## 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	Social security number					
SURESH KARNATI		657-68-	-0603					
Spouse's name	Spouse's soci	s social security number						
AKSHARA CHILUVERU		307-39-	-1645					
Part I Tax Return Information — Tax Year E	nding December 31, 2023 (Ente	r year you aı	e authoi	rizing.)				
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.							
<b>1</b> Adjusted gross income			1	103,3	48.			
2 Total tax			2	8,6	35.			
3 Federal income tax withheld from Form(s) W-2 and	d Form(s) 1099		3	20,9	73.			
4 Amount you want refunded to you			4	12,3				
5 Amount you owe			5					
Part II Taxpayer Declaration and Signature A	Authorization (Be sure you get and	keep a copy	y of you	r return)	)			
my knowledge and belief, it is true, correct, and complete. I freturn (original or amended) I am now authorizing. I consent to to send my return to the IRS and to receive from the IRS (a) an for any delay in processing the return or refund, and (c) the dat Agent to initiate an ACH electronic funds withdrawal (direct det payment of my federal taxes owed on this return and/or a paymauthorization is to remain in full force and effect until I notify payment, I must contact the U.S. Treasury Financial Agent a business days prior to the payment (settlement) date. I also au taxes to receive confidential information necessary to answer personal identification number (PIN) below is my signature for the Electronic Funds Withdrawal Consent.	allow my intermediate service provider, transmacknowledgement of receipt or reason for reje of any refund. If applicable, I authorize the Upit) entry to the financial institution account indivent of estimated tax, and the financial institutionet. S. Treasury Financial Agent to terminat to the Upit. Treasury Financial Agent to terminat to the Samuellation requires the financial institutions involved in the requires and resolve issues related to the process.	nitter, or electro- ection of the trails. Treasury are icated in the ta on to debit the e the authoriza uests must be processing of payment. I furtle	nic return ansmissior and its design x preparate entry to the tion. To re received the electro her acknown	originator  n, (b) the regnated Finated Finated Finated Finated is account evoke (can no later to paymouledge the	(ERO) reason rancial are for t. This ncel) a rhan 2 rhan of rat the			
Taxpayer's PIN: check one box only								
X   I authorize   GLOBAL TAXES   LLC	to enter or generate	my PIN 8	0 6 0		s my			
ERO firm name signature on the income tax return (original or a		Ent	er five digit n't enter all	s, but	3 iiiy			
I will enter my PIN as my signature on the incor if you are entering your own PIN and your retu below.	ne tax return (original or amended) I am r							
Your signature ►	Date ▶ _							
Spouse's PIN: check one box only								
X I authorize GLOBAL TAXES LLC  ERO firm name signature on the income tax return (original or a	to enter or generate	Ent	1 6 4 er five digit n't enter all	s, but	s my			
I will enter my PIN as my signature on the incor if you are entering your own PIN and your retu below.	ne tax return (original or amended) I am r							
Spouse's signature >	Date <b>▶</b>							
	lethod Returns Only—continue below	,						
Part III Certification and Authentication — Pr	actitioner PIN Method Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	our five-digit self-selected PIN. 2 2	2 4 9 0 Don't ente	6 0 8 er all zeros	2 7 2	1			
I certify that the above numeric entry is my PIN, which is my sauthorized to file for tax year indicated above for the taxpaye requirements of the Practitioner PIN method and <b>Pub. 1345,</b> Ha	r(s) indicated above. I confirm that I am subn	nitting this retu	rn in acco	rdance wi				
ERO's signature ▶	Date <b>▶</b>							
EDO Must Date	in 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



<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	s space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	instructi	ions.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity nur	mber
SURESH			KARN	ITAI							657	68	0603	3
	pouse'	s first name and middle initial	Last na										security	
AKSHARA			CHIL	UVERU	•						307	39	1645	5
	(numb	er and street). If you have a P.O. box, see						A	Apt. no.				ection Ca	
2211 PA	LEST	RA DR							23	- 1			ou, or yo	. •
		ice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c				0.	jointly, w	-
SAINT LO						MC	)	631	46		•		nd. Chec not chan	•
Foreign countr			F	Foreign pr	ovince/state/				gn postal c		your tax			ige
											•	Yo	u 🗌	Spouse
Filing Status	s [	Single					Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had i	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If	you checked the MFS box, enter the	name c	of your sp	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	e
		ıalifying person is a child but not you												
Distribut	Λ+ o	ny time during 2023, did you: (a) rec	oivo (ac	a roward										
Digital Assets		nange, or otherwise dispose of a dig										ΠYe	as X	No
		neone can claim: You as a de					a dependent	.,,, (0,	oc mona	Otion	J.,			
Standard Deduction	_	Spouse itemizes on a separate retur	•		-		•							
Deddollon			11 O1 yOU	- Word a v	duai status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	_ Are bli	ind <b>Sp</b> o	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		<b>(2)</b> S	Social security	,	(3) Relationsh	ip (4	l) Check t					
If more	(1) F	(1) First name Last name			number to you			Child t	ax cre	credit Credit for other depe			pendents	
than four										<u>Ц</u>			_Ц_	
dependents, see instruction	s													
and check _	· —									<u> </u>			Щ	
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		114,	<u>173.</u>
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 rep				nstru	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits fron	n 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	ructions)			<u>1</u> i						111	170
	<u>z</u>	Add lines 1a through 1h			· · ·						1z		<u>114,</u>	173.
Attach Sch. B if required.	2a	· –	2a				axable interest				2b			
ii required.	3a		3a				rdinary divide				3b			
Standard	4a	<del>-</del>	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum e		•		`	,							
\$13,850 <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here						. L	7			005				
jointly or Qualifying	8	Additional income from Schedule									8	_	-10,	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9	_	⊥U3 <b>,</b>	348.
\$27,700 • Head of	10	Adjustments to income from Sche									10		100	2.42
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11			348.
If you checked	12	Standard deduction or itemized									12		27,	700.
any box under Standard	13	Qualified business income deduct									13			7.0.0
Deduction, see instructions.	14	Add lines 12 and 13									14			700.
	15	SUBTRACT LING 1/1 from ling 11 It zon	O Or loc	c antar	II INICION	OUR t	avania incom				15		/ 5	6 / I X

