## 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 n	levellue del vice									
Submis	ssion Identification Number (SID)									
Taxpayer	r's name		Social se	curity nun	nber					
PRAB	BODHAN BONALA		795-95-6433							
Spouse's	s name		Spouse's social security number							
Part	Tax Return Information — Tax Year Ending December 31, 20	23 (Ente	r vear vo	II are al	ıthori	izina )				
	whole dollars only on lines 1 through 5.	Z3 (LIILG	year ye	u ale al	atriori	zirig.)				
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.									
	Adjusted gross income			. 1		89,	027.			
	Total tax					11,	846.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			. 3		14,	040.			
4	Amount you want refunded to you			. 4		2,	194.			
	Amount you owe			. 5						
Part I	Taxpayer Declaration and Signature Authorization (Be sure you	get and	keep a c	opy of	your	retur	n)			
to send for any of Agent to payment authorize payment business taxes to persona	original or amended) I am now authorizing. I consent to allow my intermediate service provimy return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or readelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorized in a ACH electronic funds withdrawal (direct debit) entry to the financial institution at of my federal taxes owed on this return and/or a payment of estimated tax, and the financiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers adays prior to the payment (settlement) date. I also authorize the financial institutions involved receive confidential information necessary to answer inquiries and resolve issues related it information number (PIN) below is my signature for the income tax return (original or an ancie Funds Withdrawal Consent.	ason for rejuorize the Unaccount indication institution terminate lelation required in the ped to t	ection of the section of the section of the section to debit the authousts must processing ayment. I	ne transm ry and its he tax pre the entry orization. to be rece g of the e	design design paration to this To revelved relectron acknown	, <b>(b)</b> the nated F on soft s accou voke (c no later nic pay vledge	e reason Financial ware for unt. This ancel) a r than 2 rment of that the			
	yer's PIN: check one box only									
X	-	generate	mv PIN	5 6	4 3	3	as my			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	gonorato	,	Enter five don't en			ac,			
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.									
Your si	ignature ▶	Date ▶ _								
Spouse	e's PIN: check one box only									
Ороца	I authorize to enter or	generate	my PIN				as my			
	ERO firm name	generate	IIIy I IIN	Enter five	e diaits	. but	as my			
	signature on the income tax return (original or amended) I am now authorizing.			don't en	er all z	eros				
	I will enter my PIN as my signature on the income tax return (original or amend if you are entering your own PIN <b>and</b> your return is filed using the Practitioner below.									
Spouse	e's signature ►	Date ►								
	Practitioner PIN Method Returns Only—contin	ue below	,							
Part II	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	2 4	9 6 0	8	2 7	1			
				enter all a	zeros					
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individuated to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Practice.	I am subm	nitting this	return in	accor	dance				
ERO's	signature >	Date ►								
	ERO Must Retain This Form — See Instru									
	Don't Submit This Form to the IRS Unless Reques		Do So							

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



<b>£1040</b>		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.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate	instructions.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	curity number
PRABODHA	AΝ		BONA	LA							795	95	6433
		s first name and middle initial	Last nar										security numbe
		er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	1			ection Campaigi
		RTHUR BLVD ice. If you have a foreign address, also co	mploto o	naasa hal	O.W.	Cto	+0	ZIP c	3098 ada				ou, or your jointly, want \$3
• • • •	ost om	ice. Il you have a foreigh address, also co	mpiete st	paces bei	ow.	Sta						_	nd. Checking a
IRVING Foreign country	v namo			Foroign pr	ovince/state/	TX		750	n postal c				not change
r oreign country	y mame			oreigii pi	Ovirice/state/	Couri	.y	I OFFIC	jii postai c	oue	your tax	Y	
Filing Status	s ×	Single					Head of h	ouseh	old (HOH	<del></del>			
Check only		Married filing jointly (even if only o	ne had ii	ncome)									
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)		
	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the
	qu	ualifying person is a child but not you	ır depen	dent:									
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services	); or (	b) sell,		
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (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	<u> </u>						
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind <b>Sp</b>	ouse	: Was bor	rn befo	ore Janua	ary 2,	, 1959		s blind
Dependent	s (see	instructions):		<b>(2)</b> S	Social security	urity (3) Relationship			(4) Check the be			fies for (	(see instructions)
If more	(1) F	irst name Last name		number to you		to you	Child tax		ax cre	edit	Credit fo	or other dependents	
than four													
dependents, see instruction	e ——												
and check	. —												
here													
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		99,000.
Attach Form(s)	b	Household employee wages not re	•								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									1e		
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	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	uctions)			<u>1</u> i						00 000
	<u>z</u>	Add lines 1a through 1h			<u>i</u>	 L =					1z		99,000.
Attach Sch. B if required.	2a	· —	2a				axable interes				2b		831.
	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	nothad	obook bar-		axable amoun	ι			6b		
separately, \$13,850	C 7	•	o use the lump-sum election method, check here (see instructions)							   <b> </b>			
Married filing	7	,		•						. ∟	7		-10,824.
jointly or Qualifying	8	Add lines 17 2h 3h 4h 5h 6h 7	•								9		89,027.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-									02,041.
Head of	10	Adjustments to income from Sche									10	_	90 027
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_						11 12		89,027.
If you checked any box under	12 13	Standard deduction or itemized  Qualified business income deduct				-	 5-Δ				13		13,850.
Standard	13						o-A				14		13,850.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer									14		75 177

