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.

Submission Identification Number (SID)

Taxpayer's name

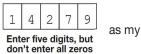
тахрау	er s name	Social security number				
RAM	YA YADAV KAVUDA	058-41-4279				
Spouse	's name	Spouse's social security number				
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)				
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income	1 89,111.				
2	Total tax	2 11,859.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 15,657.				
4	Amount you want refunded to you	4 3,798.				
5	Amount you owe	5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	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)	am now authorizing and to the best of				

Under penalties of perjury, 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

		A.C.		ERO firm name
X	l authorize	GLOBAL	TAXES	LLC

to enter or generate my PIN



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

I authorize

to enter or generate my PIN

Date

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.

Spouse's signature Date > Practitioner PIN Method Returns Only—continue below Certification and Authentication – Practitioner PIN Method Only Part III 2 2 7 2 9 2 1 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 4 6 0 8 Don't enter all zeros

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			
ERO Must Re Don't Submit This Fo			
For Paperwork Reduction Act Notice, see your tax return in	nstructions. BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or staple i	in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning			, 2023, ending , 20					See separate instructions.		
Your first name	and mi	ddle initial	Last r	name						Your so	cial security	y number
RAMYA YA	DAV		KAV	UDA						058	41 42	279
		first name and middle initial	Last r									urity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Electic	on Campaign
2626 E B	2626 E PARK AVE							e	5207	Check I	here if you,	or your
City, town, or post office. If you have a foreign address, also complete s				spaces be	paces below. State ZIP						if filing joint	
TALLAHASSEE						FI		323	01		o this fund. (low will not	
Foreign country name					rovince/state/c	count	ty	Foreig	n postal code		x or refund.	0
											🗌 You	Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	l income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)	*	
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	l che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's name	if the
	qua	alifying person is a child but not you	ir depe	endent:								
Digital	Atan	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rty or	services): o	r (b) sell		
Assets		ange, or otherwise dispose of a digi	-								Yes	XNo
Standard	Som	eone can claim: You as a de	pende	nt 🗌	Your spouse	e as	a dependent	<u> </u>				
Deduction		Spouse itemizes on a separate return	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, 1959	Is bli	ind
Dependents					(2) Social security (3) Relationship (4) Check the b							
If more		irst name Last name		(=/ \	number		to you		Child tax of	credit	Credit for oth	ner dependents
than four											í []
dependents,											í []
see instructions and check	3]
here												
Income	1 a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)			• •		. 1a	10	4 ,953.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.	•		• •		. 1b	<u>, </u>	
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ns)	•			ъ. ъ. ъ.	. <u>1</u> c	;	
attach Forms	d	Medicaid waiver payments not rep			nstru	ictions)	•		. 1d	<u> </u>		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441,	, line 26 .	• •		•		. <u>1</u> e	,		
was withheld.	f	Employer-provided adoption bene			8839, line 29		· · · ·	•	1. A A	. 1f	<u> </u>	
lf you did not get a Form	g	Wages from Form 8919, line 6							. 1g	<u> </u>		
W-2, see	h	Other earned income (see instructions)								. 1h	<u> </u>	0.
instructions.	i	Nontaxable combat pay election (see instructions)							_	10		
	Z	Add lines 1a through 1h	Ni		· · · ·	. 1			• • •	. 1z		953.
Attach Sch. B if required.	2a		2a		2 F		axable interest					
	3a		3a				Ordinary divide					143.
Standard	4a		4a				axable amoun				8	
Deduction for –	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a		6a				axable amoun	t		. 6b	·	
separately, \$13,850	c -	If you elect to use the lump-sum el										
 Married filing 	7	Capital gain or (loss). Attach Schedula						•				5,985.
jointly or Qualifying	8 9	Additional income from Schedule								· 8		39,111.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-			e			· 9		<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 Head of 		Adjustments to income from Sche						•		. 11		39,111.
household, [\$20,800	11 12	Subtract line 10 from line 9. This is Standard deduction or itemized	1.5	5	1000 C			•		. 12		13,850.
If you checked any box under	13	Qualified business income deduction		-						. 13	1	
Standard	13 14							• •		. 14		13,850.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer								. 15		75,261.
					5 . 1110 10 y	501				. 13	/	1040

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 🗌 8814 2 🗌 4972 3 🗌	16	11,859.	
Credits	17	Amount from Schedule 2, line 3	17		
	18	Add lines 16 and 17	18	11,859.	
	19	Child tax credit or credit for other dependents from Schedule 8812	19		
	20	Amount from Schedule 3, line 8	20		
	21	Add lines 19 and 20	21		
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	11,859.	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.	
	24	Add lines 22 and 23. This is your total tax	24	11,859.	
Payments	25	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	15,657.	
If you have a	26	2023 estimated tax payments and amount applied from 2022 return	26		
qualifying child,	27	Earned income credit (EIC)			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			
	29	American opportunity credit from Form 8863, line 8			
	30	Reserved for future use			
	31	Amount from Schedule 3, line 15			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
	33	Add lines 25d, 26, and 32. These are your total payments	33	15,657.	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,798.	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	3,798.	
Direct deposit?	b	Routing number 1 1 0 0 0 2 5 c Type: X Checking Savings			
See instructions.	d	Account number 5 8 6 0 3 5 2 3 6 2 3 7			
	36	Amount of line 34 you want applied to your 2024 estimated tax 36			
Amount	37	Subtract line 33 from line 24. This is the amount you owe .			
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions	37		
	38	Estimated tax penalty (see instructions)			
Third Party	Do	you want to allow another person to discuss this return with the IRS? See			
Designee	ins	structions	below.	× No	
		signee's Phone Personal identi	fication		
<u></u>	na				
Sign	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to i ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whicl	h prepare	or my knowledge and er has any knowledge.	
Here				nt you an Identity	
	10			IN, enter it here	
Joint return?		SOFTWARE DEVELOPER (see	(see inst.)		
See instructions.	Sp			nt your spouse an	
Keep a copy for your records.			itity Prote inst.)	ection PIN, enter it here	
,			1131.7		
	-	one no. (210) 548-3103 Email address RAMYA.Y005@GMAIL.COM		Ohaala if	
Paid		Preparer's name Preparer's signature Date PTIN	0700	Check if:	
Preparer	Constat	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/18/2024 P0208		Self-employed	
Use Only				678)965-9522	
			i's EIN	84-3171965	
Go to www.irs.go	ov/Form	n1040 for instructions and the latest information. BAA REV 02/11/24 PRO		Form 1040 (2023)	

