| Form <b>8879</b>           |
|----------------------------|
| (Rev. January 2021)        |
| Department of the Treesury |

### 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)

| Taxpay | er's name  | Social security | number         |         |
|--------|--|-----------------|----------------|---------|
| DEE    | KSHITH REDDY PASHAM  | 895-35-0        | 0145           |         |
| Spouse | s's name   | Spouse's socia  | I security num | ber     |
| Par    | Tax Return Information – Tax Year Ending December 31, 2023 (Enter      | r year you are  | e authorizir   | ng.)    |
| 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              | 65,473. |
| 2      | Total tax  | [               | 2              | 6,665.  |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          | [               | 3              | 10,394. |
| 4      | Amount you want refunded to you  | [               | 4              | 3,729.  |
| 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

| X     | l authorize | GLOBAL TAXE | S LLC | to enter or generate my PI |
|-------|-------------|-------------|-------|----------------------------|
| 10.01 | I ddunonzo  |             |       |                            |

| 5          | 0                | 1               | 4               | 5          |       |
|------------|------------------|-----------------|-----------------|------------|-------|
| Ent<br>don | er fiv<br>n't er | ve di<br>Iter a | gits,<br>all ze | but<br>ros | as my |

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.

Your signature

Date

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

I authorize

to enter or generate my PIN

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.

| Spouse's signature 🕨   | Date ►  |
|--|---|
| Practitioner PIN Metho   | d Returns Only—continue below                     |
| Part III Certification and Authentication – Practit                  | ioner PIN Method Only                             |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi | ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 >                              |   |                |                          |
|--|---|----------------|--------------------------|
| _  | lust Retain This Form — See Instru<br>This Form to the IRS Unless Reque |                |                          |
| For Denerwork Reduction Act Nation and your to |   | V 01/27/24 BBO | Earm 8879 (Pov. 01 2021) |

