### 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

Submi	ssion Identification Number (SID)			
Taxpaye	r's name	Social securit	ty number	
NAVE	-6467			
Spouse's	ial security	/ number		
	SINYA JANAGAM	987-95		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autho	rizing.)
Enter v	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	81 <b>,</b> 708
2	Total tax		2	6,043
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,916
4	Amount you want refunded to you		4	6 <b>,</b> 873
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and ke penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return ( to send for any Agent to paymer authorize paymer business taxes to persona	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmirmy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. so initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the financial taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised also prior to the payment (settlement) date. I also authorize the financial institutions involved in the processor of the processor of the payment (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended). I and income tax return (original or amended).	ter, or electroction of the treasury as atted in the treasury as atted in the treasure as the authorizates must be processing of ayment. I further the further attention of the treasure of th	onic return ransmission and its des ax prepara entry to to ation. To re received the elect ther acknown	n originator (EF on, <b>(b)</b> the reastignated Finance tion software his account. The evoke (cancel no later thar ronic payment owledge that
	yer's PIN: check one box only			
X		ov DINI 9	6 4	6 7 aa n
_	I authorize GLOBAL TAXES LLC to enter or generate r	ž En	ter five digi	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't enter al	i zeros
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.			
Your s	ignature ▶ Date ▶			
. –	e's PIN: check one box only			
X	<u> </u>	,		5 5 as n
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.		ter five digi n't enter al	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.			
Spous	e's signature ▶ Date ▶			
2,2000	Practitioner PIN Method Returns Only—continue below			
Part I				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2		6 0 8 er all zeros	
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income taxed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subminents of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	ırn in acco	ordance with
FRO's	signature ▶ Date ▶			
<u> </u>	ERO Must Retain This Form — 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



For the year Jar	ı. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		S	See sep	parate ins	tructions.
Your first name and middle initial			Last name					Y	Your social security number			
NAVEEN E	KUMAI	R REDDY	BANE	ΚA						792	19 6	467
		s first name and middle initial	Last na	ame								curity number
SRISINYA	A		JANA	AGAM						987   95   5455		
		er and street). If you have a P.O. box, see	instruct	ions.			Apt. n	0.				ion Campaign
1256 WOO	DDCH	ASE LN					В		0	Check h	nere if you,	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code		spouse if filing jointly,			•
CHESTER	FIELI	D			MC		630179	C			ow will not	Checking a t change
Foreign country name				Foreign province/state/o	count	ty	Foreign pos	Foreign postal code your tax o				
									You	Spouse		
Filing Status	; [	Single	•			Head of ho	ousehold (	HOH	 l)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving s	spou	ise (Q	SS)		
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	u che	ecked the HOH	or QSS b	ox, e	enter t	the chi	ld's name	if the
	qu	alifying person is a child but not you	r depe	ndent:								
Distribut	Λt or	ny time during 2023, did you: (a) rece	oivo (oc	a roward award or	navr	mont for propor	rty or convi	000)	. or (b	y coll		
Digital Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No
		eone can claim: You as a de					1). (000 111	otrac	7110110	•,		
Standard Deduction		Spouse itemizes on a separate return				•						
Deduction			i oi yo		alleri	<u></u>						
Age/Blindness	You:	: Were born before January 2, 19	959 [	Are blind Spo	ouse	: Was bor	n before J	anua	ary 2,	1959	☐ Is b	lind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	יין קי				-	e instructions):
If more	(1) F	(1) First name Last name		number to you		to you	Child tax c		ax crec	dit	Credit for ot	ther dependents
than four												
dependents, see instructions	s ——											
and check	, —											
here L								L				
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)						1a		93,890.
Attach Form(s)	b	b Household employee wages not reported on Form(s) W-2							1b			
W-2 here. Also	С	Tip income not reported on line 1a	•	•						1c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								1g		
W-2, see	h	Other earned income (see instructi	,							1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>						02 000
	<u>z</u>	<u> </u>						•		1z		93,890.
Attach Sch. B if required.	2a	•	2a			axable interest		•		2b		
	3a		3a			ordinary divider				3b		
Standard	4a		4a			axable amount				4b		
Deduction for—	5a		5a			axable amount		•		5b		
Single or Married filing	6a	,	6a			axable amount	ι	•		6b	_	
separately, \$13,850	c -	If you elect to use the lump-sum el		· ·	`	,		•	. 📙	_		
Married filing	7	Capital gain or (loss). Attach School						•	. Ц	7	+	12 102
jointly or Qualifying	8	Add lines 17, 2h, 2h, 4h, 5h, 6h, 7	,					•		8		12 <b>,</b> 182.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				•		9		81,708.
Head of	10	Adjustments to income from Sche						•		10		01 700
household, \$20,800	11	Subtract line 10 from line 9. This is	•					•		11		81 <b>,</b> 708.
If you checked	12	Standard deduction or itemized				 5 A		•		12		27,700.
any box under Standard	13	Qualified business income deducti		III OIIII 0990 OF FORM	099	J-A		•		13		27,700.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zero			 'Our <del>1</del>	 Havahla incom		•		14 15		54 <b>,</b> 008.
	10	Sabirasi mis 14 nom line 11. Il 201	J JI 168	,,, oritor -o-, iiilo io y	Jui	MAGDIC HICUIII				13	1	J=, UUU.

