(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

	1.0.10.00					
Submi	ssion Identification Number (SID)					
Taxpaye	r's name	Social securi	ty numb	per		
ASHO	OK VARDHAN REDDY BHAVANAM	627-59-9906				
Spouse's	s name	Spouse's social security number				
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	Vear Voll a	re au	thorizina	)	
	whole dollars only on lines 1 through 5.	ycai you a	ic au	unonzing.	<u>/</u>	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	42	,492.	
2	Total tax		2		,215.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,382.	
4	Amount you want refunded to you		4		,167.	
5	Amount you owe		5		7107.	
Part		еер а сор	y of y	our retu	rn)	
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) 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, transming my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday 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 indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate att, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the particle funds Withdrawal Consent.	e are the ametter, or electroction of the treasury a cated in the treasure at the authorizatests must be processing of ayment. I fur	ounts for its can smiss of its can smiss	rom the industry original sistems, (b) the designated paration soft to this according to the thing of the thi	come tax tor (ERO) he reason Financial tware for bunt. This cancel) a er than 2 yment of that the	
	yer's PIN: check one box only					
X	-	mv PIN 9	9 9	9 0 6	as my	
•	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ao my	
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.					
Your s	ignature ▶ Date ▶					
Snous	e's PIN: check one box only					
Ороцо	I authorize to enter or generate	my PINI			as my	
	ERO firm name	-	ter five	digits, but	asiny	
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am neif you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part I	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		6 0	8 2 7	1	
		Don't ent	er ali Ze	108		
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 subm ments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this retu	ırn 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



<b>1040</b>		artment of the Treasury—Internal Revenue Servi  S. Individual Income Tax		rn 20 <b>2</b>	23	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, er	nding			, 20	See se	parate	instructions.	
Your first name and middle initial Last name									Your so	cial sec	curity number	
ASHOK V	AN REDDY	NAM					627	59	9906			
If joint return, s	pouse's	s first name and middle initial	Last name	е					Spouse	's social	l security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ns.			Α	pt. no.	Preside	ntial Ele	ection Campaign	
_3012 WYI	NN W	AY							Check here if you, or your			
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spa	aces below.	Sta	ite	ZIP code spouse if filing jointly to go to this fund. Ch					
CHARLOT				NC 28215864				box bel	ow will	not change		
Foreign country name Foreign province/state/county							Foreig	n postal code	your tax or refund.  You Spous			
Filing Status	s 🗵	Single				Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne had ind	come)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviv	ing spouse	(QSS)			
	-	you checked the MFS box, enter the			ou che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ır depend	lent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as a	reward, award, o	r payr	ment for prope	rty or :	services); or	(b) sell,			
Assets		nange, or otherwise dispose of a digi		(or a financial inte	rest ir	n a digital asse				☐ Ye	es 🗵 No	
Standard Deduction		neone can claim:		☐ Your spou were a dual-status								
Age/Blindness		: Were born before January 2, 1			ouse		n befo	re January 2	2, 1959		s blind	
Dependent	s (see	instructions):		(2) Social security (3) Relationship			<sub>ip</sub> (4	(4) Check the box if qu		ifies for (	(see instructions):	
If more		) First name Last name		number to you			Child tax cre		Credit fo	or other dependents		
than four												
dependents, see instruction	c ——											
and check	. —											
here L												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (see	instructions) .					. 1a	1	46,595.	
Attach Form(s)	b	Household employee wages not re	•	. ,					. 1b	)		
W-2 here. Also	С	Tip income not reported on line 1a	•	·					. 10			
attach Forms W-2G and	d	Medicaid waiver payments not rep		` ,	instru	ıctions)			. 1d	_		
1099-R if tax	е	Taxable dependent care benefits f							. 1e			
was withheld.	f	Employer-provided adoption bene	fits from I	Form 8839, line 2	9.				. 1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 19		0.	
W-2, see	h :	Other earned income (see instructi	,			· · · · ·	· ·		. 1h	1	<u></u>	
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see instru	ctions)		<u>li</u>					46,595.	
A# 0 D	z 2a		2a	· · · · i	 ьт	axable interest			. 1z	_	10,333.	
Attach Sch. B if required.	3a		3a			axable interest Ordinary divider						
	4a		4a			axable amount						
Standard	5a		5a			axable amount						
Deduction for— Single or	6a		6a			axable amount			. 6b			
Married filing separately,	С	If you elect to use the lump-sum e		ethod. check here				[				
\$13,850	7	•		•	•	,		[	7			
Married filing jointly or	8	Capital gain or (loss). Attach Schedule D if required. If not required, check here							. 8		-4,103.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 9		42,492.	
\$27,700	10	Adjustments to income from Sche		•					. 10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>							. 11		42,492.	
\$20,800 If you checked	12	Standard deduction or itemized	deductio	ns (from Schedul	e A)				. 12	2	13,850.	
any box under	13	Qualified business income deducti	ion from F	Form 8995 or For	n 899	5-A			. 13	3		
Standard Deduction,	14								. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or less,	enter -0 This is	your t	taxable incom	e .		. 15	; <u> </u>	28,642.	

