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 securi	ty number			
VENKATA KRISHNA CHAI MASINA	734-51	-4024			
Spouse's name	Spouse's soo	Spouse's social security number			
Part I Tax Return Information — Tax Year Ending December 31,	 2023 (Enter year you a	ere authorizing)			
Enter whole dollars only on lines 1 through 5.	2023 (Enter year you a	are authorizing.)			
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income		1 48,549.			
2 Total tax		2 3,941.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 6,783.			
4 Amount you want refunded to you		4 2,842.			
5 Amount you owe					
Part II Taxpayer Declaration and Signature Authorization (Be sure yo	ou get and keep a cop	y of your return)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service properties and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I and Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finauthorization is to remain in full force and effect until I notify the U.S. Treasury Financial Age payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment capusiness days prior to the payment (settlement) date. I also authorize the financial institutions it taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original or Electronic Funds Withdrawal Consent.	rovider, transmitter, or electric reason for rejection of the tauthorize the U.S. Treasury and account indicated in the tauncial institution to debit the first to terminate the authorizencellation requests must be involved in the processing of elated to the payment. I fur	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for eentry to this account. This ation. To revoke (cancel) a ereceived no later than 2 f the electronic payment of ther acknowledge that the			
Taxpayer's PIN: check one box only					
·	or generate my PIN $\frac{1}{2}$	4 0 2 4 as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizin	En do	nter five digits, but on't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.	ended) I am now authorizi				
Your signature ▶	Date ►				
Spouse's PIN: check one box only					
	or generate my PIN	as my			
ERO firm name	• -	iter five digits, but			
signature on the income tax return (original or amended) I am now authorizin		n't enter all zeros			
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practition below.					
Spouse's signature ▶	Date ►				
Practitioner PIN Method Returns Only—con	tinue below				
Part III Certification and Authentication — Practitioner PIN Method O	nly				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI		6 0 8 2 7 1 ter all zeros			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file	hat I am submitting this reti	urn in accordance with the			
ERO's signature ▶	Date ►				
ERO Must Retain This Form — See Inst					
Don't Submit This Form to the IRS Unless Requ	uested To Do So				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See se	parate instr	uctions.
Your first name	and m	iddle initial	Last na	ame					Your so	cial security	number
VENKATA	KRI	SHNA CHAI	MAS]	INA					734	51 40)24
		s first name and middle initial	Last na	ame						's social seci	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt. no.		Preside	ntial Electio	n Campaign
6239 , LC	OVE 1	DRIVE					612			here if you, o	•
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	e	ZIP code		•	if filing joint	•
IRVING					TX 75039					this fund. C low will not o	
Foreign country	y name			Foreign province/state/o	county	y	Foreign postal	oreign postal code your tax or refund.			
										You	Spouse
Filing Status	; X	Single				Head of he	ousehold (HO	H)			
Check only		Married filing jointly (even if only or	ne had	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spo	use (C	QSS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	cked the HOH	l or QSS box,	enter	the chi	ild's name i	f the
	qu	alifying person is a child but not you	ır depei	ndent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavm	nent for prope	rtv or services	s): or (b) sell.		
Assets		nange, or otherwise dispose of a digi					-				⊠ No
Standard	Som	eone can claim:	penden	t Your spouse	e as a	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status a	alien	•					
Ago/Blindness	- Vau	: Were born before January 2, 1	050 [Are blind Spo		□ Was bor	n before Janu	ion/ 2	1050	☐ Is blir	nd
	_		939 <u>[</u>		ouse:		(4) Ob I			ifies for (see i	
Dependents		instructions): irst name Last name		(2) Social security number	'	(3) Relationsh to you	ip · ·	tax cre		1	er dependents
If more than four	(1)	Last name				10 ,00	0			Г	7
dependents,								$\frac{\square}{\square}$			
see instruction:	s							$\frac{\square}{\square}$			
and check here	1 —							$\frac{\square}{\square}$			
-	1a	Total amount from Form(s) W-2, be	ov 1 (se	instructions)				<u> </u>	1a	5	5,648.
Income	b	• • • • • • • • • • • • • • • • • • • •	,	,					1b		<u> </u>
Attach Form(s)	C	Tip income not reported on line 1a (see instructions)									
W-2 here. Also attach Forms	d										
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								<u> </u>	
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6							1g		
get a Form	h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i					
	z	Add lines to through th							1z	<u>.</u> 5	5,648.
Attach Sch. B	2a		2a		b Ta	axable interest			2b		
if required.	3a	Qualified dividends	3a		b O	rdinary divider	nds		3b	,	
	4a	IRA distributions	4a			axable amoun			4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t		5b	,	
Single or	6a	Social security benefits	6a		b Ta	axable amount	t		6b	,	
Married filing separately,	С										
\$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	1, line 1	0					8		7,099.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	come				9	4	8,549.
\$27,700	10	Adjustments to income from Schedule 1, line 26)	
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne				11	4	8,549.
\$20,800 If you checked 1	12	Standard deduction or itemized	deduct	tions (from Schedule	A)				12	<u> 1</u>	3,850.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	8995	5-A			13	;	
Deduction,	14	Add lines 12 and 13							14		3,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t a	axable incom	e		15	; 3	4,699.

