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

Subm	ission Identification Number (SID)						
Taxpay	er's name	Social securit	Social security number				
NAR	ASIMHA REDDY KUNDURU	891-56-1923					
Spouse	's name	Spouse's soc	ocial security number				
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autl	horizing.))		
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	69	,329.		
2	Total tax		2	7	,512.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,678.		
4	Amount you want refunded to you		4	5	,166.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of y	our retui	rn)		
return to sen for any Agent payme author payme busine taxes persor	owledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abov (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet of delay in 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 indient of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the to receive confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I aronic Funds Withdrawal Consent.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizatests must be processing of ayment. I furt	enic retuents ansmissed its distance of the entry to attion. To the electric the electric receivers and the electric returns a return and the electric returns a return and t	urn originatesion, (b) the esignated laration soft of this accoorevoke (of the dectronic paymoule dectronic	or (ERO) e reason Financial tware for unt. This cancel) a or than 2 yment of that the		
	ayer's PIN: check one box only						
		ny PINI 6	1 9	2 3	as my		
Ľ	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros	as my		
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.						
Your	signature ▶ Date ▶						
Snou	se's PIN: check one box only						
Ороц	I authorize to enter or generate	my DINI			ac my		
	ERO firm name	-	er five o	ligits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am notify you are entering your own PIN and your return is filed using the Practitioner PIN methology.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue 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 PIN. 2 2	2 4 9 Don't ente	6 6 er all zer	1 9 8	9		
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	ccordance			
FR∩'	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So

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

£1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta x		ırn 20 2	23	OMB No. 1545-	.0074 IRS	Use Onl	y—Do not w	rite or sta	ple in this space.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, є	ending		, 20		See se	parate i	nstructions.
Your first name	e and m	iddle initial	Last nan	ne					Your so	cial sec	urity number
NARASIM	HA R	EDDY	KUNDI	URU					891	56	1923
If joint return, s	spouse's	s first name and middle initial	Last nan	ne					Spouse	s social	security numbe
Home address	s (numbe	er and street). If you have a P.O. box, see	instructio	ns.			Apt. no).	Preside	ntial Ele	ction Campaig
8025 ОН	IO D	R					#051	.11	1	•	ou, or your
City, town, or	post offi	ce. If you have a foreign address, also co	mplete sp	aces below.	Sta	ite	ZIP code			٠,	ointly, want \$3 id. Checking a
PLANO					T	Σ	75024		1 -		not change
Foreign countr	y name		F	oreign province/sta	te/count	ty	Foreign pos	tal code	1		nd.
Filing Statu	s 🗵	Single				Head of ho	ousehold (H	HOH)			
Check only		Married filing jointly (even if only o	ne had in	ncome)			•	,			
one box.		Married filing separately (MFS)				☐ Qualifying	surviving s	pouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of	f your spouse. If y	you che	ecked the HOH	or QSS be	x, ent	er the ch	ild's nar	me if the
	qu	alifying person is a child but not you	ır depend	dent:							
Distal	Λt οι	ny time during 2023, did you: (a) rec	oivo (as a	roward award	or povr	mont for propor	tu or cond	200): 0	r (b) soll		
Digital Assets		nange, or otherwise dispose of a dig					-	,		∏Ye	s 🛛 No
Standard		neone can claim: You as a de					, ,				
Deduction		Spouse itemizes on a separate retur	•	•		•					
Ana/Dlindaga							n before Ja		0 1050		اماناما
		: Were born before January 2, 1	939 _	_	Spouse		(A) Cha				blind see instructions):
Dependent	•	instructions): irst name Last name		(2) Social secu number	rity	(3) Relationshi	P ' '	ild tax o		,	r other dependents
If more	(1)	ITST HATTIE LAST HATTIE		Tumber		to you			orcait	Orcan Io	
than four dependents,											
see instruction	ns										
and check here [1 —							ᅟᅟᅟ			
-	 1a	Total amount from Form(s) W-2, b	ox 1 (see	instructions)				<u></u>	. 1a		85,000.
Income	b	Household employee wages not re	•	,					. 1b		
Attach Form(s) W-2 here. Also	_	Tip income not reported on line 1a							. 10	_	
attach Forms	d	Medicaid waiver payments not rep	•	*					. 1d		
W-2G and	е	Taxable dependent care benefits t							. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			29 .				. 1f		
If you did not	g	Wages from Form 8919, line 6.							. 1g		
get a Form	h	Other earned income (see instruct	ions) .						. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (see instru	uctions)		1i					
	z	Add lines 1a through 1h							. 1z		85,000.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest			. 2b		
if required.	3a	Qualified dividends	3a		b C	ordinary divider	nds		. 3b		
		IRA distributions	4a			axable amount					
Standard Deduction for—	5a	Pensions and annuities	5a			axable amount					
Single or	6a	Social security benefits	6a			axable amount					
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod, check he							
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If					equired	, check here			□ 7		
Married filing jointly or	8	Additional income from Schedule	1, line 10						. 8		-15,671.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	This is your total	income	e			. 9		69,329.
\$27,700	10	Adjustments to income from Sche	dule 1, liı	ne 26					. 10		
Head of household,	11	Subtract line 10 from line 9. This is	your ad	justed gross inc	ome				. 11		69,329.
\$20,800 If you checked	_12	Standard deduction or itemized	deduction	ons (from Schedu	ule A)				. 12		13,850.
any box under Standard	13	Qualified business income deduct	ion from	Form 8995 or Fo	rm 899	5-A			. 13		
Deduction,	14								. 14		13,850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	ontor O This is	c vour t	tavahla incom	^		15	1	55 470