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO

| <b>1040</b>                                      |                 | artment of the Treasury—Internal Revenue Servi<br>S. Individual Income Tax |          | turn         | 202               | 3     | OMB No. 1545     | -0074   | IRS Use Only  | y—Do not v                 | vrite or sta | aple in this space.       |  |  |
|--|-----------------|--|----------|--------------|-------------------|-------|------------------|---------|---------------|----------------------------|--------------|---------------------------|--|--|
| For the year Jan                                 | . 1–Dec         | c. 31, 2023, or other tax year beginning                                   |          |              | , 2023, end       | ing   |                  |         | , 20          | See se                     | parate       | instructions.             |  |  |
| Your first name                                  | and m           | iddle initial  | Last r   | name         |                   |       |                  |         |               | Your so                    | cial sec     | curity number             |  |  |
| DEEKSHIJ   | 'H RI           | EDDY   | PAS      | HAM          |                   |       |                  |         |               | 895                        | 35           | 0145                      |  |  |
|  |                 | s first name and middle initial  | Last r   |              |                   |       |                  |         |               |                            |              | I security number         |  |  |
|  |                 |  |          |              |                   |       |                  |         |               |                            |              | l                         |  |  |
| Home address                                     | (numbe          | er and street). If you have a P.O. box, see                                | instruc  | tions.       |                   |       |                  | A       | pt. no.       | Preside                    | ntial Ele    | ection Campaigr           |  |  |
| 9323 MEN   | ICHA            | CA RD  |          |              |                   |       |                  |         |               | Check                      | here if y    | ou, or your               |  |  |
|  |                 | ce. If you have a foreign address, also co                                 | mplete   | spaces be    | low.              | Sta   | ite              | ZIP co  | ode           | 1 1                        | 0            | jointly, want \$3         |  |  |
| AUSTIN   |                 |  |          |              |                   | ТΣ    | ζ                | 787     | 48            |                            |              | nd. Checking a not change |  |  |
| Foreign country                                  | / name          |  |          | Foreign p    | rovince/state/o   | count | ty               | Foreig  | n postal code |                            |              | 0                         |  |  |
|  |                 |  |          |              |                   |       |                  |         |               |                            | 🗌 Ya         | ou 🗌 Spouse               |  |  |
| Filing Status                                    | ; 🛛             | Single   |          |              |                   |       | Head of he       | ouseh   | old (HOH)     |                            |              |                           |  |  |
| Check only                                       |                 | Married filing jointly (even if only one had income)                       |          |              |                   |       |                  |         |               |                            |              |                           |  |  |
| one box.   |                 | Married filing separately (MFS)  |          |              |                   |       |                  |         |               |                            |              |                           |  |  |
|  | lf y            | you checked the MFS box, enter the   | name     | of your s    | pouse. If you     | ı che | ecked the HOH    | l or QS | SS box, ent   | er the ch                  | ild's na     | ime if the                |  |  |
|  | qu              | lalifying person is a child but not you                                    | ır depe  | endent:      |                   |       |                  |         |               |                            |              |                           |  |  |
| Digital  | Atar            | ny time during 2023, did you: (a) rec                                      | eive (a  | s a reward   | d award or        | navr  | ment for prope   | rtv or  | services): o  | r (b) sell                 |              |                           |  |  |
| Assets   |                 | hange, or otherwise dispose of a dig                                       |          |              |                   |       |                  |         |               |                            |              | es 🛛 No                   |  |  |
| Standard   |                 | neone can claim: 🗌 You as a de   |          | <u> </u>     |                   |       | a dependent      | , ,     |               | ,                          |              |                           |  |  |
| Deduction  | _               | <br>Spouse itemizes on a separate retur                                    | •        |              | dual-status       | alien | 1                |         |               |                            |              |                           |  |  |
| Age/Blindness                                    |                 | : Were born before January 2, 1  |          | Are b        |                   | ouse  | _                | n befo  | ore January   | 2 1959                     |              | s blind                   |  |  |
| Dependents                                       |                 |  |          |              | Social security   |       | (3) Relationsh   | 14      |               |                            |              | (see instructions):       |  |  |
| -  |                 | irst name Last name  |          | (2)          | number            |       | to you           |         | Child tax o   |                            |              | or other dependents       |  |  |
| lf more<br>than four                             |                 |  |          |              |                   |       |                  |         |               |                            | $\square$    |                           |  |  |
| dependents,                                      | -               |  |          |              |                   |       |                  |         |               |                            |              |                           |  |  |
