## 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

Sacial security number   Spouse's social security number   3500   3   1500	Submis	ssion Identification Number (SID)		·			
Spouse's name	Taxpaye	r's name	Social secur	ity numb	er		
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)  Enter whole Gollars only on lines 1 through 5.  Note: Form 1040-SS filters use line 4 only, Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income  2 Total tax  2 18,783. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099  3 3 41,259. 4 Amount you want refunded to you  5 Amount you want refunded to you  5 Amount you own trefunded to you  5 Amount you own trefunded to you  7 Fart III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjury, I declare that I have examined a copy of the moone tax return (original or amended) I am now authorizin, and to the best of ray invisivelyse and belief, is its ruc, correct, and complete. I further declares that the amounts in Part I showe are the amounts from the income tax to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (b) the date of any return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and of a payment of estimated tax, and the financial institution account indicated in the tax preparated is estimated to the processing of the return of the payment of the payment of the processing of the return of the payment of the processing of the received notice than the payment of the processing of the received notice than the payment of the processing of the received notice than the processing of the received notice than the processing o	SIVA	N SANKARASETTY	416-95	-291	7		
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are 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	Spouse's	name	Spouse's so	cial secu	urity numb	er	
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	JAYA	PRADA CHANDU	722-19	755	2		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 18, 783. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 34, 259. 5 Amount you want refunded to you 4 15, 476. 5 Amount you want refunded to you 1 A mount you 1 A	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are au	thorizin	g.)	
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2 154,783.  3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 3 4,259.  4 Amount you want refunded to you . 4 15,476.  5 Amount you want refunded to permanded to permanded you refund the permanded of the permanded of the permanded you the leave the permanded you have the permanded you want permanded you have refunded permanded you want permanded you have refunded you and permanded you want permanded you you want permanded you you want permanded you want permanded you want permanded you yo	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
A Amount you want refunded to you  A Amount you want refunded to you  A Amount you want refunded to you  A Date Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Londer penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return original or amended) and now authorization is or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury and its designated Financial or any refund in applicable, I authorize the U.S. Tressury and its designated Financial Capital or or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury and its designated Financial Agent to the rest and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury Financial Agent to the tender of the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund and the IRS and to receive from the IRS (a) and the IRS and to receive from the IRS (a) and the IRS and to receive from the IRS (a) and the IRS and the IRS and the IRS and to receive from the IRS (a) and the IRS	1	Adjusted gross income		1	15	5,738	3.
Amount you want refunded to you  5 Amount you owe  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are cash of rejection feature originator (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, 6b the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to iteminate an ACH electronic funds withdrawal (client debled) enty to the financial institution account indication software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial institutions account indication software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent and the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.  Taxpayer's PIN: check one box only    I authorize   GLOBAL TAXES LLC	2	Total tax		2	1	8,783	3.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	3	4,259	<u>.</u>
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I cleate that I have examined a copy of the income tax return (original or amendad) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal personal) in the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal per	4	Amount you want refunded to you		4	1	5,476	5.
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I authorize   GLOBAL TAXES   LLC   ERO firm name 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Your signature   Date	return (control to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication in the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate t, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payoral didentification number (PIN) below is my signature for the income tax return (original or amended) I am	ter, or electriction of the factor of the fa	ronic references and its contact and its conta	curn origingsion, (b) designate paration so this ac orevoked no latertronic planting with the current of the cu	nator (Ef the reased Finan- oftware count. To (cance ater that payment ge that	RO) son cial for his l) a n 2 t of the
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Spouse's PIN: check one box only    Authorize GLOBAL TAXES LLC   Ito enter or generate my PIN   1		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
I authorize   GLOBAL TAXES LLC   to enter or generate my PIN   9   7   5   5   2   as my 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 am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.    Spouse's signature   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   2   2   2   4   9   6   0   8   2   7   1   Don't enter all zeros   Don't enter all zer	Your si	gnature ▶ Date ▶					
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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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate no 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 am now if you are entering your own PIN and your return is filed using the Practitioner PIN method.	Ei do ow authoriz	nter five on't ente ing. Ch	digits, but r all zeros	box o	nly
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.  Don't enter all zeros  I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.  ERO's signature ▶  Date ▶	Spouse						
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this ret	urn in a	accordan		
	FDO!-	cionatura N					
	<u>⊏n∪ S</u>	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