Tax and Credits       16       Tax (see instructions). Check if any from Form(s): 1  8814  2  4972  3	Form 1040 (2023	3)								Page <b>2</b>	
Transport   Credits   17	Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌		16		
18		17						[	17		
19		18	Add lines 16 and 17					<u> </u>	18	3,215.	
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
22   Subtract line 21 from line 18. If zero or less, enter -0   22   3 , 215   23   0   0   0   0   0   0   0   0   0		20							20		
22   Subtract line 21 from line 18. If zero or less, enter -0-   22   3 , 215.		21	Add lines 19 and 20					[	21		
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	3,215.	
Payments   25		23									
Payments   25		24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24		
a Form(s) W-2	Payments	25									
b Form(s) 1099	. ayınıcınıc		Form(s) W-2				<b>25a</b> 6	,382.			
C   Other forms (see instructions)   25c   25d   6 , 382		b	` '				25b				
d   Add lines 25a through 25c   25d   6 , 382 .     26		С	Other forms (see instruction	s)			25c				
2023 estimated tax payments and amount applied from 2022 return   26		d	,	•			-		25d	6,382.	
Earned income credit (EIC)	If you have a	26	•						26		
Additional child tax credit from Schedule 8812	qualifying child,						1 1				
30   Reserved for future use   30   31   Amount from Schedule 3, line 15   31   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   33   Add lines 27, 28, 29, and 32. These are your total payments   33   6, 382.	attach Sch. EIC.		` ,			_	28				
30   Reserved for future use   30   31   Amount from Schedule 3, line 15   31   31   31   32   Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32   33   Add lines 27, 28, 29, and 32. These are your total payments   33   6, 382.		29	American opportunity credit	from Form 8863	8, line 8		29				
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   32		30					30				
Refund   34		31	Amount from Schedule 3, lir	ne 15			31				
Refund   34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32		
Refund   34		33		•	=	-		[	33	6,382.	
Sign Here   Doy of the turn   See instructions   Designee's name   Doy of turn   Date   Date   Spouse's signature. If a joint return, both must sign.   Date   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's signature   Preparer's address   245 ROONEY CT E BRUNSWICK NJ 08816   Story or Type: Story Checking   Savings   Story or Story (Schecking   Story Story Savings	Refund	34							34	3,167.	
Direct deposit? See instructions. See instructi		35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here	. 🗆 [	35a	3,167.	
Amount You Owe  36	Direct deposit?	b									
Amount You Owe  37  Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions.  38  Estimated tax penalty (see instructions)  39  Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  Do you want to allow another person to discuss this return with the IRS? See instructions.  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  Spouse's signature. If a joint return, both must sign.  Date  Your occupation  Spouse's occupation  If the IRS sent you spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (330)631-9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name  Preparer's name  Preparer's signature  SYMM PRIYA RAM SACAR CUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024 P02082703 Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965	See instructions.	d	Account number 4 6 6	0 0 8 0	1 9 8 2	2   8		٠ ا			
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36	- 1			
For details on how to pay, go to www.irs.gov/Payments or see instructions	Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe						
Third Party Designee  Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions .			37		
Designee's name  Designee's name  Designee's name  Designee's name  Designee's name  Designee's name  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  Fit the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (330)631-9383  Email address ASHOKVARDHANREDDY96@CMAIL.COM  Preparer's name  Preparer's name  Preparer's signature  Preparer's name  GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965		38	Estimated tax penalty (see in	nstructions) .			38				
Designee's name    Phone   Personal identification   Number (PIN)	<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_	
Name    No.   Number (PIN)	Designee	ins	structions					•		<b>⊠</b> No	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature    Date									ation		
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your signature  Date  Your occupation  Software Engineer  Software Engineer  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Phone no. (330)631-9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name  Preparer's signature  Date  PTIN  Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM  SYAM PRIYA RAM SAGAR GUPTA TALLAM  O2/22/2024  P02082703  Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965	Cian			hat I have examine		accompanying sche		, ,	hest	of my knowledge and	
