# 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 Revenue Service Go to www.irs.gov/rormos/9 for the latest information.	•		
Submission Identification Number (SID)			
Taxpayer's name	Social security	number	
VIVEK REDDY BANKA	489-91-	4540	
Spouse's name	Spouse's soci	al security number	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (E	nter year you ar	e authorizing )	
Enter whole dollars only on lines 1 through 5.	inter year year ar	o dati ionizirigi)	
<b>Note:</b> Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1 Adjusted gross income	1	<b>1</b>   61,	,297.
2 Total tax	t		741.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099			,051.
4 Amount you want refunded to you	+	- ,	,310.
<b>5</b> Amount you owe	t	5	310.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a		of your retur	n)
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, tra to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation business days prior to the payment (settlement) date. I also authorize the financial institutions involved in taxes to receive confidential information necessary to answer inquiries and resolve issues related to the personal identification number (PIN) below is my signature for the income tax return (original or amended Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or gener entering 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 a if you are entering your own PIN and your return is filed using the Practitioner PIN in below.	or rejection of the trace he U.S. Treasury and tendicated in the tall titution to debit the ninate the authorizar requests must be not the processing of the payment. I furth the processing of the payment of the U.S. Treasure of the payment of the	ansmission, (b) the dist designated F x preparation softentry to this account on. To revoke (confective the electronic payner acknowledge and, if application and, if	e reason Financial ware for unt. This cancel) a remain 2 rement of that the able, my as my ox only
Your signature ► Date	<b>&gt;</b>		
Spouse's PIN: check one box only			
☐ I authorize to enter or gener	rate my PIN		as my
ERO firm name		er five digits, but	ao my
signature on the income tax return (original or amended) I am now authorizing.	don	't enter all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN n below.			
Spouse's signature ▶ Date	<b>&gt;</b>		
Practitioner PIN Method Returns Only—continue be	low		
Part III Certification and Authentication — Practitioner PIN Method Only			
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2	2 2 4 9 6  Don't ente		1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual incor authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am s requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers	submitting this retur	n in accordance	
ERO's signature ▶ Date			
ERO Must Retain This Form — See Instruction Don't Submit This Form to the IRS Unless Requested			