<b>£1040</b>		artment of the Treasury-Internal Revenue Servi		ırn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	ce.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20		See ser	oarate i	instructions	 3.
Your first name	and m	iddle initial	Last nan	ne							Your so	cial sec	urity numbe	
SIVA N			SANK	ARASET	'TY						416	95	2917	
	pouse's	s first name and middle initial	Last nan										security nur	nbei
JAYAPRAI	DΑ		CHANI	DII							722	19	7552	
		er and street). If you have a P.O. box, see	•					A	Apt. no.				ection Camp	aign
1954 TH	ORNH	ILL RD						3	306	- 1			ou, or your	Ū
		ce. If you have a foreign address, also co	mplete sp	aces belov	N.	Sta	te	ZIP c			•	•	jointly, want	
WESLEY (	CHAP	EL				FL	ı	335	44	- 1	•		nd. Checking not change	g a
Foreign country	y name		F	oreign prov	vince/state/o	count	у	Foreig	ın postal c	- 1	your tax		ınd.	nuse
Filing Status Check only one box.	s [   <b>X</b>	Single  Married filing jointly (even if only or Married filing separately (MFS)	ne had ir	ncome)			☐ Head of he				QSS)			
Digital	qu At aı	you checked the MFS box, enter the alifying person is a child but not you ny time during 2023, did you: (a) reco	ir depend eive (as a	dent: a reward,	award, or	payn	nent for prope	rty or	services	); or (	b) sell,			
Assets		nange, or otherwise dispose of a digi						t)? (Se	ee instru	ction	s.)	Y€	es 🔀 No	
Standard Deduction	_	neone can claim:					a dependent							
Age/Blindness	s You	: Were born before January 2, 1	959	Are blin	d <b>Spo</b>	use	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		<b>(2)</b> So	cial security		(3) Relationsh	<sub>ip</sub> (4	) Check t	he bo	x if quali	fies for (	see instruction	ons):
If more	(1) First name Last name			number to you			Child		ax cre	edit	Credit fo	or other depend	dents	
than four									[					
dependents,	_								[					
and check	, 								]	<u> </u>				
-	1a	Total amount from Form(s) W-2, bo	ox 1 (see	instruction	nns)				l		1a		169,43	6
Income	b	Household employee wages not re	•		,						1b			•
Attach Form(s)	c	Tip income not reported on line 1a	•	•	•						1c			
W-2 here. Also attach Forms	d	·	•								1d			
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene				•					1f			
If you did not		Wages from Form 8919, line 6 .	1113 11 0111	1 01111 000	55, III I <del>C</del> 25	•					1g			
get a Form	g	Other earned income (see instructi	ions)			•					1h			0.
W-2, see	h :	`	,					i .						•
instructions.	i	Nontaxable combat pay election (s	oce mont	actions)		•	<u>1i</u>				4-		169,43	6
AH! 0 : 5		Add lines 1a through 1h				ьт	 axable interest				1z			$\frac{0.}{1.}$
Attach Sch. B if required.	2a		2a 3a				rdinary divide				2b 3b			<u> </u>
	<u>3a</u> 4a		за 4а				axable amoun				4b			
Standard			<del>т</del> а 5а				axable amoun				5b			
Deduction for—	5a		6a				axable amoun				6b			
Single or Married filing	6a	,	_	acthod of				ι		· .	1 00			
separately, \$13,850	C 7	If you elect to use the lump-sum e		-		`	,				7			
Married filing	7 Ω	Capital gain or (loss). Attach Schedule:								. ∟			-13,74	9
jointly or Qualifying	8 9		1, line 10					9		155,73				
surviving spouse, \$27,700				•									100,13	٠.
Head of	10	•	justments to income from Schedule 1, line 26								10		155 72	Ω
household, \$20,800	11		-	-							11		155,73	
If you checked	12	Standard deduction or itemized		•		,	 5 A				12		27,70	<u>u.</u>
any box under Standard	13	Qualified business income deducti									13		27 70	<u> </u>
Deduction, see instructions.	14 15	Add lines 12 and 13								14		128 03		

