Department of the Treasury 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)

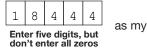
Тахрау	er's name	Social security number				
NIK	HIL RANGA	159-31-8444				
Spouse	's name	Spouse's social security number				
KEE	RTHI SINGAM SHETTY	983-97-4413				
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)				
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income	1 64,525.				
2	Total tax	2 3,979.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,919.				
4	Amount you want refunded to you	4 6,940.				
5	Amount you owe	5				

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

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

				EBO firm name		E	n
X	l authorize	GLOBAL TAXES	TAXES	LLC	to enter or generate my PIN		-



3

as mv

7 4

4

Enter five digits, but don't enter all zeros

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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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.

Spouse's signature 🕨	Da	ate 🕨	•							
	IN Method Returns Only—continue	bel	ow							
Part III 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		6 nter a		2	7	1	

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									
	ERO Must Retain This F Don't Submit This Form to the I								
Fee Devenuerly Deduction Act N	ation and constructions in structures		DEV 04/04/04 DBO	Farm 9970 (Day, 01 0001)					

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	ame		Your social security number						
NIKHIL			RAN	GA						159	31	8444
	pouse's	s first name and middle initial	Last r								1 - 1	security number
KEERTHI			SIN	GAM SH	IETTY					983	97	4413
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaig
	,	ARTHUR BLVD							16			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c		spouse	if filing j	ointly, want \$3
IRVING		,,				ТΣ		750		, v		nd. Checking a
Foreign country	/ name			Foreian p	rovince/state/o				n postal code		ow will r c or refui	not change nd.
0				0 1			,			,	Yo	
Filing Status		Single					Head of h	ouseh	old (HOH)			
-		Married filing jointly (even if only o	he hac	l income)				ousen				
Check only one box.		Married filing separately (MFS)	io nac	111001110)			Qualifying	surviv	ina snouse	(OSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of your s	pouse If you	ı che					ild's nar	ne if the
		alifying person is a child but not you										
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-			∏Ye	s 🛛 No
Standard		eone can claim: You as a de		· _			a dependent			10.)		
Deduction		Spouse itemizes on a separate retur	n or yo		•		•					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	🗌 Is	blind
Dependent				(2) \$	Social security		(3) Relationsh	ip (4				see instructions
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit foi	r other dependen
than four									<u> </u>			<u> </u>
dependents, see instruction:	s ——											<u> </u>
and check	, —											<u> </u>
here												
Income	1a	Total amount from Form(s) W-2, be			,							81,634.
Attach Form(s)	b											
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)										
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ictions)	• •		. <u>1</u> d	_	
1099-R if tax	е	Taxable dependent care benefits f						• •		. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene						• •		. <u>1f</u>		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instructi	,			• •	· · · · ·	· ·		. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					01 604
	<u>z</u>	Add lines 1a through 1h	· ·		· · · ·					. 1z		81,634.
Attach Sch. B	2a	· · -	2a				axable interest			. 2b		
if required.	<u>3a</u>		3a				ordinary divide			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for-	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	· · ·	6a				axable amoun	t	· · · ₋	. 6b		
separately,	С	If you elect to use the lump-sum e				`	,	• •	L			
\$13,850Married filing	7	Capital gain or (loss). Attach Schee							l	7	_	
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-17,109.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	omo	e			. 9		64,525.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household,	11	Subtract line 10 from line 9. This is	-							. 11		64,525.
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12	!	27,700.
any box under Standard	13	Qualified business income deduction	on fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.												36,825.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	3,979.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					🗆	18	3,979.
	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	3,979.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	3,979.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 10	,919.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>				2	25d	10,919.
If you have a	26	2023 estimated tax payment						26	i
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 credits		32	
	33	Add lines 25d, 26, and 32. T	,	-				33	10,919.
Refund	34	If line 33 is more than line 24						34	6,940.
lioidiid	35a	Amount of line 34 you want	-				. 🗆 🖪	35a	6,940.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 4 8 8	U U						
	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			•				omplete belo	ow.	🗙 No
U		signee's		Phone			onal identifica	tion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			ploto. Doolaration o	、				•	, ,
	YO	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see inst		-,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	If the IR	S sen	t your spouse an
Keep a copy for your records.									ction PIN, enter it here
your records.					HOME MAKEI	2	(see inst)	
		one no. (510) 458-191		Email address	RANGANIKHIL	1241@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/01/2024	P020827		Self-employed
Use Only	Fin	m's name GLOBAL TAX					Phone r	10. (f	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

