## 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	nission Identification Number (SID)			
Taxpay	ver's name	Social securit	y number	
SRE	-2650			
Spouse	social security number			
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_  er year you a	re authorizing.	.)
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		<b>1</b> 99	,668.
2	Total tax		<b>2</b> 14	,189.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 17	,488.
4	Amount you want refunded to you		4 3	<b>,</b> 299.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of your retu	rn)
return to sen for an Agent payme author payme busine taxes persor	nowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I abort (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transferd my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for responsing the return or refund, and (c) the date of any refund. If applicable, I authorize the loto initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interest of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institutivization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminatent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed 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 neal identification number (PIN) below is my signature for the income tax return (original or amended) I sonic Funds Withdrawal Consent.	nitter, or electro- jection of the tr J.S. Treasury ardicated in the ta- ion to debit the te the authoriza- quests must be processing of payment. I furt	nic return origina ansmission, (b) that its designated by preparation solution. To revoke (conceived no late the electronic paher acknowledge	tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	ayer's PIN: check one box only			
	▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	2 6 5 0	as my
٠	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ent	er five digits, but n't enter all zeros	aomy
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.			
Your	signature ▶ Date ▶			
Snou	se's PIN: check one box only			
Ороц	☐ I authorize to enter or generate	my DINI		as my
L	ERO firm name	_	er five digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.	dor	't enter all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.			
Spou	se's signature ▶ Date ▶			
	Practitioner PIN Method Returns Only—continue below	V		
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 0 8 2 7 er all zeros	1
author	fy that the above numeric entry is my PIN, which is my signature for the electronic individual income rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subject the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retu	rn in accordance	
EDO'	s signature ▶ Date ▶			
LNU	s signature ► Date ►  ERO Must Retain This Form — See Instructions			
	ENU IVIUSI RELAIII TIIIS FOITII — See INSTRUCTIONS			

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

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



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling _			, 20		See se	parate ins	structions.
Your first name	and m	iddle initial	Last n	ame						Your so	cial secur	rity number
SREEHARS	HA		GUR	RAM						899	25   2	2650
		s first name and middle initial	Last n									ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Α.	pt. no.		Preside	ntial Elect	tion Campaign
150 COBI	A D	R					4	101	İ	Check I	here if you	ı, or your
		ice. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP co					intly, want \$3
KATY					T	X	774	94		0	o this fund. low will no	l. Checking a
Foreign country	name			Foreign province/state/	coun	ty	Foreig	n postal c			x or refund	•
											You	Spouse
Filing Status	X	Single				☐ Head of h	ouseh	old (HOI	——. ⊣)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spoi	use (C	QSS)		
	If y	you checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the ch	ild's name	e if the
	qu	ialifying person is a child but not you	ır depe	endent:								
Digital	Δ+ 21	ny time during 2023, did you: (a) rece	oivo (a	a reward award or	navr	ment for prope	rty or	sarvicas	): or (	h) sall		
Digital Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No
Standard		neone can claim: You as a de					, (-			- /		
Deduction		Spouse itemizes on a separate return	•	•		•						
		_										
	_	: Were born before January 2, 1	959	☐ Are blind Spo	ouse	: U Was bor						olind
Dependents				(2) Social security number	′	(3) Relationsh	ip (4	Check t Child t				e instructions): other dependents
If more	(1) F	First name Last name		Humber		to you		Cillia		uit	Credit for 0	Thei dependents
than four dependents,									<u> </u>			<u> </u>
see instructions	; —											<u> </u>
and check												$\frac{\square}{\square}$
here $\square$	4.	Total amount from Farm(a) W. O. b.	ov 1 /o	as instructions)		1				1.	1	11 116
Income	1a	Total amount from Form(s) W-2, by	,	,						1a 1b		14,416.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							10			
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)							10			
W-2G and	e		Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e		
1099-R if tax was withheld.	f		kable dependent care benefits from Form 2441, line 26						1f			
If you did not	g	Wages from Form 8919, line 6.								19		
get a Form	9 h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,				Ϊ.					
instructions.	z	Add lines to through th		iradionoj						1z	, 1	14,416.
Attach Sch. B	<u>-</u> 2a	1	2a	· · · · · i	 ЬТ	axable interest	 t			2b		
if required.	3a		3a			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	С	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$13,850	7	Capital gain or (loss). Attach Schee		·	`	,			. $\overline{\Box}$	7		
Married filing jointly or	8	Additional income from Schedule								8		-14,748.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>							9		99,668.	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•						10		
Head of household,	11	Subtract line 10 from line 9. This is			ne					11		99,668.
\$20,800	12	Standard deduction or itemized	•							12		13,850.
If you checked any box under	13	Qualified business income deducti		•	,	95-A				13		
Standard Deduction,	14	Add lines 12 and 13								14	,	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter -0 This is v	our :	taxable incom	ne.			15		85,818.