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



<b>1040</b>		partment of the Treasury—Internal Revenue Servi		urn  20	23	OMB No. 1545	-0074	IRS Use Only	y—Do not v	vrite or sta	aple in this space.		
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 202	3, ending			, 20	See se	parate	instructions.		
Your first name	and n	niddle initial	Last na	me					Your so	ocial sec	curity number		
VIVEK R	EDDY	-	BANK	A					489	91	4540		
If joint return, s	pouse	's first name and middle initial	Last na	me					Spouse	's socia	I security number		
Home address	(numb	per and street). If you have a P.O. box, see	instruction	ons.			Α	pt. no.	Preside	ntial Ele	⊹ ection Campaign		
_2900 NO	RTH	BRAESWOOD BLVD					1	117	1	Check here if you, or your			
City, town, or p	oost off	fice. If you have a foreign address, also co	mplete s <sub>l</sub>	paces below.	Sta	ate	ZIP co	de		_	jointly, want \$3 and. Checking a		
HOUSTON					T	X	770	25	1		not change		
Foreign country name Foreign province/state/county Foreign postal code you							your ta	x or refu					
Filing Status	s D	☑ Single	-			Head of he	ouseho	old (HOH)	1				
Check only		☐ Married filing jointly (even if only o	ne had i	ncome)				, ,					
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spouse	(QSS)				
	lf	you checked the MFS box, enter the	name o	of your spouse.	If you ch	ecked the HOF	or QS	S box, ente	er the ch	ild's na	ame if the		
	qı	ualifying person is a child but not you	ır depen	dent:									
 Digital		ny time during 2023, did you: (a) rec											
Assets	exc	hange, or otherwise dispose of a dig	ital asse	t (or a financial	interest i	in a digital asse	t)? (Se	e instructio	ns.)		es 🗵 No		
Standard		neone can claim: 🔲 You as a de	pendent	t 🗌 Your s	pouse as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a dual-st	atus alie	n							
Age/Blindnes	s You	ı: Were born before January 2, 1	959	Are blind	Spouse	e: Was bor	n befo	re January	2, 1959		s blind		
Dependent	<b>s</b> (see	e instructions):		(2) Social se	ecurity	(3) Relationsh	<sub>iip</sub> (4)	Check the b	ox if qual	ifies for	(see instructions):		
If more		First name Last name		numbe	er	to you		Child tax o	redit	Credit fo	or other dependents		
than four													
dependents, see instruction	. —												
and check													
here L										<u> </u>			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)					. 12	1	75,419.		
Attach Form(s)	b	Household employee wages not re	eported	on Form(s) W-2	2				. 1k	)			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								;			
attach Forms W-2G and	d	Medicaid waiver payments not rep		` ,	•	uctions)			. 10	i			
1099-R if tax	е	· · · · · · · · · · · · · · · · · · ·							. 16				
was withheld.	f	Employer-provided adoption bene	fits from	ı Form 8839, lir	ne 29 .				. 11				
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 10				
W-2, see	h :	Other earned income (see instruct	,						.   1h	1	0.		
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		<u>l 1i</u>					75 /10		
AII	Z	Add lines 1a through 1h	 20		j	 Taxable interest			. 12		75,419.		
Attach Sch. B if required.	2a		2a	87.	_				. 2t		105.		
	3a	- '	3a	07.	- "	Ordinary divider Faxable amount							
Standard	4a 5a		4a 5a			raxable amoun							
Deduction for—			6a		_	raxable amoun			. 6b				
Single or Married filing	6a c	If you elect to use the lump-sum e		method check					·   OL				
separately, \$13,850	7	Capital gain or (loss). Attach Scher		•	,	,		[					
Married filing	8	Additional income from Schedule							. 8		-14,227.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•						. 9	_	61,297.		
surviving spouse, \$27,700	10	Adjustments to income from Sche		•					. 10	_			
Head of household,	11	Subtract line 10 from line 9. This is							. 11		61,297.		
\$20,800	12	Standard deduction or itemized	-	-					. 12		13,850.		
If you checked any box under	13	Qualified business income deduct		•		95-A .			. 13	_	1.		
Standard Deduction,	14								. 14		13,851.		
see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	ie .	<u></u> .			47,446.		

Form 1040 (2023	3)							Page <b>2</b>		
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b>	4 <b>2</b> 4972	3 🗌		16	5,741.		
Credits	17	Amount from Schedule 2, line 3					17			
	18	Add lines 16 and 17					18	5,741.		
	19	Child tax credit or credit for other depender	nts 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	5,741.		
	23	Other taxes, including self-employment tax,	, from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is your total tax					24	5,741.		
Payments	25	Federal income tax withheld from:								
-	а	Form(s) W-2			<b>25a</b> 9	,051.				
	b	Form(s) 1099			25b					
	С	Other forms (see instructions)			25c					
	d	Add lines 25a through 25c					25d	9,051.		
If you have a	26	2023 estimated tax payments and amount a	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	2		28					
	29	American opportunity credit from Form 886	3, 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	r total other p	ayments and refu	undable credits		32			
	33	Add lines 25d, 26, and 32. These are your to	otal payments				33	9,051.		
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,310.		
	35a	Amount of line 34 you want refunded to yo			•	. 🗆	35a	3,310.		
Direct deposit?	b	Routing number   1   1   1   0   0   0   0	2 5	c Type: 🛛	Checking :	Savings				
See instructions.	d	Account number 5 8 6 0 3 5 8	6 1 4			Ü				
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe							
You Owe		For details on how to pay, go to www.irs.go	•				37			
	38	Estimated tax penalty (see instructions) .			38					
Third Party Designee		you want to allow another person to distructions				omplete l	oelow.	⊠ No		
	De na	signee's ne	Phone no.			onal identi ber (PIN)	fication			
Sign Here		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						,		
пеге	Yo	ur signature	Date	Your occupation				nt you an Identity		
								IN, enter it here		
Joint return?			<u> </u>	SOFTWARE I		`	inst.)			
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (281)667-2178	Email address	BANKA.VIVEKE	EDDY@GMAIL.CO	M				
Doid	Pre	eparer's name Preparer's signa	ature		Date	PTIN		Check if:		
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	04/02/2024	P0208	2703	Self-employed		
Preparer	Fin	m's name GLOBAL TAXES LLC				Pho	ne no. (	678)965-9522		
Use Only	Fir	n's address 245 ROONEY CT E BRU	UNSWICK N	J 08816		Firm	's EIN			
Go to www.irs.ai	ov/Forr	21040 for instructions and the latest information		DAA	DEV 03/07/24 DDO			Form 1040 (2023)		

