(Rev. January 2021)

Department of the Treasury

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

OMB No. 1545-0074

Internal Revenue Service	to to www.irs.gov/Formoo79 for the latest information.					
Submission Identification Number (SID)	222496202405708jxvv1					
Taxpayer's name		Social security	number			
NEESHMA CHINTHALA		084-63-	2235			
Spouse's name		Spouse's socia	Spouse's social security number			
		year you are	e authorizing.)			
Enter whole dollars only on lines 1 through						
Note: Form 1040-SS filers use line 4 only. L		1	1			
		F	1 82,2			
2 Total tax		_	2 10,3			
	rm(s) W-2 and Form(s) 1099	-	3 12,9			
				544.		
			5			
• • •	Signature Authorization (Be sure you get and ke xamined a copy of the income tax return (original or amended)			•		
return (original or amended) I am now authorizing to send my return to the IRS and to receive from for any delay in processing the return or refund, Agent to initiate an ACH electronic funds withdra payment of my federal taxes owed on this return authorization is to remain in full force and effec payment, I must contact the U.S. Treasury Fin business days prior to the payment (settlement) taxes to receive confidential information necess	d complete. I further declare that the amounts in Part I above g. I consent to allow my intermediate service provider, transmit the IRS (a) an acknowledgement of receipt or reason for reject and (c) the date of any refund. If applicable, I authorize the U.S. awal (direct debit) entry to the financial institution account indic and/or a payment of estimated tax, and the financial institution t until I notify the U.S. Treasury Financial Agent to terminate ancial Agent at 1-888-353-4537. Payment cancellation requedate. I also authorize the financial institutions involved in the pasary to answer inquiries and resolve issues related to the pasignature for the income tax return (original or amended) I am	ter, or electror ction of the tra 3. Treasury and a tra 4 in the tax 1 to debit the a the authorizatests must be processing of tayment. I furth	nic return originator nsmission, (b) the r d its designated Fin c preparation softwater entry to this account ion. To revoke (car received no later the electronic paymer acknowledge th	reason nancial are for nt. This ncel) a than 2 nent of nat the		
Taxpayer's PIN: check one box only			2 2 2 5			
X I authorize GLOBAL TAXES L.	LC to enter or generate m	າv PIN └──┴	2 2 3 5 a	as my		
E	RO firm name (original or amended) I am now authorizing.	Ente	er five digits, but 't enter all zeros	,		
· ·	,		a. Ola a al calair da acc			
	e on the income tax return (original or amended) I am no and your return is filed using the Practitioner PIN metho					
Your signature ▶	Date ▶					
Spouse's PIN: check one box only						
☐ I authorize	to enter or generate m	nv PIN		as my		
	RO firm name	, –	er five digits, but			
signature on the income tax return	(original or amended) I am now authorizing.	don'	t enter all zeros			
	e on the income tax return (original or amended) I am no and your return is filed using the Practitioner PIN metho					
Spouse's signature ▶	Date ►					
Practi	tioner PIN Method Returns Only—continue below					
Part III Certification and Authentic	cation — 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 6 Don't enter		1		
authorized to file for tax year indicated above for	which is my signature for the electronic individual income tax or the taxpayer(s) indicated above. I confirm that I am submit Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	tting this retur	n in accordance wi	n now ith the		
ERO's signature ▶	Date ▶					
	D Must Retain This Form — See Instructions					
	it This Form to the IRS Unless Requested To D	o So				