REV 01/21/24 PRO

Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Attachment Sequence No. 01 Your social security number 159-31-8444

Department of the Treasury	Attach
Internal Revenue Service	Go to www.irs.gov/Fo
Name(s) shown on Ec	rm 1040, 1040-SR, or 1040-NR

		• • •			• • • • • • • •	
NIKHIL	RANGA	&	KEERTHI	SINGAM	SHETTY	

Part I Additional Income		
1 Taxable refunds, credits, or offsets of state and local income taxes	. 1	
2a Alimony received		
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 Schedule E	. 5	-17,109.
6 Farm income or (loss). Attach Schedule F.	. 6	
7 Unemployment compensation	. 7	
8 Other income:		
a Net operating loss)	
b Gambling		
c Cancellation of debt		
d Foreign earned income exclusion from Form 2555)	
e 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)		
Section 951A(a) inclusion (see instructions)	_	
p 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		
t Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan		
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 . Enter here and on For		
1040, 1040-SR, or 1040-NR, line 8	. 10	-17,109.
For Paperwork Reduction Act Notice, see your tax return instructions.		= 1 (Form 1040) 2023

Part	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					
C	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:					
 a		24a				
-	Deductible expenses related to income reported on line 8I from the					
		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			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
••	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				
i	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:					
-		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			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

	SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									OMB No. 1545-0074			
(FOUI	1040)	(From re		• •				trusts, REMICs	, etc.)	20) 23		
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to www.irs.gov/ScheduleE for					formation		Attachm	nent ce No. 13		
	shown on return			1 113010			itest in		our soci	al security			
NIKHIL RANGA & KEERTHI SINGAM SHETTY 159-31										-	lambol		
Part			From Rental Real Estate an	nd Ro	valties					1 0111			
	Note: If yo	ou are in th	e business of renting personal proper	rty, use	Schedule	e C. See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm		
			from Form 4835 on page 2, line 40.	1 - Cl -	F	0000					- X N-		
			nts in 2023 that would require you										
			u file required Form(s) 1099?							. 🗌 Ye	s 🗌 No		
1a			ch property (street, city, state, ZI		,								
A	H.NO A-15	4,PHASI	E-I,COMPLEX R.R.DIST HY	YDERA	ABAD TE	ELANG	ANA	IN 500070					
<u>C</u>													
1b	Type of Prope (from list below		For each rental real estate prope above, report the number of fair				⊢a	ir Rental Days	Person Da		QJV		
Α	3		personal use days. Check the Q			Α		365		0			
B			if you meet the requirements to f			B				0			
С		_	qualified joint venture. See instru	uctions	6.	С							
Туре о	of Property:	I				1	1	1		1			
1 3	Single Family R	esidence	3 Vacation/Short-Term Ren	ntal	5 Lanc	ł		Self-Rental					
2	Multi-Family Re	sidence	4 Commercial		6 Roya	alties	8	Other (describ)				
								Properties	6:				
Incom	e:					Α		В	_		С		
3	Rents received	1		3		6	642.						
4	Royalties rece	ived		4									
Expen	ses:												
5				5									
6		-	tructions)	6									
7	-			7		3,8	64.						
8				8									
9				9 10									
10 11			ional fees	11		2 7	21.						
12			to banks, etc. (see instructions)	12		<i>∠,</i> /	21.						
13		-		13									
14				14		2,8	45.						
15				15			510.						
16	Taxes			16									
17	Utilities			17		2,5	89.						
18		expense o	r depletion	18		2,1	.22.						
19	Other (list)			19									
20	•		es 5 through 19	20		17,7	51.						
21			e 3 (rents) and/or 4 (royalties). If										
			structions to find out if you must	21		-17,1	09						
22			state loss after limitation, if any,	21									
~~			ructions)	22	(17,10) .)	()	()		
23a			orted on line 3 for all rental prope				23a	-	, 642.		/		
b		-	orted on line 4 for all royalty prop				23b						
с		-	orted on line 12 for all properties				23c						
d Total of all amounts reported on line 18 for all properties													
е													
24	-		mounts shown on line 21. Do not		-				24	1			
25			es from line 21 and rental real estat						25	(17,109.)		
26			e and royalty income or (loss).										
			IV, and line 40 on page 2 do no , line 5. Otherwise, include this an						26	-	-17,109.		
For Pa			tice, see the separate instructions		NE			-17,109.			1040 202		

Schedule E (Form 1040) 2023