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	/ number	
ARITESH REDDY TUMMALA	784-49-	9155	
Spouse's name	Spouse's socia	al security number	
SNEHA CHAMAKURA	880-13-	-9727	
	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.	I		
1 Adjusted gross income	+	1 95,1 2 7,6	
 Total tax	+		551.
4 Amount you want refunded to you	+		765.
5 Amount you owe	+	5	<u> 114.</u>
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a copy	-	
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amendemy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for r for 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 by the individual in the payment of the payment 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 repulsioness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate the firm of 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 if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	ove are the amo smitter, or electron ejection of the tra U.S. Treasury an indicated in the taution to debit the atte the authorizated the processing of a payment. I furth am now authorizate my PIN The my PIN The my PIN The mow authorizate mow authoriz	unts from the incornic return originator ansmission, (b) the rid its designated Finx preparation softwater the lectronic paymer acknowledge the ring and, if applicable of the designation of the right of the lectronic paymer acknowledge the ring and, if applicable of the right o	me tax (ERO) reason nancial are for nt. This ncel) a than 2 nent of nat the ole, my as my
Date Date			
Spouse's PIN: check one box only			
X authorize GLOBAL TAXES LLC to enter or generate	e my PIN 3	9 7 2 7 a	as my
ERO firm name		er five digits, but 't enter all zeros	
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			c only
if you are entering your own PIN and your return is filed using the Practitioner PIN me below.	thod. The ERO	must complete F	'art III
Spouse's signature ▶ Date ▶			
Practitioner PIN Method Returns Only—continue belo	w		
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 2 4 9 6 Don't ente		1
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 subtrequirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of	omitting this retur	n in accordance w	n now ith the

ERO's signature ▶

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Date ▶

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

20**23** OMB No. 1545-0074

						01112 1101 1010		, 50		o or orapio iii tino opaco.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20	See	sepa	rate instructions.
Your first name	and m	iddle initial	Last na	ame				You	r soci	al security number
ARITESH	REDI	DY	TUM	MALA				78	34	49 9155
If joint return, s	pouse's	s first name and middle initial	Last na	ame				Spor	use's	social security number
SNEHA			CHAI	MAKURA				88	0	13 9727
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.			Apt. no.	Pres	ident	ial Election Campaign
-		BER PASS								re if you, or your
City, town, or post office. If you have a foreign address, also co				spaces below.	Sta	te	ZIP code		filing jointly, want \$3 nis fund. Checking a	
VERONA					WI		53593	box	belov	v will not change
Foreign country	y name			Foreign province/state/o	count	У	Foreign postal co	de your	tax c	or refund. You Spouse
		1 0: 1					1 11/11011			rou spouse
Filing Status Single Head of household (ousehold (HOH)						
Check only		Married filing jointly (even if only or Married filing separately (MFS)	ne nau	income)		Ouglifying	surviving spous	oo (000	١	
one box.	L If √	ou checked the MFS box, enter the	nama	of vour spouse. If you	ı che					's name if the
		alifying person is a child but not you			2 0110	onca the Hor	TOT QUO DOX, C	intor the	Cilia	3 name ii tiic
Digital		ny time during 2023, did you: (a) rece					-			☐ Yes
Assets		nange, or otherwise dispose of a digi					et)? (See Instruc	tions.)		∐ Yes ⊠ No
Standard Deduction	_	neone can claim:		· ·		a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	u were a duar-status a	anen					
Age/Blindness	s You	: Were born before January 2, 1	959 [Are blind Spo	ouse	: Was bor	n before Janua	ry 2, 195	59	Is blind
Dependent	s (see	instructions):		(2) Social security	,	(3) Relationsh	iib İ.,			es for (see instructions):
If more	(1) F	irst name Last name		number		to you	Child ta	x credit	- Cr	redit for other dependents
than four dependents,									+	
see instruction	s								+	
and check	, —							<u> </u>	+	
here L	10	Total amount from Form(a) W/ 2 h	ov 1 /ov	a instructions)			L		40	102 650
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•	•					1a 1b	103,650.
Attach Form(s)	C	Tip income not reported on line 1a	-					.	1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						:	1d	
W-2G and	e	Taxable dependent care benefits f		()					1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene		·					1f	
If you did not	g	Wages from Form 8919, line 6 .							1g	
get a Form W-2, see	h	Other earned income (see instructi	ions)					. [1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		1i				
	z	Add lines 1a through 1h							1z	103,650.
Attach Sch. B	2 a	Tax-exempt interest	2a		b Ta	axable interest	t	.	2b	
if required.	3a	-	3a			rdinary divider			3b	
Standard	4a		4a			axable amoun		.	4b	
Deduction for—	5a		5a			axable amoun			5b	
Single or Married filing	6a	,	6a			axable amoun	t	i l	6b	
separately, \$13,850	C 7	If you elect to use the lump-sum e			•	•		H	7	
Married filing	7	Capital gain or (loss). Attach Schedule:						⊔ ⊦	7	-8,550.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						.	9	95,100.
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		=				.	10	JO, 100.
Head of household,	11	Subtract line 10 from line 9. This is						_	11	95,100.
\$20,800	12	Standard deduction or itemized	-	-				:	12	27,700.
If you checked any box under	13	Qualified business income deducti				5-A		.	13	= 1 , 1 3 3 .
Standard Deduction,	14	Add lines 12 and 13						.	14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -0 This is y	our t	axable incom	ne	.	15	67,400.