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	3,941.	
Credits	17	Amount from Schedule 2, line						17		
	18	Add lines 16 and 17						18	3,941.	
	19	Child tax credit or credit for of	ther dependent	ts from Schedi	ule 8812			19		
	20	Amount from Schedule 3, line	8					20		
	21	·						21		
	22	Subtract line 21 from line 18. I						22	3,941.	
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo			·			24	3,941.	
Payments	25	Federal income tax withheld for							,	
,	а	Form(s) W-2				25a 6	,783.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	6 , 783.	
If you have a	26	2023 estimated tax payments	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	Schedule 8812			28				
	29	American opportunity credit fr	om Form 8863	, 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.				indable credits		32		
	33	Add lines 25d, 26, and 32. The						33	6,783.	
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	2,842.	
	35a	Amount of line 34 you want re	funded to you	ı. If Form 8888	s is attached, chec	ck here		35a	2,842.	
Direct deposit?	b	Routing number 1 1 1 1				_	Savings			
See instructions.	d	Account number 4 8 8	1 1 6 6	2 6 9 1	L 6					
	36	Amount of line 34 you want ap	pplied 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, go						37		
	38	Estimated tax penalty (see ins	tructions) .			38				
Third Party		you want to allow another particular structions					mploto b	olovu	⊠ No	
Designee		structions		Phone			mplete b nal identifi		A NO	
		me		no.			er (PIN)	cation		
Sign		der penalties of perjury, I declare tha lief, they are true, correct, and compl								
Here	Yo	ur signature		Date	Your occupation		If the	IRS sei	nt you an Identity	
		•							IN, enter it here	
Joint return?				INFORMATION IECHNOLOGI .			(see ii			
See instructions. Keep a copy for your records.		Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			If the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no. (469) 926-6419		Email address	CHAITANYA28	310@GMAIL.CO	 M			
Doid	Pre		Preparer's signat	ure		Date	PTIN		Check if:	
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM S	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2024	P02082	703	Self-employed	
Preparer	Fin	m's name GLOBAL TAXI	ES LLC				Phone	e no. (678) 965-9522	
Use Only	Fin	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's	s EIN	84-3171965	
Go to www.irs.a	ov/Form	n1040 for instructions and the latest	information		DAA	DEV 02/16/24 DDO			Form 1040 (2023)	

SCHEDULE 1 (Form 1040)

9

10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

VENK	ATA KRISHNA CHAI MASINA		734-5	51-40)24
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			5	-7,099.
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)	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:				

-7,099.

9

10

8z

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-				
	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	, , , , , , , , , , , , , , , , , , ,	24a		-	
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	• • • • • • • • • • • • • • • • • • • •	24c		-	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		24f			
g		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. Enter	here and on		
	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,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number 734-51-4024 VENKATA KRISHNA CHAI MASINA 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . ☐ Yes 1a Physical address of each property (street, city, state, ZIP code) DOOR NO: 5-61 , CHODE CHINNA RAO STREET IPPANAPADU , MANDAPETA MANDAL , DR.B.R.AMBEDKAR KONASEEMA DISTRICT , ANDHRA PRADESH IN 533340 Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 540. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 580. 7 Cleaning and maintenance . . . 7 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,205. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,054. 14 Repairs 2,748. 15 Supplies 15 16 16 Taxes 17 Utilities 17 1,052. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 7,639. 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 -7,099. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 7,099.) 22 540. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 7,639. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 7,099. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-7,099.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .