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	y number	—
PRAVEEN KONIDANA	745-71-	9446	
Spouse's name	al security number		
SHAINY PRAVALLIKA BUSI	990-95-	-7318	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	er 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	
1 Adjusted gross income		1 48,60	
2 Total tax		2 2,09	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 8,66	
4 Amount you want refunded to you		4 6,56	58.
5 Amount you owe	keen a con		
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amende			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for refor 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 in 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 termina payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation re business days prior to the payment (settlement) date. I also authorize the financial institutions involved in th 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) I Electronic Funds Withdrawal Consent.	ejection of the tra U.S. Treasury andicated in the tation to debit the tet the authoriza quests must be e processing of payment. I furth	ansmission, (b) the read its designated Final x preparation software entry to this account. To revoke (cancoreceived no later that the electronic paymener acknowledge that	ason ancial re for This cel) a cent of at the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate	my PIN	9 4 4 6	my
ERO firm name	Ente	er five digits, but	y
signature on the income tax return (original or amended) I am now authorizing.	uon	t ontor all zoroo	
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 and your return is filed using the Practitioner PIN met below.			
Your signature ► Date ►			
Charles a DIN shoot and have only			
Spouse's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate	e mv PIN 5	7 3 1 8 as	
	,	7 3 1 8 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 if you are entering your own PIN and your return is filed using the Practitioner PIN met below.			
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belov	N		
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.	2 2 4 9 6 Don't ente	5 0 8 2 7 1 or all zeros	
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	mitting this retur	rn in accordance with	
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



1040		artment of the Treasury-Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	e Only-	-Do not w	rite or sta	aple in this :	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate	instruction	ons.
Your first name	e and m	iddle initial	Last nar										urity nun	
	pouse's	s first name and middle initial	Last nar										security	
SHAINY	PRAV.	ALLIKA	BUSI								990	95	7318	
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.		Preside	ntial Ele	ection Ca	ampaign
1252 HI	DDEN	RIDGE						3	3005				ou, or yo	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete sp	oaces bel	ow.	Sta	te	ZIP c	ode			U	jointly, w nd. Chec	
_IRVING						TX	ζ	750	38		•		not chan	_
Foreign countr	y name		F	oreign pr	ovince/state/	count	У	Foreiç	n postal c	code	your tax	or refu		Spouse
Filing Status Check only one box.	[X □ If y	Single Married filing jointly (even if only or Married filing separately (MFS) you checked the MFS box, enter the lalifying person is a child but not you	name o	f your sp			☐ Head of h ☐ Qualifying	surviv	ving spor	use (0 enter	the chi	ld's na	me if the	e
Digital Assets		ny time during 2023, did you: (a) reconnange, or otherwise dispose of a dig	ital asset	t (or a fin	nancial inter	est ir	n a digital asse					□ Ye	es 🛚	No
Standard Deduction	_	neone can claim:	•		•		a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	re Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	hip (4) Check the						
If more	(1) F	First name Last name			number		to you		Child t	tax cre	edit	Credit fo	or other dep	pendents
than four														
dependents, see instruction	s									<u> </u>			Щ.	
and check	, —												<u> </u>	
here L	4.	Total amount from Form(a) W 0 h	ov 1 (000	. :	tions\						40	1	61	390.
Income	1a b	Total amount from Form(s) W-2, by Household employee wages not re	,		,						1a 1b		01,	390.
Attach Form(s)		. , ,	•		` '						1c			
W-2 here. Also attach Forms	d	Tip income not reported on line 1a (see instructions)								1d				
W-2G and	-	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)												
1099-R if tax	e	Employer-provided adoption bene									1e			
was withheld.	f	. ,	ents from	i FOIIII 80	639, IIIIe 29	•					1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			0.
W-2, see	h	Other earned income (see instructi	,					i ·			1h			<u> </u>
instructions.	i	Nontaxable combat pay election (s	see instri	uctions)			<u>1</u> i						C1 '	200
	<u>z</u>	Add lines 1a through 1h			· · i	 . –					1z		ΟΙ,	390.
Attach Sch. B if required.	2a	· —	2a				axable interes							
roquiicu.	3a_		3a				rdinary divide							
Standard	4a	-	4a				axable amoun							
Deduction for—	5a	-	5a				axable amoun							
Single or Married filing	6a	,	6a				axable amoun	t		٠ -	6b			
separately,	C	If you elect to use the lump-sum e		•		`	,				-			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	J 7			700
jointly or Qualifying	8	Additional income from Schedule	•								8		-12 ,	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9		48,6	602.
\$27,700 • Head of	10	Adjustments to income from Sche									10	_		600
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11			602.
If you checked	12	Standard deduction or itemized									12		27,	700.
any box under Standard	13	Qualified business income deducti									13			700
Deduction, see instructions.	14	Add lines 12 and 13									14		27,	700.
	75	SUBTRACT LING 1/1 from ling 11 1t zor	O OF LOCA	Ontor	II INC IC V	CALLE 1	TOTAL DISCOM	10					/ / / /	∽ 11 /