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SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 20 3

Attachment

Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on For	m 1040, 1040-SR, or 1040-NR	Your soc	ial security number
RAMYA YADAV KAV	058-41	-4279	
Part I Additio	nal Income		

Par				
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	-15,985.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b	1	
C	Cancellation of debt	8c	-	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	4	
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h		8h		
i	Prizes and awards	8i	-	
i	Activity not engaged in for profit income	8j		
, k	Stock options	8k	-	
ĩ	Income from the rental of personal property if you engaged in the rental		1	
•	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	1	
q	Taxable distributions from an ABLE account (see instructions)	8q	1	
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. Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-15,985.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 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 government	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):		00	
20			20	
21	Student loan interest deduction		21	
22 23	Reserved for future use		22 23	
23 24	Archer MSA deduction		23	
24 a		24a		
a b	Deductible expenses related to income reported on line 8l from the	240	-	
D		24b		
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
Ŭ		24c		
d		24d	-	
e	Repayment of supplemental unemployment benefits under the Trade		1	
		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			
		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			
		24i		
j		<u>24j</u>	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
_		24k	-	
Z	Other adjustments. List type and amount:	24-		
25	Total other adjustments. Add lines 24a through 24z	24z	25	
23 26	Add lines 11 through 23 and 25. These are your adjustments to income .		25	
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	ВАА	REV 02/11/24 PRO		ule 1 (Form 1040) 2023
				and an a second

	SCHEDULE E Supplemental Income and Loss					OMB No	o. 1545-0074					
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20) 23			
	ent of the Treasury			Attach to Form 104							Attachn	nent
	Revenue Service		Go to ww	w.irs.gov/ScheduleE	for instru	uctions ar	nd the la	itest in				ce No. 13
. ,	shown on return										al security	
Part	A YADAV KA		o Erom Do	ntal Real Estate a	and Do	voltion				058-4	1-4279	
Part	Note: If yo	u are in t	he business c	of renting personal prop 4835 on page 2, line 40	perty, use		e C. See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
A D				that would require yo		Form(s)	1099? 5	See ins	structions		. 🗌 Ye	s X No
B If	"Yes," did you	or will y	ou file requi	red Form(s) 1099?							. 🗌 Ye	es 🗌 No
1 a	Physical addr	ess of e	ach property	/ (street, city, state, 2	ZIP code	e)						
Α	MALKAJGIR	I HYDE	RABAD TE	LANGANA IN 50	0047							
В				We find a conject state of the Deriver ID Former IC TV.	an and see to							
С												
1b								al Use	QJV			
	(from list below	v)		oort the number of fa ise days. Check the					Days	Da		
	3	_		t the requirements to			A		350		0	
B C		_		pint venture. See inst			B					
	of Property:											
	Single Family R	esidence	e 3 Vac	ation/Short-Term Re	ental	5 Land	4	7	Self-Rental			
	Multi-Family Re			nmercial		6 Roy			Other (descri	be)		
Incom							A		Propertie B	95:		С
3					3		Internet in	80.	D			0
4					4		0					
Expen												
5					5							
6					6							
7	Cleaning and r	naintena	ance		7		1,2	54.				
8	Commissions				8							
9	Insurance				9							
10	0				10							
11	Management f				11	<u> </u>	1,3	65.				
12		-		tc. (see instructions)								
13 14					13 14		3 1	78.				
14					14		<u> </u>	58.				
16					16		5/1	50.				
17					17		2,3	65.				
18					18		4,9					
19	Other (list)				19							
20	Total expenses	s. <mark>Add l</mark> ir	nes 5 throug	h 19	20		16,8	65.				
21				and/or 4 (royalties). I								
				o find out if you mus								
					21		-15,9	85.				
22				after limitation, if any		1	15 00		1	1	/	
23a				e 3 for all rental prop	22		15,98	23a	() 880.	(
zsa b				he 4 for all royalty pro				23a		000.		
c				ne 12 for all propertie				23c				
d				ne 18 for all propertie				23d	4,	945.		
e				ne 20 for all propertie				23e		,865.		
24	Income. Add p	ositive a	amounts sho	own on line 21. Do n	ot inclu	de any lo	sses	• •		24		
25	Losses. Add ro	yalty los	ses from line	21 and rental real est	tate losse	es from lir	ne 22. E	nter to	tal losses here	25	(15 , 985.
26	Total rental re	al estat	te and roya	Ity income or (loss)). Comb	ine lines	24 and	25. E	inter the resul	t		

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 . NPA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

26

-15,985.

-15,985.

BAA REV 02/11/24 PRO