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

internal nevertue service							
Submission Identification Number (SID)							
Taxpayer's name	Social secur	ity numb	er				
HARSHITHA CHITTURI	637-87	637-87-4441					
Spouse's name	Spouse's so	cial secu	rity numbe	r			
	(F)						
	(Enter year you	are aut	horizing	J -)			
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		11	72	2,060.			
2 Total tax		2		3,117.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		1,094.			
4 Amount you want refunded to you		4		5,977.			
5 Amount you owe		5					
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	t and keep a cop	y of y	our retu	ırn)			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellated business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the income tax return (original or amendated to the payment for the payment for the income tax return (original or amendated to the payment for the payment for the income tax return (original or amendated the payment for the payment	n for rejection of the five the U.S. Treasury about indicated in the institution to debit the reminate the authorization requests must be do in the processing of the payment. I full	ransmis and its deax prepare entry to attion. The received the electher action and the electric action action and the electric action a	sion, (b) to esignated aration so this accorevoke red no late according part of the control of t	the reason of Financial of Financial of Financial of Financial of Financial (cancel) attention of Financial o			
Taxpayer's PIN: check one box only							
	nerate my PIN $\frac{17}{2}$	4 4	4 1	as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř Ei		digits, but all zeros	aomy			
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below. Your signature Da							
On any als DIN should any househouse			•	•			
Spouse's PIN: check one box only	. 50						
to enter or ge ERO firm name	nerate my PIN	tor five o	ligits, but	as my			
signature on the income tax return (original or amended) I am now authorizing.			all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.							
	ate ►						
Practitioner PIN Method Returns Only—continue	below						
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 0	8 2 5	7 1			
		ter all ze	ros				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Provided in the Pub.	m submitting this ret	urn in a	ccordance				
ERO's signature ▶ Da	ate ►						
ERO Must Retain This Form — See Instruction	ons						
Don't Submit This Form to the IRS Unless Requeste							

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



1040	•	artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space	ce.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See ser	oarate i	instructions.	
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity number	r
HARSHITI	AF		CHIT	TURI							637	87	4441	
		s first name and middle initial	Last na										security num	nbei
											847	09	0664	
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside		ection Campa	aign
13535 L	YNDH	UTSST						1	8107				ou, or your	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c	ode			0.	jointly, want	
AUSTIN						TX	ζ	787	17		•		nd. Checking not change	jа
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	ın postal c		your tax		ınd.	ouse
Filing Status		Single					Head of h	ouseh	old (HOH					
_	, _	Married filing jointly (even if only o	ne had i	ncome)			ricad or ii	ousen	010 (1101	',				
Check only one box.	×	Married filing separately (MFS)	no naa n				☐ Qualifying	surviv	ina spoi	use ((OSS)			
one box.		you checked the MFS box, enter the	name c	of vour sc	oouse. If voi	ı che	, ,		• .	•	,	ld's na	me if the	
		ualifying person is a child but not you			-				,					
										\	7- \ 11			
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig						-					es 🗵 No	
Standard	Son	neone can claim:	pendent	t 🔲 '	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Rlindnes	s Vou	: Were born before January 2, 1	959 F	Are bli	ind Snc	ouse	: Was bo	n hefa	re Janus	arv 2	1959		s blind	
Dependent	_			Ī	•			14					see instructio	ons):
-		ee instructions): (2) Social security (3) Relationship (4) (1) (b) First name (c) Last name (d) (1)		Child t		1		r other depend						
If more than four	、,												$\overline{}$	
dependents,														
see instruction and check	s —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruct	tions) .						1a		80,295	5.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								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 f	le dependent care benefits from Form 2441, line 26						1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, 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 instruct	,								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						00 001	_
	<u>z</u>	Add lines 1a through 1h			· · · i						1z		80,295 173	
Attach Sch. B if required.	2a		2a				axable interes				2b		1/3	٠.
	3a_		3a				rdinary divide				3b			
Standard	4a 5a	-	4a 5a				axable amoun axable amoun				4b 5b			
Deduction for—			6a				axable amoun				6b			
Single or Married filing	6a c	Social security benefits Left fyou elect to use the lump-sum e		method 4	check here			٠		· ·	1 00			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,			.	7			
Married filing	8	Additional income from Schedule		•	•						8		-8,408	 8
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		72,060	
surviving spouse, \$27,700	10	Adjustments to income from Sche		•							10			_
Head of household,	11	Subtract line 10 from line 9. This is									11		72,060) .
\$20,800	12	Standard deduction or itemized	-	-	_						12		13,850	
If you checked any box under	13	Qualified business income deduct				-					13			<u>- · · </u>
Standard Deduction,	14										14		13,850	J.
see instructions.	15	Subtract line 1/1 from line 11. If zer									15		58 210	