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	18,783.	
Credits	17	Amount from Schedule 2, lir	17							
	18	Add lines 16 and 17						18	18,783.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ie 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,783.	
	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	18,783.	
<b>Payments</b>	25	Federal income tax withheld	from:							
_	а	Form(s) W-2				<b>25a</b> 34	1,259.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	34,259.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allach Sch. ElC.	28	Additional child tax credit from	n Schedule 8812	2		28				
	29	American opportunity credit	from Form 8863	8, line 8 .     .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lir	ie 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	34,259.	
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	15,476.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	15,476.	
Direct deposit?	b	Routing number 2 5 4			<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 6 7 8	7 5 5 7	7 7 9						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37		
	38	Estimated tax penalty (see in	_	-		38				
Third Party		you want to allow another								
Designee		,	•				omplete	below.	<b>X</b> No	
Ü	De	esignee's		Phone		onal ident	ification			
	name no. number (PIN  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and						, ,			
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,	
Here		•	picte. Decidration		, <i>, ,</i>	sea on an imormati			, ,	
	Yo	Your signature		Date Your occupation					nt you an Identity IN, enter it here	
Joint return?					SENIOR QUALI	TY ASSURANC		inst.)	,	
See instructions.		ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation			e IRS se	nt your spouse an	
Keep a copy for your records.					HOME MAKER Identity Protection PIN, enter it (see inst.)					
	Phone no. (703)303-3421 Email address SIVA061088@GMAIL.COM									
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/15/2024	P0208	2703	Self-employed	
Preparer	Fir	m's name GLOBAL TA	XES LLC			•	<u>'                                    </u>		(678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm								84-3171965	

# 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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SIVA N SANKARASETTY & JAYAPRADA CHA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

CHANDU

	Sequence No. 01
Your soc	ial security number
416-95	-2917

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-13,749.
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 (	]	
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		
	1040, 1040-SR, or 1040-NR, line 8		10	-13,749.

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.

Department of the Treasury Internal Revenue Service

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					Y	our social	security	number
SIVA	N SANKARASETTY & JAYAPRADA CHANDU						416-95-	-2917	
Part	<b>Note:</b> If you are in the business of renting personal proprental income or loss from <b>Form 4835</b> on page 2, line 40	oerty, use 0.	Schedule						
<b>A</b> [	Did you make any payments in 2023 that would require yo	ou to file	Form(s)	1099? 5	See ins	tructions		☐ Ye	s 🛚 No
B	f "Yes," did you or will you file required Form(s) 1099?							☐ Ye	s 🗌 No
1a	Physical address of each property (street, city, state, 2	ZIP code	e)						
A	H.NO:35,GUTTALA,BEGUMPET, JUBILEE HI			א אזכי א ו	\T7\ T1	vi EUUU33			
B	H.NO.33,GUITALA, BEGOMPET, OUBILEE HI	ццо, г	TID IEI	IAIVGA	NA II	. 300033			
C									
1b	Type of Property (from list below)  2 For each rental real estate propagators, report the number of fa				Fa	ir Rental Days	Personal Days		QJV
A	personal use days. Check the	QJV box	x only	Α		365		0	
В	if you meet the requirements to			В					
С	qualified joint venture. See inst	tructions	S.	С					
Type	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	ental	5 Land 6 Roya			Self-Rental Other (describ	oe)		
						Propertie	s:		
Incom				Α		В			С
3	Rents received	3							
4	Royalties received	4							
Exper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,7	25.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	48.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,8	54.				
15	Supplies	15		3,4	71.				
16	Taxes	16							
17	Utilities	17		2,8	51.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,7	49.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). I result is a (loss), see instructions to find out if you mus								
	file <b>Form 6198</b>	21		-13,7	49.				
22	Deductible rental real estate loss after limitation, if any on <b>Form 8582</b> (see instructions)			13,74		(	)(		
23a	Total of all amounts reported on line 3 for all rental prop	perties			23a				
b	Total of all amounts reported on line 4 for all royalty pro	perties			23b				
C	Total of all amounts reported on line 12 for all propertie				23c				
d	Total of all amounts reported on line 18 for all propertie				23d				
e	Total of all amounts reported on line 20 for all propertie				23e	13.	749.		
24	<b>Income.</b> Add positive amounts shown on line 21. <b>Do n</b>						24		
25	Losses. Add royalty losses from line 21 and rental real est		-		nter to	tal losses here	25 (		13,749.
26	Total rental real estate and royalty income or (loss)						<u> </u>		-,, .
20	here. If Parts II, III, and IV, and line 40 on page 2 do r Schedule 1 (Form 1040), line 5. Otherwise, include this	not appl	ly to you,	also e	nter th	nis amount on	ı		-13,749.
	Concade i (i oith to-o), inte o. Otherwise, include this	arriourit		iai OII II	110 41	on page 2 .	26	-	エン,/サブ・

## Form **8889**

Department of the Treasury

**Health Savings Accounts (HSAs)** 

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

Internal Revenue Service Go to www
Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SIVA N SANKARASETTY

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 416-95-2917

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	<b>HSA Contributions and Deduction.</b> See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	☐ Se	If-only 🗵 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	7,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	7,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	7,750.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	7,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	0.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
Part	<b>HSA Distributions.</b> If you are filing jointly and both you and your spouse each have sepa a separate Part II for each spouse.	arate I	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	