## 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

Submission Identification Number (SID)		•			
Taxpayer's name	Social security	ty number			
RANADEEP REDDY DASARI	134-11-	2747			
Spouse's name	Spouse's socia	al security number			
RAVALI KETHIRI	128-33-	9219			
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	e 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		1 122,	828.		
2 Total tax	[	2 11,	543.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	3 38,	441.		
4 Amount you want refunded to you		4 26,	898.		
5 Amount you owe		5			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	еер а сору	of your retur	n)		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electror stion of the tra 5. Treasury anated in the tab in to debit the attention authorizatests must be processing of tyment. I furth	nic return originator nsmission, (b) the dist designated F k preparation softwentry to this accou- ion. To revoke (con received no later the electronic pay per acknowledge	or (ERO) e reason inancial ware for unt. This ancel) a than 2 ment of that the		
Taxpayer's PIN: check one box only					
▼ I authorize GLOBAL TAXES LLC to enter or generate m	W DINI 1	2 7 4 7	ac my		
ERO firm name  signature on the income tax return (original or amended) I am now authorizing.	Ente	r five digits, but 't enter all zeros	as my		
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.					
Your signature ► Date ►					
Spauge's DIN shock one box only					
Spouse's PIN: check one box only	DIN 3	0 0 1 0			
X I authorize GLOBAL TAXES LLC to enter or generate m		9 2 1 9 er five digits, but	as my		
signature on the income tax return (original or amended) I am now authorizing.		t enter all zeros			
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metho below.					
Spouse's signature ▶ Date ▶					
Practitioner PIN Method Returns Only—continue below					
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 enter		1		
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	ting this retur	n in accordance v			
ERO's signature ▶ Date ▶					
ERO's signature ► Date ►  ERO Must Retain This Form — See Instructions					

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

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	pace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstruction	ns.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity numl	ber
RANADEE	P RE	DDY	DASA	RI							134	11	2747	
		s first name and middle initial	Last na										security n	ıumber
RAVALI			KETH	IIRI							128	33	9219	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.				ction Can	npaign
7972 N (	GLEN	DR						2	2077		Check h	nere if y	ou, or you	ır
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c				0.	jointly, wa	
IRVING						TX	ζ	750	63		•		nd. Checki not chang	•
Foreign countr	y name		ı	Foreign pr	rovince/state/	count	ty		n postal c		your tax		•	,C
												Yo	u 🗌 S	Spouse
Filing Status	s $\square$	Single					☐ Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spo	use (0	QSS)			
00 20	lf v	you checked the MFS box, enter the	name c	of your s	oouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
		, ialifying person is a child but not you												
	A		/											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi						-				ΠYe	es 🛛 N	do
		neone can claim: You as a de					a dependent	<i>i)</i> : (30	e iiistiu	Ction	3.)		;5 <u>Z</u> N	
Standard Deduction	_		•		•		•							
Deduction	Ш.	Spouse itemizes on a separate retur	n or you	i were a	duai-status	allen								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	rn befo	ore Janu	ary 2	, 1959		blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationsh	nip (4	) Check t	he bo	x if quali	fies for (	see instruc	ctions):
If more	(1) F	irst name Last name	Last name number to you Child to			ax cre	edit	Credit fo	r other depe	endents				
than four														
dependents, see instruction	۰													
and check	s 													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions) .						1a		140,4	13.
Attach Form(s)	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions)								1h			0.
instructions.	i	Nontaxable combat pay election (s	see insti	ructions)			<u>1</u> i							
	Z	Add lines 1a through 1h	. ;								1z		140,4	13.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a				ordinary divide				3b			
Standard	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b T	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	method,	check here	(see	instructions)			. [				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche									7			
jointly or	8	Additional income from Schedule	1, line 1	0							8		<del>-17,5</del>	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is y	our <b>total in</b> d	come	e				9		122,8	28.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, l	line 26							10			
household,	11	Subtract line 10 from line 9. This is	•	-	-						11		122,8	
\$20,800 If you checked	12	Standard deduction or itemized									12		27,7	00.
any box under Standard	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13			
Deduction,	14										14		27,7	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loc	contor	O This is y		tavabla inaam	•			15	- 1	95 1	28