#### 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

VIVEK REDDY BANKA

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.

t information.		Sequence No. <b>01</b>				
	Your soci	ial security number				
	489-91	-4540				

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		5	-14,227.
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		
- 1	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 (	<u>)</u>	
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		14 005
	1040, 1040-SR, or 1040-NR, line 8		10	-14,227.

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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	the state of the s	24d			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	<del>-</del>	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on <b>26</b>	
	1 OITH 1070, 1070-011, 01 1070-1111, 11110-10	• •		.   20	

#### **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.

Your social security number

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

VIVE	K REDDY BANKA						48	9-91-4	540		
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.	ty, use \$	Schedule	<b>C</b> . See	instru	ctions. If you a	re an	individual	, repo	rt farm	
Α [	Did you make any payments in 2023 that would require you	to file F	-orm(s) 1	0997.5	See in	structions		Г	Yes	X No	_
	If "Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIF										_
				7.7707.1		TN	ı				
A B	APT 401,MLG RD SRINIVASA COLONY BTS NA	ALGONI	DA,TEL	ANGAI	NA	TN 208001	L.				
C											
1b	Type of Property 2 For each rental real estate prope	rty liete	.d		Fa	ir Rental	Po	rsonal U	-		_
110	(from list below) above, report the number of fair				'6	Days		Days		QJV	
Α	personal use days. Check the Q	JV box	only [	Α		365		0		$\overline{}$	_
В	if you meet the requirements to f			В							
С	qualified joint venture. See instru	ictions.		С							
Туре	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ribe)				
						Properti	es:				_
Incon	ne:			Α		В			(	С	
3	Rents received	3		5	70.						
4	Royalties received	4									
Expe											
5	Advertising	5									_
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,7	45.						
8	Commissions	8									
9	Insurance	9									
10 11	Legal and other professional fees	11		1,5	60						_
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,3	00.						_
13	Other interest	13									_
14	Repairs	14		3,9	22.						_
15	Supplies	15			70.						_
16	Taxes	16									
17	Utilities	17		3,1	00.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		14,7	97.						
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	04	_	-14,2	27						
22	Deductible rental real estate loss after limitation, if any,	21		14,2	47.						_
22	on <b>Form 8582</b> (see instructions)	22 (		14,22	7 )	(		)(			١
23a	Total of all amounts reported on line 3 for all rental prope			,	23a	\	57	0.			
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						
е	Total of all amounts reported on line 20 for all properties				23e	14	,79	7.			
24	Income. Add positive amounts shown on line 21. Do not	t includ	e any los	sses			$\cdot \top$	24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losses	s from lin	e 22. E	nter to	tal losses her	e _	<b>25</b> (	1	4,227.	)
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							26		14.227	
	- Schedule 1 (FOITH 1040), line 3. Officiwise, incline this at	пиони і	п ше ю	ai OH II	1112 4 1	OH Dade /		ンドー	_	14.77	

# Form **8995**

Department of the Treasury

Internal Revenue Service

Simp

## Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number				
VIVEK REDDY BANKA	489-91-4540				

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	1	Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2		
4 5	Total qualified business income Combine lines 2 and 3. If zero or less, enter -0-Qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 3.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 3.		
9			9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 and	d 9	10	1.
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 47,447.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 87.		
13	Subtract line 12 from line 11. If zero or less, enter -0	<b>13</b> 47,360.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	9,472.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also			
	the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a zero, enter -0		17	( 0.