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

20**23** OMB No. 1545-0074

						01112 1101 1010		J, DO		ne or otapio iii tine opacoi	
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	Se	e sep	arate instructions.	
Your first name	and m	niddle initial	Last n	ame				Yo	Your social security number		
NEESHMA CHINTHALA					0	84	63 2235				
If joint return, spouse's first name and middle initial				ame				Sp	ouse's	s social security number	
								7	87	14 5628	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.	Pre	esiden	ntial Election Campaign	
		HILL CT								ere if you, or your	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete	mplete spaces below. State ZIP c			ZIP code		spouse if filing jointly, want \$3 to go to this fund. Checking a		
KATY			-		TX		77494	bo	x belo	w will not change	
Foreign countr	y name			Foreign province/state/	county	/	Foreign postal co	Foreign postal code your tax or		or refund. You Spouse	
					avaabald (UOU	\					
Filing Status	S	」Single]Married filing jointly (even if only or	na had	incomo)	l	Head of no	ousehold (HOH)			
Check only	×	Married filing separately (MFS)	ne nau	income)		Qualifying	surviving spou	se (OS	S)		
one box.		you checked the MFS box, enter the	name	of your spouse. If you	u che					d's name if the	
		ualifying person is a child but not you							0 0	a oa	
								(1.)			
Digital Assets		ny time during 2023, did you: (a) recenange, or otherwise dispose of a digi	•				•	٠,,		☐ Yes ⊠ No	
Standard		neone can claim: You as a de					7.7: (000 11131140	110113.)		103 110	
Deduction	_	Spouse itemizes on a separate return	•	•		а асропасті					
		<u> </u>									
		: Were born before January 2, 1	959	Are blind Spo	ouse:		n before Janua			☐ Is blind	
Dependent				(2) Social security number	У	(3) Relationsh to you	ip (4) Check th			ies for (see instructions): Credit for other dependents	
If more than four	(1) F) First name Last name		number to you		to you	Offilia tax c				
dependents,								<u></u>	+		
see instruction	s —							<u> </u>	\rightarrow		
and check here []							<u>-</u>	\dashv		
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instructions) .					1a	99,645.	
	b	Household employee wages not re	•	,					1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	a (see ir	nstructions)					1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s) W-2 (see in	instruc	ctions)			1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Fo	orm 2441, line 26					1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					1f		
If you did not get a Form	g	<u> </u>							1g		
W-2, see	h	Other earned income (see instructi	,				· · · · ·	•	1h	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		<u>1i</u>			4_	99,645.	
Attack Cak D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		 h Ta	 axable interest		•	1z 2b	33,043.	
Attach Sch. B if required.	3a	'	3a			dinary divide		•	3b		
	4a	•	4a			axable amoun			4b		
Standard Deduction for—	5a		5a			axable amoun			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 el	lection	method, check here	(see i	nstructions)					
\$13,850	7	Capital gain or (loss). Attach Sched	dule D	if required. If not requ	uired,	check here			7		
Married filing jointly or	8	Additional income from Schedule							8	-17,386.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			come				9	82,259.	
\$27,700 Head of	10	Adjustments to income from Sche							10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-						11	82,259.	
If you checked	12	Standard deduction or itemized							12	13,850.	
any box under Standard	13	Qualified business income deducti	ion tror	II FORM 8995 OF FORM	1 8995	o-A			13	12 050	
Deduction, see instructions.	14 15	Add lines 12 and 13	on or lo		 /OUT **	 avahle incom			14	13,850. 68,409.	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income						10	1 00,403.				

			Page 2
;	Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3	16	10,361.
,	Amount from Schedule 2, line 3	17	
3	Add lines 16 and 17	18	10,361.
)	Child tax credit or credit for other dependents from Schedule 8812	19	
1	Amount from Schedule 3, line 8	20	
	Add lines 19 and 20	21	
2	Subtract line 21 from line 18. If zero or less, enter -0	22	10,361.
}	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	Add lines 22 and 23. This is your total tax	24	10,361.
,	Federal income tax withheld from:		
а	Form(s) W-2		
b	Form(s) 1099		
С	Other forms (see instructions)		
d	Add lines 25a through 25c	25d	12,905.
	2023 estimated tax payments and amount applied from 2022 return	26	
	Earned income credit (EIC)		
	Additional child tax credit from Schedule 8812		
	American opportunity credit from Form 8863, line 8		
	Reserved for future use		
	Amount from Schedule 3, line 15		
	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
,	Add lines 25d, 26, and 32. These are your total payments	33	12,905.
	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,544.
a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	2,544.
b	Routing number 0 8 1 0 0 0 2 1 0 c Type: ▼ Checking □ Savings		
d	Account number 1 5 2 3 2 0 1 3 8 6 4 6		
	Amount of line 34 you want applied to your 2024 estimated tax		
,	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	37	
}	Estimated tax penalty (see instructions)		
	you want to allow another person to discuss this return with the IRS? See ructions	elow	⊠ No
	ignee's Phone Personal identif		
nam			