Form 1040 (2023	3)						Page
Tax and	16	Tax (see instructions). Check if any from Forn	n(s): 1 🗌 881	4 2 🗌 4972 3 🗌]	. 16	7,651.
Credits	17	Amount from Schedule 2, line 3				. 17	
	18	Add lines 16 and 17				. 18	7,651.
	19	Child tax credit or credit for other depender	nts from Sched	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 zero or less,	enter -0			. 22	7,651
	23	Other taxes, including self-employment tax,	from Schedule	2, line 21		. 23	0.
	24	Add lines 22 and 23. This is your total tax				. 24	7,651
ayments	25	Federal income tax withheld from:					
	а	Form(s) W-2		25	a 8,7	65.	
	b	Form(s) 1099		25	b		
	С	Other forms (see instructions)		25	С		
	d	Add lines 25a through 25c				. 25d	8,765
ou have a	26	2023 estimated tax payments and amount a	applied from 20	22 return		. 26	
alifying child, ach Sch. EIC. _T	27	Earned income credit (EIC)		No . 27	7		
acii Scii. Eic.	28	Additional child tax credit from Schedule 881	2	28	3		
	29	American opportunity credit from Form 886	3, line 8	29)		
	30	Reserved for future use		30)		
	31	Amount from Schedule 3, line 15		31	1		
	32	Add lines 27, 28, 29, and 31. These are you	r total other pa	yments and refunda	ble credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments			. 33	8 , 765.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amount yo	u overpaid .	. 34	1,114.
	35a	Amount of line 34 you want refunded to yo		is attached, check he	ere	☐ 35a	1,114.
irect deposit?	b	Routing number 1 1 1 1 0 0 0 0		c Type: X Che	ecking 🗌 Sav	ings	
ee instructions.	d	Account number 4 8 8 0 5 4 0	3 4 5 3	3 4			
	36	Amount of line 34 you want applied to your	2024 estimate	d tax 36	6		
Amount You Owe	37	Subtract line 33 from line 24. This is the am For details on how to pay, go to <i>www.irs.go</i>		saa instructions		. 37	
ou Owe	38		-	1	 . i	. 31	
hird Party		Estimated tax penalty (see instructions) . you want to allow another person to dis					
esignee		structions			Yes. Comp	olete below.	⋉ No
	De na	signee's	Phone no.		Personal number (identification	
Sign	Un	der penalties of perjury, I declare that I have examine	ed this return and		and statements, ar	nd to the best	
Here	be	ief, they are true, correct, and complete. Declaration	1 ,		on all information of		, ,
	Yo	ur signature	Date	Your occupation		If the IRS se	nt you an Identity

Joint return? See instructions. Keep a copy for	Your signature	Date	IT PROFESSIONAL	Protection PIN, enter it here (see inst.)
	Spouse'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
your records.			HOME MAKER	(see inst.)
	Phone no. (704) 488-6496	Email address	ARITESHT@GMAIL.COM	

Paid Preparer Use Only

Preparer's signature Preparer's name Self-employed 02/04/2024 P02082703 SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM Phone no. (678) 965-9522 GLOBAL TAXES LLC Firm's name 245 ROONEY CT E BRUNSWICK NJ 08816 84-3171965 Firm's address Firm's EIN

Date

REV 01/27/24 PRO

PTIN

Check if:

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment Sequence No. 01

Your social security number

784-49-9155

Department of the Treasury Internal Revenue Service

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

ARITESH REDDY TUMMALA & SNEHA CHAMAKURA

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

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

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	-8,550.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss		
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555		
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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		

.

Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

8m

8n

80

8p

8q

8r

8s

8t

8u

8z

For Paperwork Reduction Act Notice, see your tax return instructions.

n Section 951(a) inclusion (see instructions)

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

Section 951A(a) inclusion (see instructions)

p Section 461(I) excess business loss adjustment

q Taxable distributions from an ABLE account (see instructions) . . .

Scholarship and fellowship grants not reported on Form W-2 . . .

Schedule 1 (Form 1040) 2023

-8,550.

