Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaye	er's name	Social security n	umber
SAI	KIRAN GUNDU JAYENDER	692-83-0	656
Spouse'	's name	Spouse's social	security number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are	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	Adjusted gross income		<b>1</b> 85,914.
2	Total tax		<b>2</b> 11,164.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 13,750.
4	Amount you want refunded to you		4 2,586.
5	Amount you owe		5

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

#### Taxpayer's PIN: check one box only

				FBO firm name		Ēr
へ	l authorize	GLOBAL	IAVED		to enter or generate my PIN	_
$\overline{\mathbf{v}}$	l authorize	CTODAT		TTC	to optox or concrete my DIN	3

3	0	6	5	6	as my
Ent don					

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 🕨

### Spouse's PIN: check one box only

I authorize

to	enter	or	generate	mv	PIN
ιO	enter	0I	yenerate	IIIY	

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Du											
inue	bel	ow									
nly											
1.	2	2							2	7	1
	inue nly	inue bele nly	nly	inue below nly	inue below hly J. 2 2 2 4	inue below           hly           J.         2         2         2         4         9	inue below hly J. 2 2 2 4 9 6	inue below           Ily           J.         2         2         2         4         9         6         0	inue below hly	inue below           Ily           I.         2         2         2         4         9         6         0         8         2	inue below           Inly           J.         2         2         2         4         9         6         0         8         2         7

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Date ►									
	Retain This Form — See Form to the IRS Unless								
For Paperwork Reduction Act Notice, see your tax retur	n instructions. DAA	REV 02/11/24 PRO	Form <b>8879</b> (Rev. 01-2021)						

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	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, enc	ling _			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	st name					Your so	cial sec	curity number	
SAIKIRAN	1		GUN	DU JAY	ENDER					692	83	0656
If joint return, s	pouse's	s first name and middle initial	Last r	name						Spouse	's social	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
116 GREE	ENFI	NCH ST										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
HUTTO						TΣ	X	786	34			not change
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	1	k or refu	ind.
											∐ Yo	ou 🔄 Spouse
Filing Status		Single	no hod	lincomo			Head of he	busen	ola (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ie nao	i income)				ound	ing spouse	(000)		
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	namo	of your o	nouse If you	ı obr			•	. ,	ild'e na	mo if the
		alifying person is a child but not you			pouse. Il you		ecked the HOF		55 DOX, enti	er the ch	nu s na	
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi	`						,	• • •		es 🛛 No
		neone can claim: You as a de		· · · · · · · · · · · · · · · · · · ·			a dependent			113.)		
Standard Deduction	_	Spouse itemizes on a separate return	•		•		·					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Spa	ouse	: 🗌 Was bor	n befo	re January	2. 1959		s blind
Dependent		•			Social security		(3) Relationsh	14			ifies for	(see instructions):
lf more		irst name Last name			number		to you	.1-	Child tax o	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	ı	100,206.
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				nstru	uctions)	• •		. 1d	_	
1099-R if tax	e	Taxable dependent care benefits f			-			• •		. 1e	_	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	8839, line 29	•		• •		. <u>1</u> f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .	• •					• •		. <u>1</u> g		0.
W-2, see	h	Other earned income (see instructi	,	· · ·			· · · ·	· ·		. 1h	1	0.
instructions.	i _	Nontaxable combat pay election (s	see ins	structions)			<u>1</u> i					100,206.
	 2a	Add lines 1a through 1h Tax-exempt interest	 2a		· · ·	 ьт	axable interest	•••		. 1z . 2b		100,200.
Attach Sch. B if required.			2a 3a								-	
	<u>3a</u> 4a		за 4а				Ordinary divider Taxable amoun			. 3b . 4b		
Standard	ча 5а		ња 5а				axable amoun			. 40	_	
Deduction for— • Single or	5a 6a		5a 6a				axable amoun			. 50	-	
Married filing	oa C	If you elect to use the lump-sum e		method	check berg			· · ·			,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,	• •	· · · [	7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule					,	• •		. 8		-14,292.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		85,914.
surviving spouse, \$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								. 11		85,914.
\$20,800	12	Standard deduction or itemized	-							. 12	-	13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti					95-A			. 13		10,000.
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is v	our	taxable incom	e .		. 15		72,064.
					)							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		. 16	11,164.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	11,164.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, lin	e8					. 20	
	21	Add lines 19 and 20						. 21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				. 22	11,164.
	23	Other taxes, including self-e						. 23	0.
	24	Add lines 22 and 23. This is						. 24	11,164.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	13,7	50.	
	b	Form(s) 1099				25b			
	с	Other forms (see instruction:				25c			
	d	Add lines 25a through 25c	,					. 25d	13,750.
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				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable cred	lits .	. 32	
	33	Add lines 25d, 26, and 32. T	,	-	•				13,750.
Refund	34	If line 33 is more than line 24						. 34	2,586.
	35a	Amount of line 34 you want						35a	2,586.
Direct deposit?	b	Routing number 0 6 3				Checking	Savi	ings	
See instructions.	d	Account number 8 9 8						Ŭ	
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	For details on how to pay, g						. 37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions	•				s. Comp	lete below.	× No
U	De	signee's		Phone				identification	
	na			no.			number (l	,	
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		· · · ·	ploto. Doolaration o						, ,
	YO	ur signature		Date	Your occupation				nt you an Identity 'IN, enter it here
Joint return?					IT			(see inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion		If the IRS se	nt your spouse an
Keep a copy for your records.								Identity Prot (see inst.)	ection PIN, enter it here
your rooordo.								(See Inst.)	_
		one no. (786) 631-751		Email address	SAI.94880			16.1	
Paid		parer's name	Preparer's signat			Date	PT		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/17/20	24 PO	2082703	Self-employed
Use Only		m's name GLOBAL TAX							(678)965-9522
			Y CT E BRU	NSWICK N	J 08816			Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 F	RO		Form <b>1040</b> (2023)