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌 _			16	14,189.
Credits	17	Amount from Schedule 2, lin	ne 3						17	
	18	Add lines 16 and 17							18	14,189.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lin	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	14,189.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21				23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>						24	14,189.
Payments	25	Federal income tax withheld								· .
- c. <b>y</b>	а	Form(s) W-2				25a	17,	488.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	•						25d	17,488.
If you have a	26	2023 estimated tax paymen							26	· ·
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28			1	
	29	American opportunity credit				29			1	
	30	Reserved for future use .		-		30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31				ndable c	redits		32	
	33	Add lines 25d, 26, and 32. T	,	•	•				33	17,488.
Refund	34	If line 33 is more than line 24	-						34	3,299.
	35a	Amount of line 34 you want				•	-	. 🗆	35a	3,299.
Direct deposit?	b	Routing number 1 2 1				Checking		avings		
See instructions.	d	Account number 3 2 5					_	ŭ		
	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 <b>am</b>	ount vou owe						
You Owe		For details on how to pay, g		•					37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee		nstructions							elow.	<b>⊠</b> No
		Designee's Phone Personal ic ame no. number (Pl						ication		
<u> </u>		name no. number (PIN)  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the								of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yο	ur signature		Date	Your occupation			If the	IRS se	nt you an Identity
								Prote	ection P	IN, enter it here
Joint return?	SOFTW				SOFTWARE E	JOETWARE ENGINEER .			inst.)	
See instructions. Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign. Date			Spouse's occupation	on				nt your spouse an
your records.										ection PIN, enter it here
		one no. (510) 320-158	0	Email address	пурспу спр	лмасмл	TI CON	Л	- /	
		one no. (510) 320-158 eparer's name	Preparer's signat		HARSHA.GUR	Date		PTIN		Check if:
Paid		1 PRIYA RAM SAGAR GUPTA TALLAM	'		מגד.ד.מיי בייסוד	01/25/		P02082	2703	Self-employed
Preparer		m's name GLOBAL TA		IVIII DUQUI	COLITY TAULAM	101/23/	2027			(678) 965–9522
Use Only			Y CT E BRU	INSMICK M	т 08816				's EIN	84-3171965
	FII	III 3 auditos ZHU NOUNE	T CI E DKO	TADMICI IN	0 00010			LIIII	3 LIIV	04-21/1302

# 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

SREEHARSHA GURRAM

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.

Your social security number 899-25-2650

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	-14,748.
6	Farm income or (loss). Attach Schedule F			
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	ו ו	<b></b>
	1040, 1040-SR, or 1040-NR, line 8		10	-14,748.

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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				
	<b>-</b>	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			
05					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟nter	nere 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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

Your social security number

SREE	HARSHA GURRAM						899-2	5-2650		
Part		d Ro	yalties							
	Note: If you are in the business of renting personal proper	ty, use	Schedule	<b>C</b> . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm	
A 1	rental income or loss from <b>Form 4835</b> on page 2, line 40.			0000	) !				- <b>V</b> N -	
	Did you make any payments in 2023 that would require you									
В	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u> Ye	s No	
1a	Physical address of each property (street, city, state, ZIF	code	e)							
Α	H-NO 1-196, KAMMAVARIPALEM PAMUR(M) PR	RAKAS	SAM, AND	HRA	PRAD	ESH IN 52	23110			
В										
С										
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Persor	nal Use	QJV	
	(from list below) above, report the number of fair					Days	Da	ays	QUI	
Α	g personal use days. Check the Qui if you meet the requirements to fi			Α		365		0		
В	qualified joint venture. See instru			В						
С			,	С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
						Properti				
Incon	ne:			Α		В			С	
3	Rents received	3			61.					
4	Royalties received	4								
Exper		<u> </u>								
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,7	41.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,2	10.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		3,5	24.					
15	Supplies	15		3,0	20.					
16	Taxes	16								
17	Utilities	17		2,1	41.					
18	Depreciation expense or depletion	18		2,8	73.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,5	09.					
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>	21	-	-14 <b>,</b> 7	48.					
22	Deductible rental real estate loss after limitation, if any,		,			,		,		
	on Form 8582 (see instructions)	22	-	14,74		(	)	(	)	
23a	Total of all amounts reported on line 3 for all rental proper				23a		761.			
b	Total of all amounts reported on line 4 for all royalty properties.				23b					
C	Total of all amounts reported on line 12 for all properties				23c		070			
d	Total of all amounts reported on line 18 for all properties				23d		873.			
е	Total of all amounts reported on line 20 for all properties				23e	15	5,509.			
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-				. 24	(	14 840 \	
25	Losses. Add royalty losses from line 21 and rental real estate							(	14,748.)	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do not schedule 1 (Form 1040), line 5. Otherwise include this ar						ווו		_1/ 7/0	