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

Submis	ssion Identification Number (SID)		·				
Taxpaye	rity number						
PRUT	'HVI RAJ KUNCHAM	1-0178					
Spouse's	sname	Spouse's soc	cial security number				
RINI	KARMAKAR	684-15	-2625				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re autl	norizing	.)		
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	83	,636.		
2	Total tax		2	6	7,271.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	,509.		
4	Amount you want refunded to you		4	6	,238.		
5	Amount you owe		5				
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y of yo	our retu	ırn)		
return (of to send for any Agent to payment authorize payment business taxes to personal	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 edlay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication in the financial institution account and in the financial institution accounts in the financial 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 asyspirior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the paying different payment.	tter, or electroction of the tr S. Treasury are cated in the tan to debit the the authorizatests must be processing of ayment. I furt	enic returnissend its de its d	urn origina sion, (b) the esignated aration so this accorrevoke or revoke ed no lat ctronic pa anowledge	ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the		
	yer's PIN: check one box only						
X		ny PINI 1	0 1	7 8	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		ligits, but all zeros	asiny		
	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 and your return is filed using the Practitioner PIN method below.						
Your si	gnature ▶ Date ▶						
Snous	e's PIN: check one box only						
· —	-	nv PIN 5	2 6	2 5			
×	I authorize GLOBAL TAXES LLC to enter or generate r	,	-	Z S 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) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.						
Spouse	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part I	II 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 Don't ente	6 0 er all zer	8 2 7	7 1		
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta- ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi- nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	tting this retu	rn in ad	ccordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						

Don't Submit This Form to the IRS Unless Requested To Do So

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

£104 (artment of the Treasury—Internal Revenue Servi S. Individual Income Ta x		2023	$3 _{\scriptscriptstyle \mathrm{c}}$	OMB No. 1545-00	74 IRS Use	Only—I	Do not wr	ite or stap	ole in this space.
For the year Ja	an. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, endir	ng		, 20	5	See sep	arate ir	nstructions.
Your first nam	e and m	iddle initial	Last name					Y	our soc	cial secu	ırity number
PRUTHVI	RAJ		KUNCHAM						192	91	0178
-		s first name and middle initial	Last name					-			security numbe
RINI			KARMAKAR						684	15	2625
	s (numbe	er and street). If you have a P.O. box, see					Apt. no.				ction Campaig
1701 SO	UTH I	BELL BOULEVARD					1204		Check h	ere if yo	u, or your
City, town, or	post offi	ce. If you have a foreign address, also co	mplete spaces be	elow.	State	ZI	P code		•	0,	ointly, want \$3
CEDAR P	ARK				TX	7	8613	- 1	•		d. Checking a ot change
Foreign count	ry name		Foreign p	orovince/state/co	ounty	Fo	reign postal co	- 1		or refur	•
										You	ı Spouse
Filing Statu	ıs 🗆	Single				Head of hous	sehold (HOH				
Check only		Married filing jointly (even if only o	ne had income))							
one box.		Married filing separately (MFS)				Qualifying su	rviving spou	ise (Q	SS)		
	If y	ou checked the MFS box, enter the	name of your	spouse. If you	check	ked the HOH or	r QSS box, e	enter t	the chil	d's nan	ne if the
	qu	alifying person is a child but not you	ır dependent:								
District	Λ+ or	ny time during 2023, did you: (a) rec	oivo (oo o rovvo	rd award ar n	201 (ma	ant for property	or continool	. or (b) aall		
Digital Assets		nange, or otherwise dispose of a dig	•	•	-					Ye	s 🛛 No
		eone can claim: You as a de		Your spouse			(000 111011140		.,		
Standard Deduction		Spouse itemizes on a separate retur		•		иерепиет					
Deddottor	• 🖳		—	i duai status a	ilicii						
Age/Blindnes	ss You	: Were born before January 2, 1	959 📙 Are b	olind Spo t	use:	Was born b	pefore Janua	ary 2,	1959	ls	blind
Dependent	ts (see	instructions):	(2)	Social security		(3) Relationship	1			•	ee instructions)
If more	(1) F	irst name Last name		number to you			Child tax o		dit (Credit for	other dependent
than four											
dependents, see instruction	ns										
and check											<u> </u>
here L											
Income	1a	Total amount from Form(s) W-2, b	•	•					1a		92,040.
Attach Form(s) b	Household employee wages not re	-						1b		
W-2 here. Also		Tip income not reported on line 1a	(see instructio	ns)					1c		
attach Forms W-2G and	d	Medicaid waiver payments not rep			struct	rions)			1d		
1099-R if tax	е	Taxable dependent care benefits f							1e		
was withheld.	f	Employer-provided adoption bene	fits from Form	8839, line 29					1f		
If you did not	g	Wages from Form 8919, line 6 .							1g		
get a Form W-2, see	h	Other earned income (see instruct	,						1h	\vdash	0.
instructions.	i	Nontaxable combat pay election (s	see instructions	6)		<u>1i</u>					00 040
	<u>z</u>	Add lines 1a through 1h		· · · ·					1z	1	92,040.
Attach Sch. B	2a	· —	2a			able interest			2b	1	
if required.	<u>3a</u> _		3a			linary dividends			3b	+	
Standard	4a		4a			able amount.			4b	1	
Deduction for—	5a		5a			able amount.			5b	1	
Single or Married filing	6a	,	6a			able amount.			6b	+	
separately,	C	If you elect to use the lump-sum e		•		,		. 片			
\$13,850 Married filing	arried filing						7	+	0 404		
jointly or Qualifying	8	Additional income from Schedule							8	+	-8,404.
surviving spouse	surviving spouse, and times 12, 2b, 3b, 4b, 3b, 6b, 7, and 6. This is your total income						9	+	83,636.		
\$27,700	10	Adjustments to income from Sche	aule 1. line 26		_				10		
Head of			•								00 -0-
household,	11	Subtract line 10 from line 9. This is	your adjusted	l gross incom	ne				11		83,636.
household, \$20,800 • If you checked	12	Standard deduction or itemized	s your adjusted deductions (fro	I gross incomom Schedule /	ne A)				12		83,636. 27,700.
household, \$20,800		Standard deduction or itemized Qualified business income deduct	s your adjusted deductions (fro	gross incomom Schedule A	n e A) 8995-	 A		 			