Your signature  Protection PIN, enter it here (see inst.)  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Spouse's signature. If a joint return, both must sign.  Phone no. (330)631-9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024  Proposition  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Check if:  Syam PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024  Po2082703  Self-employed  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965	_									,	
Joint return? See instructions. Keep a copy for your records.  Phone no. (330)631–9383  Preparer's name  Preparer's signature  Preparer's signature  Protection PIN, enter it here (see inst.)  Spouse's occupation  If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)  Phone no. (330)631–9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name  Preparer's signature  Date  PTIN  Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM  SYAM PRIYA RAM SAGAR GUPTA TALLAM  O2/22/2024  Phone no. (678)965–9522  Firm's name  GLOBAL TAXES LLC  Phone no. (678)965–9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84–3171965	Here	Yo	Your signature Date Your occupation If					If the II	RS se	nt you an Identity	
See instructions. Keep a copy for your records.  Phone no. (330)631-9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name  Preparer's signature  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Preparer's name  SYAM PRIYA RAM SAGAR GUPTA TALLAM  Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's EIN 84-3171965		Pro Pro					Protec	tion P			
Keep a copy for your records.  Phone no. (330)631–9383  Email address ASHOKVARDHANREDDY96@GMAIL.COM  Preparer's name Preparer's signature Date PTIN Check if:  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024 P02082703 Self-employed Firm's name GLOBAL TAXES LLC  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816  Firm's address 545 ROONEY CT E BRUNSWICK NJ 08816  Firm's address 545 ROONEY CT E BRUNSWICK NJ 08816			SOF IWARE ENGINEER '					`			
your records.         (see inst.)           Phone no. (330)631-9383         Email address ASHOKVARDHANREDDY96@GMAIL.COM           Paid Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024 P02082703 Self-employed           Firm's name Firm's name GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-3171965		Sp	ouse's signature. If a joint return, I	both must sign.	Date Spouse's occupation						
Preparer's name   Preparer's signature   Date   PTIN   Check if:										schon Filv, enter it here	
Preparer's name   Preparer's signature   Date   PTIN   Check if:		———Ph	one no (330)631–938	3	Fmail address	7 CHUKAYBUHYMB.	FDDV96@GMATI.CC	L \M			
Preparer Use Only  SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/22/2024 P02082703 Self-employed Prim's name GLOBAL TAXES LLC Phone no. (678)965-9522  Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965						TOTION VANDITAIN.				Check if:	
Freparer Use Only         Firm's name         GLOBAL TAXES LLC         Phone no. (678)965-9522           Firm's address         245 ROONEY CT E BRUNSWICK NJ 08816         Firm's EIN 84-3171965			•	'		GUPTA TALLAM			703		
Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965	•					COLILI IIIDDAN	02/22/2021				
1010	Use Only				NSWICK N	T 08816					
	Go to www.irs a				2011 111		REV 02/16/24 PPO	1 0			

# SCHEDULE 1 (Form 1040)

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

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Your social security number

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.

ASHC	OK VARDHAN REDDY BHAVANAM		627-5	9-99	06
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	-4,103.
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 additional income. Ente	r here and o	n Form		

-4,103.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 1 (Form 1040) 2023

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

Department of the Treasury

### 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,

Your social security number

Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Name(s) shown on return

Attachment Sequence No. 13

OMB No. 1545-0074

627-59-9906 ASHOK VARDHAN REDDY BHAVANAM 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) PRAKASH NAGAR HYDERABAD TELANGANA IN 500045. 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 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 420. Rents received . 4 4 Royalties received **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 980. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . 11 450. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 875. 14 Repairs . . . . 14 15 Supplies 15 1,246. 16 16 Taxes 17 Utilities . . . . . . . 17 972. 18 18 Depreciation expense or depletion . . . . . . 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 . . . . . 4,523. 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 -4,103.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . 4,103.) 420. 23a 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 4,523. 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 4,103. 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 26 -4,103.