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	2,093.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	2,093.	
	19	Child tax credit or credit for oth	ner dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	2,093.	
	23	Other taxes, including self-emp	oloyment tax, f	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ur total tax					24	2,093.	
Payments	25	Federal income tax withheld fro	om:							
-	а	Form(s) W-2				25a	661.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	8,661.	
If you have a	26	2023 estimated tax payments a	and amount ap	oplied from 20	122 return			26		
qualifying child,	27	Earned income credit (EIC) .				27				
attach Sch. EIC.	28	Additional child tax credit from S	Schedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1	15			31				
	32	Add lines 27, 28, 29, and 31. Th	hese are your	total other pa	ayments and refu	ndable credits		32		
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	8,661.	
Refund	34	If line 33 is more than line 24, s	ubtract line 24	4 from line 33.	This is the amour	nt you overpaid		34	6,568.	
	35a	Amount of line 34 you want ref			is attached, chec	k here		35a	6,568.	
Direct deposit?	b	Routing number 0 8 3 0			c Type:	Checking	Savings			
See instructions.	d	Account number 5 7 6 2	1 3 5	6 2						
	36	Amount of line 34 you want app	olied to your 2	2024 estimate	ed tax	36				
Amount You Owe	37	Subtract line 33 from line 24. The For details on how to pay, go to						37		
	38	Estimated tax penalty (see instr	_	-		38		0,		
Third Party Designee	Do	you want to allow another perstructions	erson to disc	uss this retu	n with the IRS?	See	omplete	below.	⊠ No	
Doolgiloo	De	signee's		Phone			onal iden			
		me		no.			ber (PIN)			
Sign Here		der penalties of perjury, I declare that lief, they are true, correct, and complete			1 , 0		,		, ,	
11616	Yo	ur signature		Date	Your occupation				nt you an Identity	
						NOTHER		tection P e inst.)	IN, enter it here	
Joint return? See instructions.		SOFTWARE ENGINEER use's signature. If a joint return, both must sign. Date Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)					
Keep a copy for your records.	Sp	ouse's signature. If a joint return, bot	Date Spouse's occupation HOME MAKER							
	Ph	one no. (732) 858-3409		Email address	PRAVEEN675)M			
Daid	Pre		reparer's signati	ure		Date	PTIN		Check if:	
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM SY	YAM PRIYA 1	RAM SAGAR	GUPTA TALLAM	01/23/2024	P0208	32703	Self-employed	
Preparer								Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			n's EIN	84-3171965	
		4040 (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							- 1040	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

2023
Attachment
Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PRAVEEN KONIDANA & SHAINY PRAVALLIKA BUSI

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

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

Attachment Sequence No. 01 Your social security number

745-71-9446

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. Atta	ich Schedule E .	5	-12,788.
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		
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			
		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 additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-12 , 788.

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				
	-	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			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟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 social	l security	number
PRAV	YEEN KONIDANA & SHAINY PRAVALLIKA BUSI						745-71	-9446	
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rtv. use		c . See	instruc	tions. If you are	e an indivi	dual, rep	ort farm
	Did you make any payments in 2023 that would require you								
B I	f "Yes," did you or will you file required Form(s) 1099? .							Ye	s 🗌 No
1a	Physical address of each property (street, city, state, ZI	IP code	e)						
A	5-25-16/1, JAYAPRAKASH NAGAR, TENALI,	GUNT	TIR AND)HRA	PRADE	SH IN 52	2201		
В	3 23 10/1/OMINIMATE WIGHT, IEWELY	00111	1010 71111	7111(21	LIUIDI	3011 111 32	2201		
1b	Type of Property (from list below) 2 For each rental real estate property above, report the number of fair		and Days			Persona Day	QJV		
Α		personal use days. Check the QJV box				352		0	
В	if you meet the requirements to	file as	а	В					
С	qualified joint venture. See instru	uctions	Э.	С					
Туре	of Property:					'			
	Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descril	be)		
						Propertie	s:		
Incom				Α		В			С
3	Rents received	3		4	10.				
4	Royalties received	4							
Exper	ises:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		8	54.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	45.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			15.				
15	Supplies	15		3,5	28.				
16	Taxes	16							
17	Utilities	17			44.				
18	Depreciation expense or depletion	18		2,7	12.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		13,1	98.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must								
	file Form 6198	21		- 12 , 7	88.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(12 , 78	88.)()(
23 a	Total of all amounts reported on line 3 for all rental properties				23a		410.		
b	Total of all amounts reported on line 4 for all royalty prop				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				23d		712.		
е	Total of all amounts reported on line 20 for all properties				23e	13,	198.		
24	Income. Add positive amounts shown on line 21. Do no		•				24		
25	Losses. Add royalty losses from line 21 and rental real esta-	te losse	es from lin	e 22. E	nter tot	al losses here	25 (12 , 788.
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 a						26		-12 , 788.