### 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	
VENKAT RATNAM CHELUKALA	718-63-	2095	
Spouse's name	Spouse's socia	al security number	
MANASA BUTTA	993-94-	-2194	
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter	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.		1	
1 Adjusted gross income	T T		,511.
2 Total tax			,979.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	t		874.
4 Amount you want refunded to you	+		,895.
5 Amount you owe		5	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)			
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmito send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejet for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requipments 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 payment (information necessary) to answer inquiries and resolve issues related to the payment in the payment (in the payment) are the financial institutions involved in the payment (in the payment) and the payment in the payment (in the payment) and the payment (in the payment) are the financial institutions involved in the payment (in the payment) are the financial institutions involved in the payment (in the payment) and the financial institution are the financial institution and the financial institution are the financial institution are the financial institution and the financial institution are the financial i	ection of the tra S. Treasury an cated in the ta- in to debit the the authoriza- lests must be processing of ayment. I furth	ansmission, (b) the dissersion its designated Fix preparation soft entry to this account ion. To revoke (coreceived no late the electronic payner acknowledge	e reason Financial ware for unt. This cancel) a r than 2 yment of that the
Taxpayer's PIN: check one box only			
▼ I authorize GLOBAL TAXES LLC to enter or generate r	mv PIN [3]	2 0 9 5	as my
ERO firm name	Ente	er five digits, but 't enter all zeros	y
signature on the income tax return (original or amended) I am now authorizing.	20	1 011101 4 20100	
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method below.			
Your signature ▶ Date ▶			
0 1 200 1 1 1			
Spouse's PIN: check one box only	DINI (4)	2 1 0 4	
▼ I authorize GLOBAL TAXES LLC to enter or generate r     ■ ERO firm name	, –	2 1 9 4	as my
signature on the income tax return (original or amended) I am now authorizing.		er five digits, but 't enter 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's signature ▶ Date ▶			
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 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 ta authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submirequirements of the Practitioner PIN method and <b>Pub. 1345,</b> Handbook for Authorized IRS e-file Providers of In	itting this retur	n in accordance	
ERO's signature ▶ Date ▶			
ERO Must Retain This Form — See Instructions			

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

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 2	20	;	See se	parate inst	ructions.	
Your first name	and m	iddle initial	Last na	ame					٠,	Your so	cial securit	y number	
VENKAT F	RATN	AM	CHEI	LUKALA						718	63   2	095	
		s first name and middle initial	Last na	ame					:			curity number	
MANASA			BUTI	ГА						993	94 2	194	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt	. no.		Preside	ntial Election	on Campaign	
165 CAPE	RICO	RN DR					6		- 1	Check I	here if you,	or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP cod	Э		spouse if filing jointly, want \$3 to go to this fund. Checking a			
HILLSBOR	ROUG	H	NJ 0			0884	00011			x below will not change			
Foreign country	/ name			Foreign province/state/county Foreign province/state/county			Foreign <sub>I</sub>	Foreign postal code your t			x or refund.	0	
											You	Spouse	
Filing Status	, [	Single				Head of ho	ousehol	HOH) k	<del></del>				
Check only	_	Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	survivin	g spoi	use (C	e (QSS)			
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS	box,	enter	the chi	ild's name	if the	
	qu	alifying person is a child but not you	r deper	ndent:									
Distrib	Λ+ οι	ny time during 2023, did you: (a) rece	nivo (ac	a roward award or	navn	nont for propor	rty or so	n/iooc'	): or (	a) call			
Digital Assets		nange, or otherwise dispose of a digi					-				Yes	⊠ No	
		eone can claim:  You as a de					1): (000	II ISTI U	CLIOIT	J.,			
Standard Deduction		Spouse itemizes on a separate return		•		•							
Deduction	Ш,	Spouse iternizes on a separate return	i or you	u were a duar-status a	allell								
Age/Blindness	You	: Were born before January 2, 19	959	Are blind Spo	ouse	: Was bor	n before	Janua	ary 2,	1959	Is bli	ind	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) (	heck t	he bo	x if quali	fies for (see	instructions):	
If more	(1) F	irst name Last name		number		to you		Child t	ax cre	dit	Credit for oth	her dependents	
than four								[					
dependents, see instructions	s ——												
and check	,											<u> </u>	
here L													
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)						1a	1 9	99,519.	
Attach Form(s)	b	(4)									)		
W-2 here. Also	С	· · · · · · · · · · · · · · · · · · ·											
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1		
1099-R if tax	е										•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .								<b>1</b> g			
W-2, see	h	Other earned income (see instructi	,				· ·			1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>li</u>					,	00 F10	
	<u>z</u>	<u> </u>								1z		99,519.	
Attach Sch. B if required.	2a	•	2a			axable interest				2b		289.	
	3a		3a			rdinary divider				3b			
Standard	4a		4a			axable amount				4b			
Deduction for—	5a		5a			axable amount				5b			
Single or Married filing	6a	,	6a			axable amount			· .	6b			
separately, \$13,850	c	If you elect to use the lump-sum el		•	`	,				   <b>-</b>			
Married filing	7	Capital gain or (loss). Attach School							. ∟	8		10,297.	
jointly or Qualifying	8 9	Additional income from Schedule 1 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								9		39 <b>,</b> 511.	
surviving spouse, \$27,700	10			•						10		,,, <u>,,</u> ,	
Head of	11	Adjustments to income from Schedule 1, line 26							11		39 <b>,</b> 511.		
household, [	12	Standard deduction or itemized	•							12		27 <b>,</b> 700.	
If you checked any box under	13	Qualified business income deducti				 5-Δ				13		<u>. , , , , , , , , , , , , , , , , , , ,</u>	
Standard	14	Add lines 12 and 13			. 555	· / · · · ·				14		27,700.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zero		ss. enter -0 This is w	 Our <b>t</b>	axable incom	е .			15		61,811.	
				, y							1	,	