| see instructions<br>and check                    | s ——            |  |          |              |                   |       |                  |         |               |                            |              |                           |  |  |
| here   |                 |  |          |              |                   |       |                  |         |               |                            |              |                           |  |  |
| Income   | 1a              | Total amount from Form(s) W-2, b   | ox 1 (s  | ee instruc   | ctions)           |       |                  |         |               | . 1a                       | 1            | 76,563.                   |  |  |
|  | b               | Household employee wages not re  | eporte   | d on Form    | n(s) W-2          |       |                  |         |               | . 1b                       | )            |                           |  |  |
| Attach Form(s)<br>W-2 here. Also                 | с               | Tip income not reported on line 1a   | ι (see i | nstructior   | ns)               |       |                  |         |               | . 10                       | ;            |                           |  |  |
| attach Forms                                     | d               | Medicaid waiver payments not rep   | orted    | on Form(s    | s) W-2 (see ir    | nstru | uctions)         |         |               | . 10                       | 1            |                           |  |  |
| W-2G and<br>1099-R if tax                        | е               | Taxable dependent care benefits f  | rom F    | orm 2441,    | n 2441, line 26   |       |                  |         |               | . 1e                       | •            |                           |  |  |
| was withheld.                                    | f               | Employer-provided adoption bene  | fits fro | m Form 8     | -                 |       |                  |         |               | . 1f                       | :            |                           |  |  |
| If you did not                                   | g               | Wages from Form 8919, line 6 .   |          |              |                   |       |                  |         |               | . 10                       | ,            |                           |  |  |
| get a Form<br>W-2, see                           | h               | Other earned income (see instruct  |          |              |                   |       |                  | · ·     |               | . <b>1</b> h               | 1            | 0.                        |  |  |
| instructions.                                    | i               | Nontaxable combat pay election (s  | see ins  | structions)  |                   |       | <b>1</b> i       |         |               |                            |              |                           |  |  |
|  | z               | Add lines 1a through 1h  | • ;      |              | · · · ·           |       |                  |         |               | . 1z                       |              | 76,563.                   |  |  |
| Attach Sch. B                                    | 2a              | •  | 2a       |              |                   |       | axable interest  |         |               | . <b>2</b> b               |              |                           |  |  |
| if required.                                     | 3a              |  | 3a       |              |                   |       | Ordinary divider |         |               | . 3b                       |              |                           |  |  |
| Standard   | 4a<br>-         |  | 4a       |              |                   |       | axable amoun     |         |               | . 4b                       |              |                           |  |  |
| Deduction for—                                   | 5a              |  | 5a       |              |                   |       | axable amoun     |         |               | . 5b                       |              |                           |  |  |
| <ul> <li>Single or<br/>Married filing</li> </ul> | 6a              | ,  | 6a       |              |                   |       | axable amoun     | t       |               | . 6b                       | )            |                           |  |  |
| separately,<br>\$13,850                          | c<br>-          | If you elect to use the lump-sum e   |          |              |                   | •     | ,                | • •     |               | ╡╎╴                        |              |                           |  |  |
| <ul> <li>Married filing</li> </ul>               | 7               | Capital gain or (loss). Attach Scher                                       |          |              |                   |       |                  | • •     |               |                            | _            | 11 000                    |  |  |
| jointly or<br>Qualifying                         | 8               | Additional income from Schedule  |          |              |                   |       |                  | • •     |               | . 8                        |              | -11,090.                  |  |  |
| surviving spouse,<br>\$27,700                    | 9<br>10         | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7  |          |              |                   |       |                  | • •     |               | . 9                        | -            | 65,473.                   |  |  |
| <ul> <li>Head of</li> </ul>                      | 10<br>11        | Adjustments to income from Sche  |          |              |                   |       |                  | • •     | · · ·         | . 10                       |              | 65 472                    |  |  |
| household, [<br>\$20,800                         | 11              | Subtract line 10 from line 9. This is<br>Standard deduction or itemized    | •        | -            | -                 |       |                  | • •     |               | . <u>11</u><br>. <u>12</u> | _            | 65,473.                   |  |  |
| If you checked<br>any box under                  | <u>12</u><br>13 | Standard deduction or itemized<br>Qualified business income deduct         |          |              |                   |       | ····             | • •     |               | · 12<br>· 13               | -            | 13,850.                   |  |  |
| Standard   | 14              |  |          |              |                   | 099   | σπ               | • •     |               | . 14                       |              | 13,850.                   |  |  |
| Deduction, see instructions.                     | 14              | Add lines 12 and 13 Subtract line 14 from line 11. If zer                  |          | <br>ss enter | <br>-0- This is v | <br>  | taxable incom    | <br>e   |               | . 15                       |              | 51,623.                   |  |  |
|  |                 |  | 5 51 16  |              | 5 . 1113 13 y     | Jui   |                  |         | · · ·         | . 10                       | · I          | 51,025.                   |  |  |

