## 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

	5				
Submi	ssion Identification Number (SID)				
Taxpaye	er's name	Social securi	ty numl	ber	
SOWN	MITH REDDY GADDAM	190-08	-725	1	
Spouse'	s name	Spouse's soo			r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (En	ıter year you a	re au	thorizina	1
	whole dollars only on lines 1 through 5.	iter year you a	i e au	uionzing.	· <i>)</i>
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	70	,969.
2	Total tax		2		,875.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,268.
4	Amount you want refunded to you		4		,393.
5	Amount you owe		5		
Part	Taxpayer Declaration and Signature Authorization (Be sure you get an	d keep a cop	y of y	our retu	rn)
my know return ( to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I a original or amended) I am now authorizing. I consent to allow my intermediate service provider, transfer my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the oinitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is so days prior to the payment (settlement) date. I also authorize the financial institutions involved in or receive confidential information necessary to answer inquiries and resolve issues related to that identification number (PIN) below is my signature for the income tax return (original or amended)	bove are the aminismitter, or electron rejection of the tree U.S. Treasury a indicated in the treatment to debit the mate the authorizate quests must be the processing of the payment. I furnismitter, or electron and the processing of the payment. I furnismitter, or electron and the processing of the payment. I furnismitter, or electron and the processing of the payment. I furnismitter, or electron and the processing of the payment.	ounts from the country ation. The country ation. The country ation at the country ation at the country ation at the country ation.	from the inc turn original ssion, (b) the designated paration soft to this according To revoke ( ved no late dectronic paraticknowledge	come tax tor (ERO) ne reason Financial ftware for bunt. This cancel) a er than 2 ayment of that the
	nic Funds Withdrawal Consent.  yer's PIN: check one box only				
X		ate my PIN	7 2	2 5 1	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN melbelow.				
Your s	ignature ► Sowmith reddy Date ►	01/20/2024			
Snous	se's PIN: check one box only				
Орошо	I authorize to enter or genera	ate my PINI			as my
	ERO firm name	_	ter five	digits, but	asiny
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I an if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methods.				
Spous	e's signature ▶ Date ▶	•			
	Practitioner PIN Method Returns Only—continue belo	ow			
Part	Certification and Authentication — Practitioner PIN Method Only				
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9  Don't ent	6 0	8 2 7	1
Loortifi	y that the above numeric entry is my DIN, which is my signature for the electronic individual incom				I am now
authoriz	with the above numeric entry is my PIN, which is my signature for the electronic individual income zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Pince Pi	bmitting this retu	ırn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested T				

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



<b>£1040</b>		artment of the Treasury-Internal Revenue Serv  S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.	
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20		See se	parate	instructions.	
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number	
SOWMITH	RED	DY	GADD	MAC							190	08	7251	
		s first name and middle initial	Last na										security numbe	
	(											<u> </u>		
		er and street). If you have a P.O. box, see STORM AVENUE	nstructio	ons.				-	Apt. no.	- 1			ection Campaigı /ou, or your	
		ice. If you have a foreign address, also co	omplete s	paces bel	low.	Sta	te	ZIP o	ode				jointly, want \$3	
TAMPA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FI		336			•		nd. Checking a	
Foreign countr	v name			Foreian pr	rovince/state/				n postal c		box bei your tax		not change and	
· · · · · · · · · · · · · · · · · · ·	,			gp-			-,		,		you. tu	Yo		
Filing Status	s 🗵	Single					Head of h	ouseh	old (HOI	<del>-</del> 1)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	u che	ecked the HOH	or Q	SS box,	enter	the chi	ild's na	me if the	
	qu	alifying person is a child but not you	ur deper	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	ment for prope	rty or	services	); or (	b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	et (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	ee instru	ction	s.)	□ Ye	es 🗵 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind <b>Sp</b>	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4	) Check t	he bo	ox if qualifies for (see instruction			
If more	(1) F	First name Last name			number		to you		Child t	ax cre	edit	Credit fo	or other dependents	
than four														
dependents, see instruction	۰													
and check	·													
here														
Income	1a	Total amount from Form(s) W-2, b	`		,						1a	_	82,217.	
Attach Form(s)	b	Household employee wages not re	•		` '						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 t								1e	_			
was withheld.	f	Employer-provided adoption bene	efits from	n Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									<b>1</b> g			
get a Form W-2, see	h	Other earned income (see instruct						· ·			1h		0.	
instructions.	i	Nontaxable combat pay election (	see instr	ructions)			<u>1</u> i						00 01 7	
	<u>z</u>	Add lines 1a through 1h	· ; ·		· · ·						1z	_	82,217.	
Attach Sch. B	2a	. –	2a				axable interes				2b	_		
if required.	3a_		3a				ordinary divide				3b	_		
Standard	4a	<del>-</del>	4a				axable amoun				4b	_		
Deduction for—	5a		5a				axable amoun				5b	_		
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	7			
jointly or Qualifying	8	Additional income from Schedule	-								8		-11,248.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		70,969.	
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		70,969.	
If you checked	12	Standard deduction or itemized									12		13,850.	
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		13,850.	
	15	Subtract line 1/1 tram line 11 If zon	ro or loc	contor	II Ibic ic v	1011F #	ravabla incom	••			1 45	. 1	5/170	