9

10

Schedule 1 (Form 1040) 2023 Page **2**

Part	Adjustments to Income		
11	Educator expenses	. 1	1
12	Certain business expenses of reservists, performing artists, and fee-basis government	ent	
	officials. Attach Form 2106		2
13	Health savings account deduction. Attach Form 8889	. 1	3
14	Moving expenses for members of the Armed Forces. Attach Form 3903	. 1	4
15	Deductible part of self-employment tax. Attach Schedule SE	. 1	5
16	Self-employed SEP, SIMPLE, and qualified plans	. 10	6
17	Self-employed health insurance deduction	. 1	7
18	Penalty on early withdrawal of savings	. 1	8
	Alimony paid)a
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		
21	Student loan interest deduction		
22	Reserved for future use		
23	Archer MSA deduction	. 2	3
24	Other adjustments:		
	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m		
	Reforestation amortization and expenses		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974		
f	Contributions to section 501(c)(18)(D) pension plans		
-	Contributions by certain chaplains to section 403(b) plans		
_	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)		
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		
	tax law violations		
i	Housing deduction from Form 2555		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)		
Z	Other adjustments. List type and amount:		
	24z		
25	Total other adjustments. Add lines 24a through 24z	. 2	5
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and	on 🗌	
	Form 1040, 1040-SR, or 1040-NR, line 10	. 2	6

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Department of the Treasury Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074 Attachment Sequence No. 09

Internal Revenue Service

Name of proprietor Social security number (SSN) SNEHA CHAMAKURA 880-13-9727 Α Principal business or profession, including product or service (see instructions) B Enter code from instructions SOFTWARE SERVICES 5 1 9 2 0 С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) SNEHA CHAMAKURA Business address (including suite or room no.) 828 OLD TIMBER PASS Ε VERONA, WI 53593 City, town or post office, state, and ZIP code F (3) Other (specify) Accounting method: (1) X Cash (2) Accrual Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . 🗵 Yes G н X No Part I Income 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 42,339. Form W-2 and the "Statutory employee" box on that form was checked 1 2 2 42,339. 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) . . 4 42,339. 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6 42,339 Gross income. Add lines 5 and 6 7 **Expenses.** Enter expenses for business use of your home **only** on line 30. Part II 18 8 Advertising Office expense (see instructions) . Pension and profit-sharing plans . 19 19 9 Car and truck expenses (see instructions) . . . 9 8,169. 20 Rent or lease (see instructions): 0. 10 10 Commissions and fees . а Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion 12 21 Repairs and maintenance . 21 13 Depreciation and section 179 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses 242. included in Part III) (see 24 13 Travel and meals: instructions) а Travel 24a 14 Employee benefit programs 3,978. (other than on line 19) 14 b Deductible meals (see instructions) 24b 6,384. 15 25 25 15 Insurance (other than health) Utilities 16 Interest (see instructions): 26 Wages (less employment credits) 26 16,600. 14,536. Mortgage (paid to banks, etc.) 16a 27a Other expenses (from line 48) . . 27a а b Other 16b Energy efficient commercial bldgs 980. 17 Legal and professional services 17 deduction (attach Form 7205). 27b 50,889. 28 Total expenses before expenses for business use of home. Add lines 8 through 27b 28 -8,550. 29 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. 31 -8,550.• If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule 32a X All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedule C (Form 1040) 2023

Part	Cost of Goods Soid (see instructions)			
33	Method(s) used to			
	value closing inventory: a \square Cost b \square Lower of cost or market c \square Other (at		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invent If "Yes," attach explanation	•	. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	·	r trucl		
	See Addition	al Ve	hicle Infor	mation
43	When did you place your vehicle in service for business purposes? (month/day/year)		micle imior	illa CIOII
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used you	r vehicle	e for:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	☐ No
47a	Do you have evidence to support your deduction?		Yes	☐ No
b	If "Yes," is the evidence written?		Yes	☐ No
Part	If "Yes," is the evidence written?	27b,	or line 30.	
	K OFFICE EXPENSES			14,536.
				11,000.
48	Total other expenses. Enter here and on line 27a	48		14 536

Additional Information From 2023 Federal Tax Return

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Line 25

Itemization Statement

Description	Amount
INTERNET (67*12)	804.
PHONE BILL (110*12)	1,320.
ELECTRICITY (130*12)	1,560.
WATER(100*12)	1,200.
GAS(125*12)	1,500.
Total	6,384.

Schedule C (SOFTWARE SERVICES): Profit or Loss from Business Additional Vehicle Info

Continuation Statement

Date Placed in Service	Business Miles	Other Miles	r Miles Available for Off Other Vehicle Available?		Evidence to Support Dedn?
02/01/2022	8,951	1,169	Yes	No	No
12/01/2022	3,521	1,458	Yes	No	No