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      | 6,665.                                |
| Credits                              | 17        | Amount from Schedule 2, lin                   | ne3                      |                     |                    |                  | [                           | 17      |                                       |
|                                      | 18        | Add lines 16 and 17                           |                          |                     |                    |                  |                             | 18      | 6,665.                                |
|                                      | 19        | Child tax credit or credit for                | other dependent          | ts from Sched       | ule 8812           |                  |                             | 19      |                                       |
|                                      | 20        | Amount from Schedule 3, lin                   | ne8                      |                     |                    |                  |                             | 20      |                                       |
|                                      | 21        | Add lines 19 and 20                           |                          |                     |                    |                  |                             | 21      |                                       |
|                                      | 22        | Subtract line 21 from line 18                 | . If zero or less,       | enter -0            |                    |                  | [                           | 22      | 6,665.                                |
|                                      | 23        | Other taxes, including self-e                 | mployment tax,           | from Schedule       | e 2, line 21 .     |                  | [                           | 23      | 0.                                    |
|                                      | 24        | Add lines 22 and 23. This is                  | your <b>total tax</b>    |                     |                    |                  | [                           | 24      | 6,665.                                |
| Payments                             | 25        | Federal income tax withheld                   |                          |                     |                    |                  |                             |         |                                       |
| -                                    | а         | Form(s) W-2                                   |                          |                     |                    | <b>25a</b> 10    | ,394.                       |         |                                       |
|                                      | b         | Form(s) 1099                                  |                          |                     |                    | 25b              |                             |         |                                       |
|                                      | с         | Other forms (see instructions                 | s)                       |                     |                    | 25c              |                             |         |                                       |
|                                      | d         | Add lines 25a through 25c                     |                          |                     |                    |                  |                             | 25d     | 10,394.                               |
| If you have a                        | 26        | 2023 estimated tax payment                    | ts and amount a          | pplied from 20      | )22 return         |                  | [                           | 26      |                                       |
| qualifying child,                    | 27        | Earned income credit (EIC)                    |                          |                     | No                 | 27               |                             |         |                                       |
| attach Sch. EIC.                     | 28        | Additional child tax credit from              | m Schedule 8812          |                     |                    | 28               |                             |         |                                       |
|                                      | 29        | American opportunity credit                   | from Form 8863           | 8, line 8           |                    | 29               |                             |         |                                       |
|                                      | 30        | Reserved for future use .                     |                          |                     |                    | 30               |                             |         |                                       |
|                                      | 31        | Amount from Schedule 3, lin                   | ne 15                    |                     |                    | 31               |                             |         |                                       |
|                                      | 32        | Add lines 27, 28, 29, and 31                  | . These are your         | total other pa      | ayments and refu   | undable credits  |                             | 32      |                                       |
|                                      | 33        | Add lines 25d, 26, and 32. T                  | hese are your <b>to</b>  | tal payments        |                    |                  | [                           | 33      | 10,394.                               |
| Refund                               | 34        | If line 33 is more than line 24               |                          | 34                  | 3,729.             |                  |                             |         |                                       |
|                                      | 35a       | Amount of line 34 you want                    | refunded to you          | J. If Form 8888     | 3 is attached, che | ck here          | . 🗆 🗌                       | 35a     | 3,729.                                |
| Direct deposit?                      | b         | Routing number 3 2 2                          | 2 7 1 6                  | 2 7                 | c Type: 🛛 🗙        | Checking         | Savings                     |         |                                       |
| See instructions.                    | d         | Account number 8 7 0                          | 1 8 1 7                  | 2 9                 |                    |                  |                             |         |                                       |
|                                      | 36        | Amount of line 34 you want a                  |                          |                     |                    |                  |                             |         |                                       |
| Amount                               | 37        | Subtract line 33 from line 24                 | . This is the <b>amo</b> | ount you owe        |                    |                  |                             |         |                                       |
| You Owe                              |           | For details on how to pay, g                  | o to <i>www.irs.go</i> v | //Payments or       | see instructions   |                  |                             | 37      |                                       |
|                                      | 38        | Estimated tax penalty (see in                 | nstructions) .           |                     |                    | 38               |                             |         |                                       |
| Third Party                          | Do        | you want to allow another                     | person to disc           | cuss this retu      | rn with the IRS?   |                  |                             |         |                                       |
| Designee                             | ins       | tructions                                     |                          |                     |                    | 🗌 <b>Yes.</b> C  | omplete be                  | ow.     | × No                                  |
|                                      | De<br>nai | signee's                                      |                          | Phone no.           |                    |                  | onal identific<br>ber (PIN) | ation   |                                       |
| 0:                                   |           | der penalties of perjury, I declare th        | nat I have examined      |                     | accompanying sche  |                  | . ,                         | host (  | of my knowledge and                   |
| Sign                                 |           | ief, they are true, correct, and com          |                          |                     | 1 7 0              |                  | ,                           |         | , ,                                   |
| Here                                 | Yo        | ur signature                                  |                          | Date                | Your occupation    |                  | If the IF                   | RS ser  | nt you an Identity                    |
|                                      |           |   |                          | Duto                |                    |                  | Protect                     | tion Pl | N, enter it here                      |
| Joint return?                        |           |   |                          |                     | PROGRAM AI         | NALYST           | (see ins                    | st.)    |                                       |
| See instructions.<br>Keep a copy for | Sp        | ouse's signature. If a joint return, <b>t</b> | ooth must sign.          | Date                | Spouse's occupat   | ion              |                             |         | t your spouse an                      |
| your records.                        |           |   |                          |                     |                    |                  | (see ins                    |         | ection PIN, enter it here             |
|                                      | Dh        | 20000 (626)626 EE7                            | 0                        | Email addross       | 20000000           |                  | ,                           |         |                                       |
|                                      |           | one no. (626)636-557<br>eparer's name         | U<br>Preparer's signat   | Email address       | ντντηρηκο3         | Date             | PTIN                        |         | Check if:                             |
| Paid                                 |           | PRIYA RAM SAGAR GUPTA TALLAM                  | , s                      |                     | (110 ሞለተተለጠ        |                  | P020827                     | ,02     | Self-employed                         |
| Preparer                             |           |   |                          | NAM SAGAR           | GUPIA IALLAM       | 02/02/2024       |                             |         |                                       |
| Use Only                             |           | n's name GLOBAL TAX                           | Y CT E BRU               |                     | J 08816            |                  |                             |         | 678)965-9522                          |
|                                      |           |   |                          | MOWICK N            |                    |                  | Firm's                      |         | 84-3171965<br>Form <b>1040</b> (2023) |
| GO IO WWW.Irs.go                     | JV/FOM    | n1040 for instructions and the late           | sumormation.             |                     | BAA                | REV 01/27/24 PRO |                             |         | Form 1040 (2023)                      |

