOVOKI						
Digital		ny time during 2023, did you: (a) rec						-					S
Assets		nange, or otherwise dispose of a dig						et)? (Se	e instru	ction	s.)	Y€	es 🗵 No
Standard	_	neone can claim: You as a de	•		•		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 bl	ind Sp o	ouse	: U Was bor	rn befo	ore Janua	ary 2,	1959		s blind
Dependent	s (see	(see instructions):			(2) Social security (3) Relationship			nip (4) Check t	he bo	x if quali	fies for ((see instructions)
If more		(1) First name Last name		number to you		Child tax c		ax cre	edit	Credit fo	or other dependents		
than four													
dependents, see instruction	ıs ——												
and check	. —												
here L													
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		45,300.
Attach Form(s)	b	Household employee wages not re	•		. ,						1b		
W-2 here. Also	C	Tip income not reported on line 1a	•		•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d		
1099-R if tax	e	Taxable dependent care benefits t									1e		
was withheld.	f	Employer-provided adoption bene	etits fron	n Form 8	839, line 29	•					1f		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g		0.
W-2, see	h :	Other earned income (see instruct	,				 1i	Ϊ.			1h		<u></u>
instructions.	i	Nontaxable combat pay election (see Add lines 1a through 1h	see ii isti	ructions)			11				1-		45,300.
Attach Cab D	<u>z</u> 		2a		· · i	Ь Т	axable interes	 t			1z 2b		
Attach Sch. B if required.	2a 3a	. –	3a				axable interes Ordinary divide				3b		
	4a		4a				axable amoun				4b		
Standard	5a	_	5a				axable amoun				5b		
Deduction for— Single or	6a		6a				axable amoun				6b		
Married filing	C	If you elect to use the lump-sum e		method	check here					Ċ			
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7			
Married filing jointly or	8	Additional income from Schedule									8		-5, 500.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		39,800.
\$27,700	10	Adjustments to income from Sche		-							10		· · · · · · · · · · · · · · · · · · ·
Head of household,	11	Subtract line 10 from line 9. This is									11		39,800.
\$20,800	12	Standard deduction or itemized	-								12		13,850.
If you checked any box under	13	Qualified business income deduct					5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	ro or lee	c ontor	O This is v	1	tavabla incom				15		25 950

Form 1040 (202)	3)								Page 2	
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	2,897.	
Credits	17	Amount from Schedule 2, line	3					17		
	18	Add lines 16 and 17					18	2,897.		
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 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	2,897.	
	23	Other taxes, including self-em	nployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is ye	our total tax					24	2,897.	
Payments	25	Federal income tax withheld f	rom:							
-	а	Form(s) W-2				25a	5 , 581.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	5,581.	
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28				
	29	American opportunity credit for	rom Form 8863	8, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. Th	ese are your to	tal payments				33	5,581.	
Refund	34	If line 33 is more than line 24,	subtract line 24	4 from line 33.	This is the amoun	nt you overpaid		34	2,684.	
	35a	Amount of line 34 you want re	efunded to you	ı. If Form 8888	is attached, ched	ck here	\square	35a	2,684.	
Direct deposit?	b	Routing number 1 0 1				Checking	Savings			
See instructions.	d	Account number 5 1 8	0 0 7 7	6 4 1 3	3 2					
	36	Amount of line 34 you want ap	pplied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions					37			
	38	Estimated tax penalty (see ins	_	-		38		01		
Third Party Designee	Do	you want to allow another structions	person to disc	cuss this retu	n with the IRS?	See	Complete	below.	X No	
Designee	De	signee's		Phone			sonal iden			
	na	name no. number (PIN)								
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								
Here	Yo	Your signature Date Your occupation							nt you an Identity	
							IN, enter it here			
Joint return? See instructions.		avec's signature If a jaint return be	-th mount sing	Dete	DATA ENGIN	`	(see inst.)			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupati	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (256) 652-9722		Email address	PAVANKUMAR	PE@GMAIL.C	OM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Preparer	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/19/2024	P0208	32703	Self-employed	
Use Only	Fir	Firm's name GLOBAL TAXES LLC Pho						none no. (678) 965-9522		
————	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firr	n's EIN	84-3171965	
o	/-	40406 '							= 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

RAJYA LAKSHMI BATHULA

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
659-60-2139

	t I Additional Income			
	Taxable refunds, credits, or offsets of state and local income taxes			
a	Alimony received		. 2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C			
ļ	Other gains or (losses). Attach Form 4797			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			-5 , 500
6	Farm income or (loss). Attach Schedule F			
7	Unemployment compensation		. 7	
3	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)	8o		
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	

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

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

RAJIY	A LAKSHMI BATHULA						659-6	0-2139	
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			e C . See	instru	ctions. If you a			
Α [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)	10002 S	oo inc	structions			s 🔽 No
	f "Yes," did you or will you file required Form(s) 1099?								
					• •			. 🗆 16	5 <u> NU</u>
1a	Physical address of each property (street, city, state, ZIF	code	e) 						
Α	MURARI MURARI ANDHRA PRADESH IN 533297	7							
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below) above, report the number of fair					Days	Da	ays	401
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
С				С					
	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Lanc			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
						Properti	es:		
Incon	ne:			Α		В			С
3	Rents received	3		4	50.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		5	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,0	50.				
15	Supplies	15		1,3	50.				
16	Taxes	16							
17	Utilities	17		2,2	00.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		5,9	50.				
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		-5, 5	00.				
22	Deductible rental real estate loss after limitation, if any,		_	_		,		,	
	on Form 8582 (see instructions)	22	(5,50	0.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		450.	-	
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				
d	Total of all amounts reported on line 18 for all properties				23d		050		
е	Total of all amounts reported on line 20 for all properties				23e		950.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	(F
25	Losses. Add royalty losses from line 21 and rental real estate							(5,500.
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 ar						on . 26		-5,500.
	Concade i (i oitii ioto), iiie o. Ottieiwise, iiioidde tiis ai	nount	. ווו נווס נט	tai OII II	110 41	on page 2	20	1	-J,JUU.