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

Submi	ssion Identification Number (SID)		•					
Taxpaye	er's name	Social securit	Social security number					
MAHI	ESH REDDY CHADA	024-11-5684						
Spouse'	s name	Spouse's social security n						
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	.)			
	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		,907.			
2	Total tax		2		,454.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4		311.			
4 5	Amount you want refunded to you Amount you owe Amount you owe		5	3	<u>,857.</u>			
Part		eep a cop	_	our retu	ırn)			
my know return (to send for any Agent t payment authorize payment business taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by	e are the amounter, or electro- ction of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of the treatment of treatment of the treatment of the treatment of treatment of the treatment of the treatment of treatment of the treatment of tre	ounts for its of	rom the in turn origina ssion, (b) the designated paration so to this accor- fo revoke ved no late ectronic paratically	come tax ator (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the			
	nic Funds Withdrawal Consent.							
тахра X	yer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or generate r	my DINI 1	5 (6 8 4	00 mv			
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but er all zeros	as my			
	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 metholelow.							
Your s	ignature ▶ Date ▶							
Spous	se's PIN: check one box only							
opous	I authorize to enter or generate r	nv PINI			as my			
	ERO firm name	_	er five	digits, but	as my			
	signature on the income tax return (original or amended) I am now authorizing.	dor	n't ente	r 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 methology.							
Spous	e's signature ▶ Date ▶							
	Practitioner PIN Method Returns Only—continue below							
Part	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 <i>76</i>	8 2 7	7 1			
		Jon Cente	un 20					
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 subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordance				
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To D	o So						

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	s space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instructi	ions.
Your first name	and m	iddle initial	Last na	name							Your social security number			mber
MAHESH 1	REDD'	Y	CHAD	Α							024	11	5684	1
If joint return, s	pouse's	s first name and middle initial	Last na	me							Spouse ¹	s social	security	/ number
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.		Preside	ntial Ele	ection Ca	ampaign
2949 PAI	RKWO(OD BLVD						3	379		Check I	nere if y	ou, or yo	our
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode		•	-	jointly, w	
FRISCO						TX		750	34		•		nd. Chec not char	•
Foreign countr	y name		F	oreign pr	rovince/state/	count	у	Foreig	n postal c	- 1	your tax		ınd	Spouse
Filing Status Check only one box.		Single Married filing jointly (even if only o Married filing separately (MFS) you checked the MFS box, enter the		,	oouse. If vo	u che	☐ Head of he	surviv	ring spoi	use (0	,	ild's na	me if th	e
Digital Assets	qu At a	ny time during 2023, did you: (a) rechange, or otherwise dispose of a dig	ur depen eive (as	ndent: a reward	d, award, or	payn	nent for prope	rty or	services); or ((b) sell,	Y		 No
Standard Deduction	_	neone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	re Janu	ary 2	, 1959	ls	s blind	
Dependent	s (see	instructions):		(2) 8	Social security	rity (3) Relationship) Check t			i '	•	
If more	(1) F	(1) First name Last name		number to you			Child tax o		tax cre	edit	Credit fo	or other de	pendents	
than four													_Ц_	
dependents, see instruction	s												_ <u> </u>	
and check here	1 —												\dashv	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .					<u> </u>	1a		144,	267.
	b	Household employee wages not re	eported	on Form	ı(s) W-2 .						1b)		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						10	;		
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d	ı		
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f				
If you did not	g	y Wages from Form 8919, line 6									1g	ı		
get a Form 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							
	z	Add lines 1a through 1h	. , .								1z	:	144,	267.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2 b			
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod,	check here	(see	instructions)			. \square				
\$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not re						uired,	check here			. \square] 7			
Married filing jointly or	8	Additional income from Schedule	1, line 10	0							8		-9 ,	360.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							9		134,	907.		
\$27,700	10	Adjustments to income from Schedule 1, line 26							10)				
Head of household,	11	Subtract line 10 from line 9. This is	s your a c	djusted	gross incor	ne					11		134,	907.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (fro	m Schedule	A)					12	:	13,	850.
any box under	13	Qualified business income deduct	ion from	Form 89	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14			850.
see instructions.	15	Subtract line 1/1 from line 11 If zer	n or less	e antar	O This is y	our t	avahla incom				15	. 1	121	057

Form 1040 (202	3)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	22,454.	
Credits	17	Amount from Schedule 2, line						17		
	18	Add lines 16 and 17	18	22,454.						
	19	Child tax credit or credit for o	19							
	20	Amount from Schedule 3, line	20							
	21	Add lines 19 and 20	21							
	22	Subtract line 21 from line 18.	22	22,454.						
	23	Other taxes, including self-er	23	0.						
	24	Add lines 22 and 23. This is y	24	22,454.						
Payments	25	Federal income tax withheld							,	
,	а	Form(s) W-2								
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c						25d	26,311.	
If you have a	26	2023 estimated tax payment	s 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 fron	n 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, line								
	32									
	33	Add lines 25d, 26, and 32. The						33	26,311.	
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,857.	
	35a	Amount of line 34 you want r	efunded to you	ی. If Form 8888	is attached, chec	ck here		35a	3,857.	
Direct deposit?	b	Routing number 0 8 1					Savings			
See instructions.	d	Account number 2 9 1								
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.						
You Owe			o to www.irs.gov/Payments or see instructions							
	38	Estimated tax penalty (see in	structions) .			38				
Third Party Designee		you want to allow another structions	•		rn with the IRS?		mplete b	elow.	⊠ No	
		signee's		Phone			nal identifi	cation		
		me		no.			er (PIN)			
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp								
	Yo	ur signature		Date	Your occupation		If the IRS sent you an Identity			
laint vatuum?			SOFTWARE E			NCTNEED	I	rotection PIN, enter it here see inst.)		
Joint return? See instructions.		ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati				nt your spouse an	
Keep a copy for your records.							Identity Protection PIN, enter it here (see inst.)			
_		one no. (813) 317-522(Email address	MAHESHREDDYC	HADA@GMAIL.CC				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Preparer	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P02082	703	Self-employed	
Use Only	Firm's name GLOBAL TAXES LLC Phone							one no. (678) 965-9522		
	Fin	m's address 245 ROONE	CT E BRU	NSWICK N	J 08816		Firm's	3 EIN	84-3171965	
Go to www.irs o	ov/Form	n1040 for instructions and the lates	st information		DAA	DEV 01/21/21 DDO			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