Form 1040 (2023	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	11,543.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	11,543.	
	19	Child tax credit or credit for	other dependent	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	11,543.	
	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	11,543.	
<b>Payments</b>	25	Federal income tax withheld	from:							
	а	Form(s) W-2				<b>25a</b> 38	3,441.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	38,441.	
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				
attach och. Elo.	28	Additional child tax credit from	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	38,441.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	26,898.	
	35a	Amount of line 34 you want			3 is attached, che	ck here		35a	26,898.	
Direct deposit?	b	Routing number 1 1 1			<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 2 0 5	0 9 2 9	3 2						
	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	Do	you want to allow another				See				
Designee		,	•				omplete	below.	<b>⋉</b> No	
								identification		
			h - 4   h	no.			ber (PIN)	41 14		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Vo	ur signature		l If th	 e IRS se	nt you an Identity				
	10	Your signature Date Your occupation						Protection PIN, enter it here		
Joint return?					SOFTWARE I	(see	inst.)			
See instructions.	Sp	ouse's signature. If a joint return,	<b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an	
Keep a copy for your records.					COETWADE I	OEMET ODED		itity Prot inst.)	ection PIN, enter it here	
		one no. (703) 901–599	0	Email address	SOFTWARE		,			
		one no. (703) 901-599 eparer's name	Preparer's signat		ND. NANAUEL	EP@GMAIL.CO Date	PTIN		Check if:	
Paid		•	'		מווסקים האדדאות	02/03/2024	P0208	2703	Self-employed	
Preparer										
Use Only								one no. (678) 965-9522		
	FIR	ms address 240 ROONE	I CI E BRU	MONTCV N	0 00010		Firm	ı's EIN	84-3171965	

# SCHEDULE 1 (Form 1040)

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.

RANA	11-27	47								
Par	t I Additional Income									
1	Taxable refunds, credits, or offsets of state and local income taxes			1						
	Alimony received			2a						
b	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	-17 <b>,</b> 585.					
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)	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								
	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> . Enter	r here a	ind on Form	1 1	15 505					
	1040, 1040-SR, or 1040-NR, line 8			10	-17 <b>,</b> 585.					

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			
<b>0</b> -					
25 26	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.

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						Your socia	al security	number		
RANA	DEEP REDDY DASARI & RAVALI KETHIRI						134-1	1-2747			
Part	Income or Loss From Rental Real Estate a Note: If you are in the business of renting personal properental income or loss from Form 4835 on page 2, line 40	erty, use		e C. See	instruc	tions. If you a	are an indiv	/idual, rep	ort farm		
Α [	Did you make any payments in 2023 that would require you	u to file	Form(s)	1099? S	see ins	tructions .		. \( \sum \cdot \text{Y}\epsilon	s 🛛 No		
B I	If "Yes," did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, Z										
			<u> </u>	N NI C 7 NI	7 T 7 T	E0E200					
_ <u>A</u>	7/1/37/1, GM COLONY GODVARIKHANI KARI	MNAGA	AK, TELA	ANGANA	A IN	505209					
B											
C	T (D )   0 5 1 1 1 1 1 1 1						_		T		
1b	Type of Property (from list below) 2 For each rental real estate prop above, report the number of fair					r Rental Days	Person Da		QJV		
							Da				
A B	personal use days. Check the Confidence of the C			B		365		0			
C	qualified joint venture. See instr	ructions	S.	С							
	of Duomouhii			C							
	of Property: Single Family Residence 3 Vacation/Short-Term Re	ntal	5 Land	1	7	Self-Rental					
	Single Family Residence 3 Vacation/Short-Term Re Multi-Family Residence 4 Commercial	IIIai	6 Roya				riba)				
	ividiti-Family nesidence 4 Commercial		o noya	aities	0	Other (desc	nbe)				
						Properti	es:				
Incom	ne:			Α		В			С		
3	Rents received	3		7	21.						
4	Royalties received	4									
Exper	nses:										
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		3,9	87.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		2,6	10.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		2,7							
15	Supplies	15		2,4	89.						
16	Taxes	16									
17	Utilities	17		2,9							
18	Depreciation expense or depletion	18		3,5	43.						
19	Other (list)										
20	Total expenses. Add lines 5 through 19	20		18,3	06.						
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		-17 <b>,</b> 5	85.						
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	17,58	5.)(		)	(	)		
23a	Total of all amounts reported on line 3 for all rental prop	erties			23a		721.				
b	Total of all amounts reported on line 4 for all royalty pro				23b						
С	Total of all amounts reported on line 12 for all properties	-			23c						
d	Total of all amounts reported on line 18 for all properties	s			23d	3	,543.				
е	Total of all amounts reported on line 20 for all properties	s			23e	18	,306.				
24	Income. Add positive amounts shown on line 21. Do no	<b>ot</b> inclu	de any lo	sses			. 24				
25	Losses. Add royalty losses from line 21 and rental real esta	ate losse	es from lir	ne 22. Er	nter tot	al losses her	e <b>25</b>	(	17,585.)		
26	Total rental real estate and royalty income or (loss).	. Comb	ine lines	24 and	25. Eı	nter the resu	ılt 🗌				
	here. If Parts II, III, and IV, and line 40 on page 2 do n	ot appl	ly to you,	also e	nter th	is amount o					
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	amount	in the to	tal on li	ne 41	on page 2	. 26		-17 <b>,</b> 585.		