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌	1	6,271.
Credits	17	Amount from Schedule 2, lin					1	7
	18	Add lines 16 and 17						6,271.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	-					20
	21	Add lines 19 and 20					2	21
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	6,271.
	23	Other taxes, including self-e	*					23 0.
	24	Add lines 22 and 23. This is	your total tax				2	6,271.
Payments	25	Federal income tax withheld						·
. ayınıcınıc	а	Form(s) W-2				25a 12	,509.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	•				25	5d 12,509.
If you have a	26	2023 estimated tax payment						26
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from	n 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, lin	ie 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits	3	32
	33	Add lines 25d, 26, and 32. T					3	12,509.
Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	6,238.
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	is attached, chec	ck here	. 🗌 🖪	5a 6,238.
Direct deposit?	b	Routing number 1 1 1	0 0 0 0	2 5			Savings	
See instructions.	d	Account number 4 8 8	0 6 0 0	7 0 9	7 7			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.go	v/Payments or	see instructions .		3	37
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?			
Designee		structions					mplete belo	
	De nai	signee's me		Phone no.			onal identificati per (PIN)	ion
Sign	Un	der penalties of perjury, I declare the	nat I have examine	d this return and	accompanying sche	dules and statements	s, and to the b	est of my knowledge and
Here	bel	ief, they are true, correct, and com	n of which pre	eparer has any knowledge.				
пеге	Yo	Your signature Date Your occupation					If the IRS	S sent you an Identity
						Protection (see inst.	on PIN, enter it here	
Joint return? See instructions.	SOFTWARE DEVELOPER ,					,	<u>, </u>	
Keep a copy for	Sp	ouse's signature. If a joint return, t	ootn must sign.	Date	Spouse's occupati	ion		S sent your spouse an Protection PIN, enter it here
your records.						(see inst.		
	Ph	one no. (469)955-996	 6	Email address		S2790@GMAIL.CO	M	
Daid	Pre	eparer's name	Preparer's signat	ture	•	Date	PTIN	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14/2024	P0208270) 3 Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC					o. (678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's El	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO		Form 1040 (2023)

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

PRUTHVI RAJ KUNCHAM & RINI KARMAKAR

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

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

Your social security number 192-91-0178

Par	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	-8,404.
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		
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 . Ente	r here and on Form	10	-8 404

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	_			
	· · · · · · · · · · · · · · · · · · ·	24c			
d		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				
		24k			
Z	Other adjustments. List type and amount:				
		24z			
25	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	e. Enter	here and on	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. Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ivairie(5) SHOWN ON TELUTI						loui	Social Se	curity	Hullibel	
PRUI	HVI RAJ KUNCHAM & RINI KARMAKAR						19:	2-91-0	0178		
Part											
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instruc	ctions. If you ar	e an	individu	al, rep	ort farm	
Λ Γ	rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you	to file	Form(a) 1	0002 6	Soo ino	tructions			□ v o	o 🔽 No	
			. ,								
	f "Yes," did you or will you file required Form(s) 1099?						•	· ·	16	5 <u> N</u>	
1a	Physical address of each property (street, city, state, ZII	P code	e)								
Α	IN										
В											
С											
1b	Type of Property 2 For each rental real estate prope				Fai	ir Rental	Pe	rsonal l	Use	QJV	
	(from list below) above, report the number of fair					Days		Days			
Α	gersonal use days. Check the Quif you meet the requirements to f			Α		365			0		
В	qualified joint venture. See instru			В							
С			J.	С							
	of Property:										
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land	l		Self-Rental					
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (descri	be)				
						Propertie					
Incon	יארי			Α		В				С	
3	Rents received	3			00.						
4	Royalties received	4									
Exper		+ -									
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		8	00.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1.0	00.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13									
14	Repairs	14		1.8	75.						
15	Supplies	15			69.						
16	Taxes	16									
17	Utilities	17		2,8	60.						
18	Depreciation expense or depletion	18									
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		9,0	04.						
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	04.						
22	Deductible rental real estate loss after limitation, if any,										
	on Form 8582 (see instructions)	22	(8,40)4.))()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		60	0.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			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	9	,00	4.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			T	24			
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	, [25 (8,404	.)
26	Total rental real estate and royalty income or (loss).	Comb	ine lines	24 and	25. Eı	nter the resul	t				
	here If Parts II III and IV and line 10 on page 2 do no	t anni	ly to you	م معاد	ntar th	ie amount or	n				

26

-8,404.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2