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16	6,043.
Credits	17	Amount from Schedule 2, lin	те 3					17	
	18	Add lines 16 and 17						18	6,043.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	те 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22	6,043.
	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	6,043.
<b>Payments</b>	25	Federal income tax withheld	from:						
	а	Form(s) W-2				<b>25a</b> 12	2,916.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	12,916.
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)				27			
attach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	otal payments				33	12,916.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	. This is the amou	nt you <b>overpaid</b>		34	6,873.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗆	35a	6,873.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5	0 6 1 9	6 7 4	8   5				
	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 i	_	-		38			
Third Party		you want to allow another							
Designee		•	•				Complete	below.	<b>X</b> No
	De	Designee's				sonal identi	ification		
		me		no.			nber (PIN)		
Sign		der penalties of perjury, I declare t							
Here	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all i								, ,
	Yo	ur signature	Date	Your occupation			nt you an Identity IN, enter it here		
Joint return?					SOFTWARE DEVELOPER				, σσ.
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date Spouse's occupation				e IRS se	nt your spouse an
Keep a copy for your records.				HOME MAKE		Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (669) 252-658	6	Email address	NAVEENREDDY	BANKA@GMAIL.C	OM		
	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	-	Check if:
Property	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/21/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no.	(678) 965-9522
Use Only	Fir		Y CT E BRU	NSWICK N	J 08816		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

Department of the Treasury Internal Revenue Service

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

NAVEEN KUMAR REDDY BANKA & SRISINYA JANAGAM

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

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

١.		Sequence No. <b>01</b>
	Your soc	ial security number
	792-19	-6467

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	-12,182.
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		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_				
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			10 100
	1040, 1040-SR, or 1040-NR, line 8		10	-12 <b>,</b> 182.

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.

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

Your social security number

NAVE	EN KUMAR REDDY BANKA & SRISINYA JANAGAN	M					792-	19-6467	7
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C. See	instru	ctions. If you a	re an inc	dividual, rep	oort farm
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							Ү	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	ode	e)						
Α	40-122, NEHRU NAGAR JAGATHGIRIGUTTA HYI	DERAE	BAD, TEI	ANGAI	NA I	N 500037			
В	,		•						
С									
1b	Type of Property 2 For each rental real estate prope	erty list	ted		Fa	ir Rental	Perso	nal Use	2
	(from list below) above, report the number of fair	rental	and			Days		ays	QJV
Α	personal use days. Check the Q	JV box	x only	Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	3.	С					
Tvpe	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (descr	ibe)		
			,.						
						Properti	es:		
Incon				Α		В			С
3	Rents received	3		6	54.				
4_	Royalties received	4							
Expe		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		0 4	F 1				
7	Cleaning and maintenance	7		2,4	51.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		0 6	00				
11	Management fees	11		2,6	02.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		2 7	0.0				
14	Repairs	14			98.				
15	Supplies	15 16		2,0	55.				
16 17	Taxes	17		2,9	30				
18	Depreciation expense or depletion	18		۷, ۶	30.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		12,8	3.6				
	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		12,0	50.				
21	result is a (loss), see instructions to find out if you must								
	file <b>Form 6198</b>	21	_	-12 <b>,</b> 1	82.				
22	Deductible rental real estate loss after limitation, if any,								
	on <b>Form 8582</b> (see instructions)	22	(	12,18	32 )	(		)(	
23a	Total of all amounts reported on line 3 for all rental prope				23a	1	654.	//	
b	Total of all amounts reported on line 4 for all royalty prop				23b		0011		
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				
e	Total of all amounts reported on line 20 for all properties				23e	12	,836.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>						. 24		
25	Losses. Add royalty losses from line 21 and rental real estati		•		 nter t∩	tal losses here		_	12,182.
26	Total rental real estate and royalty income or (loss).								,
_0	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 10/0) line 5. Otherwise include this as						06		_12 182