MAHESH REDDY CHADA

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.

Your social security number 024-11-5684

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		5	-9,360.
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 ()	
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	-9.360

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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	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			
05					
25 26	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

MARISH REDDY CHADA Characteristics Commissions Com	Name(s) shown on return								Your soci	al security ı	number
Note: If you are in the business of renting personal property, use' Schedule C. See instructions. If you are an individual, report ferm rental and income or loss from Form 4836 on page 2, line 40, line 1, l	MAHE	SH REDDY CH	ADA							024-1	1-5684	
No		Note: If you ar rental income	re in the bu or loss fro	usiness of renting personal prope m Form 4835 on page 2, line 40.	erty, use	Schedule						
A SATIDABAD HYDERABAD TELANGANA IN 500059												s 🛛 No
A SAIDABAD HYDERABAD TELANGANA IN 500059	B	f "Yes," did you or	will you fi	le required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
A SAIDABAD HYDERABAD TELANGANA IN 500059	1a	Physical address	of each	property (street, city, state, ZI	P code	e)						
B						,						
Type of Property (from list below) A 3 B G G G G G G G G G G G G G		SAIDABAD HII	JERADAL	J IELANGANA IN 30003	9							
Type of Property (mm list below)												
A 3 above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. C C		Tune of Droperty	0 [-		ا باست	Ll		F-:	" Dontol	Dawasa	al IIaa	
A 3	ID									QJV		
if you meet the requirements to file as a qualified joint venture. See instructions. C		, , ,					Λ		-		-	
C		3	if y	ou meet the requirements to	file as	a			303		0	
Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 2 Multi-Family Residence 4 Commercial 5 Land 7 Self-Rental 8 Other (describe)			qu	alified joint venture. See instru	uctions	6.						
1 Single Family Residence 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Nulti-Family Residence 4 Commercial 6 Royalties 8 Other (describe)		of Property:										
2 Multi-Family Residence			dence	3 Vacation/Short-Term Per	ntal	5 Lanc	1	7 (Self-Rental			
Name Properties: A B C C C C C C C C C C		•			ιιαι					ihe)		
Rents received		Watti-i airiliy Hesiat	51106	4 Commercial		- O HOye	aities					
3									Propertion	es:		
## Royalties received	Incom								В			С
Expenses: 5 Advertising 5 6 Auto and travel (see instructions) 6 7 7 Cleaning and maintenance 7 1,060. 8 Commissions 8 9 9 Insurance 9 10 Legal and other professional fees 10 11 Management fees 10 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 Other interest 13 14 Repairs 14 1,960. 15 Supplies 15 2,460. 15 Supplies 15 2,980. 16 Taxes 16 17 2,980. 17 Utilities 17 2,980. 19 18 Depreciation expense or depletion 18 19 19 19 20 10,110. 10 10 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 -9,360. 10 10 10 10 10 10<					_		7	50.				
5			<u> t</u>		4							
6 Auto and travel (see instructions) 7 Cleaning and maintenance	-											
7					_							
Section Sect	6			-								
9	7	•			7		1,0	60.				
10	8				8							
11					9							
12												
13		-			_		1,6	50.				
14 1,960. 15 Supplies 16 Taxes 17 Utilities 18 Depreciation expense or depletion 19 Other (list) 19 Total expenses. Add lines 5 through 19 20 10,110. 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 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 21 23 Total of all amounts reported on line 3 for all rental properties 23a 24 Total of all amounts reported on line 4 for all royalty properties 23c 24 Total of all amounts reported on line 20 for all properties 23d 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on												
15 Supplies		Other interest .			_							
Taxes		•			_							
17 Utilities					_		2,4	60.				
Depreciation expense or depletion					_							
19 Other (list) 20 Total expenses. Add lines 5 through 19					_		2,9	80.				
Total expenses. Add lines 5 through 19			ense or de	epletion	_							
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		` '			_							
result is a (loss), see instructions to find out if you must file Form 6198		•		•	_		10,1	10.				
file Form 6198	21											
Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)							0 3					
on Form 8582 (see instructions)					21		-9, 3	60.				
Total of all amounts reported on line 3 for all rental properties	22				00	,	0 00	- 0)/		,	,	,
b Total of all amounts reported on line 4 for all royalty properties	00					(9,36			750	(,
c Total of all amounts reported on line 12 for all properties								-		/50.		
d Total of all amounts reported on line 18 for all properties			-					-				
Total of all amounts reported on line 20 for all properties								-				
Income. Add positive amounts shown on line 21. Do not include any losses			-					-	1 0	110		
Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on								23e	10			
Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on		•				•					/	0 000
here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on		•	•								(9,360.
	26											
Schedule 1 (Form 1040), line 3. Otherwise, include inis amount in the total on tine 41 on page 2 1 26 1 1 2 4 3 5 1										. 26		-9,360.