Form 1040 (2023	3)									Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			. 16	11,846.
Credits	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	11,846.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lir	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					. 22	11,846.
	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	11,846.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	14	,04	0.	
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25d	14,040.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return				. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	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				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		. 32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					. 33	14,040.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		. 34	2,194.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, che	ck here		. [	35a	2,194.
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	<b>c</b> Type:	Check	king 🔲	Saving	gs	
See instructions.	d	Account number 4 4 4	0 1 7 8	0 9 9 (	0 2					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
You Owe		For details on how to pay, g	o to www.irs.gov	//Payments or	see instructions				. 37	
	38	Estimated tax penalty (see in	nstructions) .			38				
Third Party Designee		you want to allow another	•				☐ Yes. C	omple	te below.	X No
<b>D</b> 00.900	De	signee's		Phone		•	identification			
	name no. number (PI						N)			
Sign		der penalties of perjury, I declare the lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE	ENGI	IEER		see inst.)	
See instructions. Keep a copy for your records.	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.			Spouse's occupa	16	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (669)243-536	0	Email address	PRABODHAN					
Doid	Pre	eparer's name	Preparer's signat	ure		Date		PTIN		Check if:
Proporor	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA_TALLAM	01/3	31/2024	P02	082703	Self-employed
Preparer	Fire	m's name GLOBAL TA	XES LLC			F	Phone no. (678)965-9522			
Use Only								irm's EIN 84-3171965		

# 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

PRABODHAN BONALA

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.

	Sequence No. <b>01</b>
Your soc	ial security number
795-95	-6433

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	ach Schedule E .	5	-10,824.
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			
	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	4	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (	4	
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:	0_		
0	Total other income. Add lines to through to	8z		
9 10	Total other income. Add lines 8a through 8z		9	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on Form	10	-10,824.
	10-10, 10-10 OII, OI 10-10-1111, IIII O		l IO	10,024.

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-b					
	officials. Attach Form 2106				12	<u> </u>
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	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans				16	<u> </u>
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a	Alimony paid				19a	
b	Recipient's SSN					1
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					1
	· · · · · · · · · · · · · · · · · · ·	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					1
	• • • • • • • • • • • • • • • • • • • •	24c				
d	' ·	24d				1
е	Repayment of supplemental unemployment benefits under the Trade					
		24e				
f		24f			-	1
g	• • • • • • • • • • • • • • • • • • • •	24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	,	24h			-	1
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					
	<u></u>	24i			-	1
j	<u> </u>	24j			_	1
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	1414				
_	,	24k			-	
Z	Other adjustments. List type and amount:	24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				25	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	1011111010, 1040 011, 01 1040 1111, 11110 10	<u> </u>	· · ·	• •		

#### **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.

Attachment Sequence No. 13

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.

OMB No. 1545-0074

PRA	BODHAN BONALA						795-9	5-6433	ı
Par									
	Note: If you are in the business of renting personal proper	ty, use	Schedule	<b>c</b> . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
_	rental income or loss from Form 4835 on page 2, line 40.		<b>-</b> () 4						57 1
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. ∐ Ye	es U No
1a	Physical address of each property (street, city, state, ZIF	P code	<del>e</del> )						
Α	NEAR SAI BABA TEMPLE GHANPUR TELANGAN	IA IN	1 50634	<u> 1</u> 5					
В									
С									
1b	Type of Property 2 For each rental real estate prope	rty list	:ed		Fa	ir Rental	Person	nal Use	0.11/
	(from list below) above, report the number of fair	rental	and			Days	Da	ıys	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ICTIONS	i.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l	7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desci	ribe)		
lmaan				Α		Properti B	es:		С
Incor	Rents received	3		A 6	00.	В			
4		4		- 0	00.				
	Royalties received	4							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,1	50				
8	Commissions	8			<del>.</del>				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		8	10.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,7	84.				
15	Supplies	15		2,1					
16	Taxes	16							
17	Utilities	17		1,9	35.				
18	Depreciation expense or depletion	18		3,5	87.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		11,4	24.				
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	-	-10,8	24.				
22	Deductible rental real estate loss after limitation, if any,		[						
	on Form 8582 (see instructions)	22	(	10,82		(	)	(	
23a	Total of all amounts reported on line 3 for all rental prope				23a		600.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
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		,587.		
е	Total of all amounts reported on line 20 for all properties				23e	11	,424.		
24	Income. Add positive amounts shown on line 21. <b>Do not</b>		-			4-11 1	. 24	/	10 004
25	Losses. Add royalty losses from line 21 and rental real estate							(	10,824.
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 ar						. 26		-10,824.
				11					,