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAIKIRAN GUND	U JAYENDER	692-83	-0656

Par	t 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. Attach Sche	edule E .	5	-14,292.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555		)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	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)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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		<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u	Wages earned while incarcerated		_	
z	Other income. List type and amount:			
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here ar		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-14,292.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 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	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

SCHEDULE E (Form 1040)		Supplemental Income and Loss								OMB No. 1545-0074		
	-	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) Attach to Form 1040, 1040-SR, 1040-NR, or 1041.								20 <b>23</b>		
Department of the Treasury         Attach to Form 1040,           Internal Revenue Service         Go to www.irs.gov/ScheduleE for								formation.		Attachm Sequend	ient ce No. <b>13</b>	
Name(s) shown on return									Your soci	al security r	number	
SAIKIRAN GUNDU JAYENDER 692-								692-8	3-0656			
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.											
A D	A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
		did you or will you file required Form(s) 1099?										
1a	Physical address of each property (street, city, state, ZIP code)											
A	1-1-377/226 SRT OPP LANE UNION BANK OF INDIA JAWAHARNAGAR, CHIKKADPALLY HYDERABAD ,TELANGANA IN 500020											
B	1 2 5., 225 SAT OT MALE CATCH DAWN OF TADIA COMMINIANION, CHIMADIADI HIDDAUDAD , TEDAWGAWA IN 500020											
 1b	Type of Prope	be of Property 2 For each rental real estate property listed Fair Rental Personal Use										
	(from list below	ental	and		Days		Da		QJV			
Α	3		c only	Α	365		0					
В		le as ctions										
С												
Type of Property:												
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental												
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)												
								Propertie	es:			
Income:						A B		В	С		С	
<b>3</b> Rents received						680.						
4	Royalties recei	ived		4								
Expen												
5	-		H	5								
6		el (see instructions)	H	6								
7	Cleaning and maintenance			7		8	80.					
8	Commissions											
9 10	Legal and other professional fees											
11	Management fees					1,8	15					
12	Mortgage interest paid to banks, etc. (see instructions)					1,0	43.					
13	Other interest	12 13										
14	Repairs					3,521.						
15				15		3,954.						
16	Taxes											
17	Utilities					1,845.						
18	Depreciation expense or depletion			18		2,9	27.					
19				19								
20	Total expenses. Add lines 5 through 19			20		14,9	72.					
21		0 from line 3 (rents) and/or 4 (										
	file Form 6198	s), see instructions to find out	-	21	.	-14 2	92					
22	Deductible rental real estate loss after limitation, if an			21		-14,292.						
<u> </u>	on Form 8582 (see instructions)				(	14,292.)(			)	(	)	
23a		ounts reported on line 3 for all	L	22 ties			23a		680.		/	
b		ounts reported on line 4 for al					23b					
с		nounts reported on line 12 for all properties										
d	Total of all amo	ounts reported on line 18 for all properties					2	<b>,</b> 927.				
е									<b>,</b> 972.			
24		ncome. 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 ( 14,292.)										L4,292.)	
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 -14,292.												
For Do		ion Act Notice, see the separate		JUUIII	In the to		116 4 1	-14,292	26		-14,292.	

Schedule E (Form 1040) 2023