Form 1040 (202)	3)								Page Z		
Tax and	16	Tax (see instructions). Check if any	from Form(s):	<b>1</b> 8814	<b>2</b> 4972	з 🗌		16	7 <b>,</b> 875.		
Credits	17	Amount from Schedule 2, line 3						17			
	18	Add lines 16 and 17	18	7 <b>,</b> 875.							
	19	Child tax credit or credit for other	dependents fro	om Schedu	ıle 8812			19			
	20	Amount from Schedule 3, line 8						20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18. If zer	ro or less, ente	er -0				22	7,875.		
	23	Other taxes, including self-employ	yment tax, from	n Schedule	2, line 21			23	0.		
	24	Add lines 22 and 23. This is your t	total tax .					24	7,875.		
<b>Payments</b>	25	Federal income tax withheld from:	:								
-	а	Form(s) W-2				<b>25a</b> 11	,268.				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions) .				25c					
	d	Add lines 25a through 25c						25d	11,268.		
If you have a	26	2023 estimated tax payments and	d amount applie	ed from 20	22 return			26			
qualifying child,	27	Earned income credit (EIC)			No .	27					
attach Sch. EIC.	28	Additional child tax credit from Sch	edule 8812			28					
	29	American opportunity credit from	Form 8863, lin	e8		29					
	30	Reserved for future use				30					
	31	Amount from Schedule 3, line 15				31					
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	33	Add lines 25d, 26, and 32. These a	are your <b>total</b> į	payments				33	11,268.		
Refund	34	If line 33 is more than line 24, subt	tract line 24 fro	m line 33.	This is the amour	t you <b>overpaid</b>		34	3,393.		
	35a	Amount of line 34 you want refund	ded to you. If	Form 8888	is attached, chec	k here		35a	3,393.		
Direct deposit?	b	Routing number 1 2 4 0				Checking X	Savings				
See instructions.	d	Account number 3 2 0 0 2	2 2 7 0	7 8 2	! 8						
	36	Amount of line 34 you want applie	ed to your 202	4 estimate	d tax	36					
Amount You Owe	37	Subtract line 33 from line 24. This For details on how to pay, go to w			see instructions			37			
	38	Estimated tax penalty (see instruction				38		0,			
Third Party Designee	Do	you want to allow another persecutions	on to discuss	this retur	n with the IRS?	See	omplete l	nelow	⊠ No		
Designee		signee's		Phone			onal identi		<u></u>		
		me		no.			ber (PIN)				
Sign Here		der penalties of perjury, I declare that I ha lief, they are true, correct, and complete. I			, , ,		,		, ,		
Here	Yo	ur signature	Dat	Date Your occupation					If the IRS sent you an Identity		
								ection P inst.)	IN, enter it here		
Joint return? See instructions.					SOFTWARE E			<u> </u>			
Keep a copy for your records.		ouse's signature. If a joint return, <b>both</b> m	nust sign. Dat	te	Spouse's occupation	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)				
	Ph	one no. (571) 358-2784	Em	ail address	SOWMITHREDD	Y25@GMAIL.CO	OM				
Daid	Pre	eparer's name Prepa	arer's signature			Date	PTIN		Check if:		
Paid	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM SYAN	M PRIYA RAM	SAGAR	GUPTA TALLAM	01/21/2024	P0208	2703	Self-employed		
Preparer	Fir	m's name GLOBAL TAXES	LLC				Phor	ne no. (678) 965-9522			
Use Only	Fir	m's address 245 ROONEY CT	E BRUNS	WICK NO	08816		Firm	's EIN	84-3171965		
<u> </u>	/=	4040 ( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							- 1040		

# 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

SOWMITH REDDY GADDAM

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.

on.		Sequence No. <b>01</b>
	Your soc	al security number
	190-08	-7251

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. Atta		5	-11,248.
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	<b>8d</b> (	)	
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 (	<u>)</u>	
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	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-11,248.

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.

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

OMB No. 1545-0074

SOW	MITH REDDY GADDAM						190-0	8-7251	-
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rtv. use		<b>C</b> . See	instru	ctions. If you a	are an indi	vidual, rep	oort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	see ins	structions .		. <u> </u>	es 🗵 No
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZII								
Α	F.NO:G9, AKRUTHI SRINIVASAM NIZAMPET, BA	ΔΤ.Δ.ΤΤ	NAGAF	HYDI	ZRAR	AD. TELANO	GANA TI	J.	
В	1.10.03/IMMOIIII BRINIVIIBINI NIZIMIBI/BI	1111101	14710711	( 1111)	11(11)	110 / 11111111	5711171 11		
C									
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair	rental a	and	Fair Rental Days			Persor Da	QJV	
Α	personal use days. Check the Q					365		0	
В	if you meet the requirements to qualified joint venture. See instru			В					
С	qualified joint venture. See instite	dottorio	•	С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		6	52.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,9	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			51.				
15	Supplies	15		1,7	63.				
16	Taxes	16							
17	Utilities	17		1,6	89.				
18	Depreciation expense or depletion	18							
19	Other (list)	19			0.0				
20	Total expenses. Add lines 5 through 19	20		11,9	00.				
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	-	-11 <b>,</b> 2	48.				
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22	(	11,24	8.)	(	)	(	)
<b>23</b> a	Total of all amounts reported on line 3 for all rental prope	erties			23a		652.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			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				
е	Total of all amounts reported on line 20 for all properties				23e	11	L,900.		
24	Income. Add positive amounts shown on line 21. Do no		•				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	e 22. Ei	nter to	tal losses her	re <b>25</b>	(	11,248.
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						on . <b>26</b>		-11,248.