Joint return?					JAVA DEVEL	OPER		Protection P (see inst.)	IN, enter it here
See instructions. Keep a copy for your records.	opouse 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.	(816) 756-738	3	Email address	NEESHMA.GE	EK@GNAIL.CO	MC		
Date	Preparer's na	ame	Preparer's signat	ture		Date	PT	ΊΝ	Check if:
Paid	SYAM PRIYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY		A RAM SAGAR GUPTA		03/15/2024	4 P02082703		Self-employed
Preparer	Firm's name	GLOBAL TA	XES LLC					Phone no. ((678) 965-9522

Date

245 ROONEY CT E BRUNSWICK NJ

Form 1040 (2023)

Tax and **Credits**

Payments

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?

See instructions.

Amount

You Owe

Third Party

Designee

Sign

Here

Use Only

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30

31

32

33

34

35a

36

37

38

Your signature

Firm's address

08816

Your occupation

If the IRS sent you an Identity

Firm's EIN

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

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number
084-63-2235

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	-17,386.
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		
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)	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 (<u>)</u>	
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			4
	1040, 1040-SR, or 1040-NR, line 8		10	-17 , 386.

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-b	basis government		
	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	The state of the s			
		24c	-	
d		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		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	· · · · · · · · · · · · · · · · · · ·	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 .			
	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.

OMB No. 1545-0074

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. **13**

	SHMA CHINTHALA				084-6	3-2235	
Pai							
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use Sched	l ule C . See	instructions. If	you are an indi	vidual, rep	ort farm
Α	Did you make any payments in 2023 that would require you	to file Form(s	3) 10992 S	ee instruction	ıs	□ Ve	s X No
В	If "Yes," did you or will you file required Form(s) 1099?						
 1a							
		<u> </u>		2050			
_ <u>A</u>	LAXMI NAGAR COLONY SAIDABA HYDERABAD T	<u> </u>	IN 500	1059			
B							
<u>C</u>					. _		
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair			Fair Renta Days		nal Use ays	QJV
A	personal use days. Check the Q		Α	210		0	
B	if you meet the requirements to the	file as a	В	210	/	0	
	qualified joint venture. See instru	uctions.	C				
	e of Property:						
	Single Family Residence 3 Vacation/Short-Term Ren	ıtal 5 La	ınd	7 Self-Re	ental		
	Multi-Family Residence 4 Commercial		yalties		describe)		
	•						
laaa			Α.	Pro	perties: B	1	С
Inco 3	Rents received	3	A	15.	В		<u> </u>
4	Royalties received	4		13.			
	enses:	7					
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,9	80.			
8	Commissions	8	-				
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,5	46.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	3,5				
15	Supplies	15	3,9	50.			
16	Taxes	16	2 2	0.0			
17	Utilities	17	2,3 4,9				
18 19	Depreciation expense or depletion	18	4,9	03.			
20	Other (list) Total expenses. Add lines 5 through 19	20	18,3	0.1			
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20	10,3	01.			
21	result is a (loss), see instructions to find out if you must						
	file Form 6198	21	-17 , 3	86.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22 (17,38	6.)(()
23a	Total of all amounts reported on line 3 for all rental prope	erties		23a	915.		
b	Total of all amounts reported on line 4 for all royalty prop	erties		23b			
С	Total of all amounts reported on line 12 for all properties			23c			
d				23d	4,985.		
е				23e	18,301.		
24	Income. Add positive amounts shown on line 21. Do not				24	,	
25	Losses. Add royalty losses from line 21 and rental real estat					(17,386.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this at					-	-17,386.