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,117.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	8,117.
	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	B. If zero or less,	enter -0				22	8,117.
	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 total tax					24	8,117.
Payments	25	Federal income tax withheld	I from:						
-	а	Form(s) W-2				25a 14	1,094		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	14,094.
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			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, 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 refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,094.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	t you overpaid		34	5,977.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here		35a	5,977.
Direct deposit?	b	Routing number 0 8 2			,	Checking	Savings		
See instructions.	d	Account number 4 8 7	0 0 4 6	9 2 1 8	3 9				
	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	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee		,	•			_	omplete	below.	⋉ No
		esignee's		Phone			onal iden	tification	
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,		,		,
Here		our signature	,	Date	Your occupation				nt you an Identity
	10	our signature		Date	rour occupation				PIN, enter it here
Joint return?					SYSTEM ENG	INEER		e inst.)	
See instructions.		Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					nt your spouse an
Keep a copy for your records.							Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (479)367-019	0	Email address	HARSHICHITTU	RI9@GMAIL.C	MC		
Paid	Pr	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/22/2024	P0208	32703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Pho	one no. ((678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fire	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

9

10

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

Name	ır social	l security number		
HARS	CHITHA CHITTURI	63	7-87-4	4441
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		. 1	
2a	Alimony received		ı	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C			
4	Other gains or (losses). Attach Form 4797	. 4		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Sche	dule E	. 5	-8,408.
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			
į	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
p	Section 461(I) excess business loss adjustment		-	
q r	Scholarship and fellowship grants not reported on Form W-2 8r		-	
	Nontaxable amount of Medicaid waiver payments included on Form			
3	1040, line 1a or 1d			
t	Pension or annuity from a nonqualifed deferred compensation plan or			
•	a nongovernmental section 457 plan 8t			
u	Wages earned while incarcerated 8u			
	Other income. List type and amount:			
_	8z			

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

-8,408.

9

10

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 1 (Form 1040) 2023

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.

Your social security number

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

OMB No. 1545-0074

HAR	SHITHA CHITTURI						637-8	7-4441	
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	are an indiv	vidual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file F	=orm(s) 1	0002 5	Soo inc	tructions		□ V _C	s X No
	f "Yes," did you or will you file required Form(s) 1099?								
				• •	· ·				
1a	Physical address of each property (street, city, state, ZIF								
Α	D.NO:12-160, MUKTYALA ROAD JAGGAYYAPETA	AND:	HRA PR	PADES	H IN	521175			
В									
С					ı		ı		
1b	Type of Property 2 For each rental real estate proper			Fair Rental			Person		QJV
	(from list below) above, report the number of fair in personal use days. Check the Qu		Lanca and Lanca		Days	Days			
A	gersonal use days. Check the Queries if you meet the requirements to fi			A		312		0	
B C	qualified joint venture. See instru			B C					
	of Duomouthy			C					
	of Property: Single Family Residence 3 Vacation/Short-Term Rent	to!	5 Land	ı	7	Self-Rental			
	Multi-Family Residence 4 Commercial	lai	6 Roya				ribo)		
	Widiti-Family Residence 4 Commercial		о поуа	lities	0	Other (desc	nbe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		5	84.				
4	Royalties received	4							
Expe		_							
5	Advertising	5							
6	Auto and travel (see instructions)	6		1 0	0.0				
7	Cleaning and maintenance	7		1,2	20.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		0	0.5				
11 12	Management fees	12		9	85.				
13	Other interest	13							
14	Repairs	14		2,1	24				
15	Supplies	15			69.				
16	Taxes	16		2,0	0,5				
17	Utilities	17		1,9	94.				
18	Depreciation expense or depletion	18		, -					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		8,9	92.				
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		-8,4	08.				
22	Deductible rental real estate loss after limitation, if any,				Ţ				
	on Form 8582 (see instructions)	22 (8,40	8.)	()	(
23a	Total of all amounts reported on line 3 for all rental proper				23a		584.		
b	Total of all amounts reported on line 4 for all royalty properties				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	3	3,992.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	/	0.400
25	Losses. Add royalty losses from line 21 and rental real estate							(8,408.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on 26		-8.408