Form 1040 (202	3)							Page 2		
Tax and	16	Tax (see instructions). Check if any from Fo	orm(s): 1 881	4 2 4972	3 🗌		16	7,512.		
Credits	17						17			
	18	Add lines 16 and 17					18	7,512.		
	19	Child tax credit or credit for other depend	dents 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 lea	ss. enter -0				22	7,512.		
	23	Other taxes, including self-employment to	*				23	0.		
	24	Add lines 22 and 23. This is your total ta	•	-			24	7,512.		
Payments	25	Federal income tax withheld from:						, -		
. aymome	а	Form(s) W-2			25a 12	,678.				
	b	Form(s) 1099			25b					
	C	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	12,678.		
16	26	2023 estimated tax payments and amour					26	, , , , , , , , , , , , , , , , , , , ,		
If you have a qualifying child,	27	Earned income credit (EIC)	• •		27					
attach Sch. EIC.	28	Additional child tax credit from Schedule 8		_	28					
	29	American opportunity credit from Form 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 y					32			
	33	Add lines 25d, 26, and 32. These are you					33	12,678.		
Refund	34	If line 33 is more than line 24, subtract lin					34	5,166.		
riciana	35a	Amount of line 34 you want refunded to			•		35a	5,166.		
Direct deposit?	b	Routing number 1 1 1 0 0 0		•		Savings	-	•		
See instructions.		Account number 9 3 8 8 9 8				zarge				
	36	Amount of line 34 you want applied to yo		ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the			1					
You Owe	01	For details on how to pay, go to www.irs.					37			
	38	Estimated tax penalty (see instructions)			38		<u> </u>			
Third Party Designee		you want to allow another person to tructions	discuss this retu		See	mplete b	elow.	⊠ No		
_00.g00	De	signee's	Phone			nal identifi				
	na	ne	no.		numb	er (PIN)				
Sign Here		der penalties of perjury, I declare that I have examilef, they are true, correct, and complete. Declarat						, ,		
11010	Yo	ur signature	Date	Date Your occupation				nt you an Identity		
			GODENA DE DEVIN			(see ii		IN, enter it here		
Joint return? See instructions.	Sn	ouse's signature. If a joint return, both must sign	. Date	SOFTWARE I						
Keep a copy for your records.	opodoo o digitataro. Il a joint rotarri, botti madi digit. bato opodoo o			Opouse 3 occupan	Iden			e IRS sent your spouse an tity Protection PIN, enter it here inst.)		
	Ph	one no. (972)989-4975	Email address	SAP.NARASIMHA	REDDY@GMAIL.CO	M				
Doid	Pre	parer's name Preparer's sig	gnature		Date	PTIN		Check if:		
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI VENKATA S	SAI PAVAN KUM	MAR DUDIPALLI		P02470	833	Self-employed		
Preparer	Fir	m's name GLOBAL TAXES LLC				Phone	e no. (678)965-9522		
Use Only	Fir	m's address 245 ROONEY CT E B	RUNSWICK N	J 08816		Firm's	EIN	88-2145487		
Go to www.irs.o	ov/Forr	21040 for instructions and the latest information		DAA	DEV 02/11/24 DDO			Form 1040 (2023)		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

NARASIMHA REDDY KUNDURU

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 soc	ial security number
891-56	-1923

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. Atta	ach Schedule E .	5	-15,671.
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 ($\overline{)}$	
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 additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-15,671.

Page **2** Schedule 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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			19a	
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
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)	24h		-	
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	24i		-	
J	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z			
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 (F 4040) 2222
	BAA	REV 02/	11/24 PRO	ocnedu	le 1 (Form 1040) 2023

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.

OMB No. 1545-0074

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

Attachment Sequence No. 13 Go to www.irs.gov/ScheduleE for instructions and the latest information. Your social security number 891-56-1923

NARA	ASIMHA REDDY KUNDURU		8					891-56-1923		
Par	Part I Income or Loss From Rental Real Estate and Royalties									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instru	ctions. If you ar	e an indiv	vidual, repo	ort farm	
	rental income or loss from Form 4835 on page 2, line 40.	1 - CI -		0000	. !	4			- V	
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							че	s U No	
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	AYYAPPA NAGAR, KR PURAM BANGALORE KAR	NATA	AKA IN	5600	36					
В										
С										
	Type of Property 2 For each rental real estate prope	rtv liet	ted		Fa	ir Rental	Person	al IIsa		
	(from list below) above, report the number of fair					Days	Da		QJV	
Α	personal use days. Check the Qu	JV box	k only	Α		365		0		
В	if you meet the requirements to f			В		300				
	qualified joint venture. See instru	ctions	6.	C						
	of Property:					I				
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	ı	7	Self-Rental				
	Multi-Family Residence 4 Commercial	iai	6 Roya			Other (descri	he)			
	Walth Family Hooladhoo F Gommorola		·							
						Propertie	es:			
Incon	ne:			Α		В			С	
3	Rents received	3		4	80.					
4	Royalties received	4								
Expe										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance									
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,4	72.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		4,7	15.					
15	Supplies	15		3,1	58.					
16	Taxes	16								
17	Utilities	17		4,9	57.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		16,1	51.					
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	-	-15,6	71.					
22	Deductible rental real estate loss after limitation, if any,									
	on Form 8582 (see instructions)	22	(15,67	71.	()	()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		480.			
b	Total of all amounts reported on line 4 for all royalty properties.	erties			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	16	,151.			
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(1	5,671.)	
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resul	t			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t appl	y to you,	also e	nter tl	his amount o				
	Schedule 1 (Form 1040), line 5. Otherwise, include this ar	nount	in the tot	tal on li	ne 41	on page 2	26	_	15,671.	