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	6,979.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	6,979.	
	19	Child tax credit or credit for	other dependen	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	6 <b>,</b> 979.	
	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	6 <b>,</b> 979.	
<b>Payments</b>	25	Federal income tax withheld	l from:							
_	а	Form(s) W-2				<b>25a</b> 14	1,874			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	14,874.	
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	3, 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 <b>to</b>	tal payments				33	14,874.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	7,895.	
	35a	Amount of line 34 you want			3 is attached, chec	k here	. 🗆	35a	7,895.	
Direct deposit?	b	Routing number 0 4 4		<del></del>	c Type: 🛛	Checking	Savings	;		
See instructions.	d	Account number 8 7 0	8 0 8 3	0 5						
	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		structions				. 🗌 Yes. C	omplete	below.	<b>⋈</b> No	
		signee's	Phone			tification				
<u></u>		me	hat I have avancing	no.			ber (PIN)	* the best	of my lenguage and	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com								
Here	Vo	ur signature		Date	Your occupation		l If t	 he IRS se	nt you an Identity	
	10	Tour digitation		Date	Tour occupation			Protection PIN, enter it here		
Joint return?				ENGINEER (see		e inst.)				
See instructions. Keep a copy for		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	on		If the IRS sent your spouse an			
your records.			HOMEMAKED				ntity Prot e inst.)	ection PIN, enter it here		
				Empil address	HOMEMAKER					
-		Phone no. (234) 281 – 9286 Email address VENKATRATNAM1234@GMAIL.COM  Preparer's name Preparer's signature Date PTIN							Check if:	
Paid		•	'		רווסחות החודאיי	1		2772	Self-employed	
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	01/28/2024		32703		
Use Only		m's name GLOBAL TA		INIOUT OUT 37	T 00016			(678) 965-9522		
	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							m's EIN	84-3171965	

## SCHEDULE 1 (Form 1040)

**Additional Income and Adjustments to Income** 

2023
Attachment Sequence No. 01

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

VENKAT RATNAM CHELUKALA & MANASA BUTTA

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

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

Sequence No. 01

Your social security number
718-63-2095

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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		5	-10,297.
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		
- 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 (		
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 <b>additional income</b> . Ente	r here and on Form	10	<b>-</b> 10 - 297

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		24f			
g		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			
25	Total other adjustments. Add lines 24a through 24z	<u>.</u> .		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. Enter	here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

#### **SCHEDULE E** (Form 1040)

Name(s) shown on return

#### 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

OMB No. 1545-0074

Department of the Treasury Go to www.irs.gov/ScheduleE for instructions and the latest information. Internal Revenue Service

Sequence No. 13

Your social security number

VENKAT RATNAM CHELUKALA & MANASA BUTTA 718-63-2095 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm 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(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 13- 6- 462/1/70 Karwan, HYDERABAD TELANGANA IN 500006 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 520. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 920. 7 Cleaning and maintenance . . . 7 8 Commissions . . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 11 1,849. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,655. 14 Repairs . . . . 3,548. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,845. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 10,817. 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 -10,297.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 10,297.) 520. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 10,817. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,297. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . -10,297.