Form 1040 (202)	3)						_		Page Z	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	8,635.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	8,635.	
	19	Child tax credit or credit for oth	ner dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	8,635.	
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	e 2, line 21			23	0.	
	24	Add lines 22 and 23. This is yo	ur <b>total tax</b>					24	8,635.	
Payments	25	Federal income tax withheld from	om:							
-	а	Form(s) W-2				<b>25a</b> 20	973			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	20,973.	
If you have a	26	2023 estimated tax payments a	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 S	Schedule 8812			28				
	29	American opportunity credit fro	om Form 8863	, line 8		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31. T	hese are your	total other pa	ayments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. The	se are your <b>to</b>	tal payments				33	20,973.	
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	12,338.	
	35a	Amount of line 34 you want ref	funded to you	ı. If Form 8888	3 is attached, chec	ck here	🗆	35a	12,338.	
Direct deposit?	b	Routing number 0 2 1 2	2 0 0 3	3 9	<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 3 8 1 0	4 2 1	6 2 7 8	8 0					
	36	Amount of line 34 you want app	plied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. T	his is the <b>amo</b>	ount you owe						
You Owe		For details on how to pay, go t	o www.irs.gov	//Payments or	see instructions .			37		
	38	Estimated tax penalty (see inst	ructions) .			38				
<b>Third Party</b>		you want to allow another p								
Designee		structions				<del></del>	•		<b>⊠</b> No	
		esignee's me		Phone no.			onal iden ber (PIN)	tification		
Sign		ider penalties of perjury, I declare that	I have examined		accompanying sche		, ,	the best	of my knowledge and	
Sign		lief, they are true, correct, and comple								
Here	Yo	our signature		Date Your occupation			If ti	ne IRS se	nt you an Identity	
					·				IN, enter it here	
Joint return?				SOFTWARE ENGINEER				e inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bot	t <b>h</b> must sign.	Date	Spouse's occupati	on		the IRS sent your spouse an dentity Protection PIN, enter it here		
your records.		HOME MAKER					(see inst.)			
	——Ph	one no. (551) 208-7914		Email address	SURESHKARNA		 MC			
		(001/200 /311	reparer's signat			Date	PTIN		Check if:	
Paid	SYAM	1 PRIYA RAM SAGAR GUPTA TALLAM S	YAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/18/2024	P0208	32703	Self-employed	
Preparer		m's name GLOBAL TAXE				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		one no. (678) 965-9522		
Use Only		m's address 245 ROONEY		NSWICK N	J 08816			n's EIN	84-3171965	
		40406 1 1 11 11 11 11					1		- 4040	

#### **SCHEDULE 1** (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074 

Department of the Treasury Internal Revenue Service

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.

2023	
Attachment Sequence No. <b>01</b>	

Your social security number

SURE	SH KARNATI & AKSHARA CHILUVERU		657-	68-06	503
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. Att			5	-10,825.
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 a	and on Form		

10

-10,825.

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

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			
		24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f	-	
g	• • • • • • • • • • • • • • • • • • • •	24g	-	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	046		
	· ,	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		
	Housing deduction from Form 2555	24j		
J k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	27)	-	
ĸ		24k		
z	Other adjustments. List type and amount:	Z-TK		
_	onor adjustments. List type and amount.	24z		
25	Total other adjustments. Add lines 24a through 24z		 25	
<u> 26</u>	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA			le 1 (Form 1040) 2023
	<del></del>			

#### **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

Name(s) shown on return Your social security number SURESH KARNATI & AKSHARA CHILUVERU 657-68-0603 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) 4-41 KOYYALAGUDEM CHOUTUPPAL, NALGONDA TELANGANA IN 508252 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:** В C Income: 3 Rents received . 3 1,023. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,410. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 1,520. 11 Management fees . . . . . . . . . . 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,650. Repairs . . . . 3,210. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,058. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 . . . . . 11,848. 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 -10,825. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 10,825.) 1,023. 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 11,848. 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 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 10,825. 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**,**825.