REV 01/27/24 PRO

| 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 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number DEEKSHITH REDDY PASHAM 895-35-0145

| 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. Atta                                   | 5           | -11,090. |                      |
| 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  |             |          |                      |
|        | ,  | 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  | <u>8s</u> ( | )        |                      |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or  |             |          |                      |
|        | a nongovernmental section 457 plan   | 8t          | _        |                      |
| u      | Wages earned while incarcerated  | <u>8u</u>   | _        |                      |
| Z      | Other income. List type and amount:  | •           |          |                      |
| ~      | Tatal athen in some Add lines On through On  |             |          |                      |
| 9      | Total other income. Add lines 8a through 8z  |             | 9        |                      |
| 10     | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8 |             | 10       | -11,090.             |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.  |             | Schedul  | e 1 (Form 1040) 2023 |

| Par | t II Adjustments to Income  |       |               |                |
|-----|---|-------|---------------|----------------|
| 11  | Educator expenses   |       | 11            |                |
| 12  | Certain business expenses of reservists, performing artists, and fee-basis govern   | ment  |               |                |
|     | 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 |   |       | 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)  |       |               |                |
| b   | Deductible expenses related to income reported on line 8I from the                  |       |               |                |
|     | rental of personal property engaged in for profit                                   |       |               |                |
| с   | Nontaxable amount of the value of Olympic and Paralympic medals                     |       |               |                |
|     | and USOC prize money reported on line 8m.   |       |               |                |
| d   | Reforestation amortization and expenses   |       |               |                |
| е   | Repayment of supplemental unemployment benefits under the Trade                     |       |               |                |
|     | Act of 1974   |       |               |                |
| f   | Contributions to section 501(c)(18)(D) pension plans                                |       |               |                |
| g   | Contributions by certain chaplains to section 403(b) plans 24g                      |       |               |                |
| ĥ   | Attorney fees and court costs for actions involving certain unlawful                |       |               |                |
|     | discrimination claims (see instructions)  |       |               |                |
| 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  |       |               |                |
| j   | Housing deduction from Form 2555  |       |               |                |
| k   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form                 |       |               |                |
|     | 1041)   |       |               |                |
| 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. Enter here ar | nd on |               |                |
|     | Form 1040, 1040-ŠR, or 1040-NR, line 10   |       | 26            |                |
|     | <b>BAA</b> REV 01/27/24 PRO   |       | Schedule 1 (F | orm 1040) 202: |

|          |  |        |         |            |               | Supplemental Income and Loss OMB No. 1545-0074       |                       |             |                  |          |                |                          |             | lo. 1545-0074     |
|----------|--|--------|---------|------------|---------------|--|-----------------------|-------------|------------------|----------|----------------|--------------------------|-------------|-------------------|
| (Form    | (Form 1040) (From rental real estate, royalties, partnersh   |        |         |            |               |  |                       | -           |                  |          | trusts, REMI   | Cs, etc.)                | 2(          | 023               |
|          | ent of the Treasury  |        |         | 0.1        |               | h to Form 1040,                                      |                       |             |                  |          |                |                          | Attach      | ment 10           |
|          | Revenue Service  |        |         | Go to l    | www.irs.go    | v/ScheduleE for                                      | rinstri               | uctions ar  | nd the la        | atest ir | nformation.    | - X                      |             | nce No. <b>13</b> |
| .,       | ne(s) shown on return Your social EKSHITH REDDY PASHAM 895-35  |        |         |            |               |  |                       |             |                  |          |                | -                        |             |                   |
| Part     |  |        |         |            | Danstal D     |  |                       | voltion     |                  |          |                | 895-3                    | 5-0145      | )                 |
| Part     | Note: If yo  | ou are | e in th | e busines  | ss of renting | eal Estate an<br>personal proper<br>page 2, line 40. |                       |             | <b>e C</b> . See | e instru | ctions. If you | are an indi <sup>,</sup> | vidual, rep | port farm         |
| Α        | rental income or loss from <b>Form 4835</b> on page 2, line 40.<br>Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions |        |         |            |               |  |                       |             |                  |          | . <b>Y</b>     | es 🕅 No                  |             |                   |
|          | f "Yes," did you   |        |         |            |               |  |                       |             |                  |          |                |                          |             | es 🗌 No           |
| 1a       |  |        |         |            |               | t, city, state, ZII                                  |                       |             |                  |          |                |                          |             |                   |
| Α        | 2-92, BANG   | LAVI   | ENK     | ATAPUR     | SIDDI         | PET,GAJWEL   | TELA                  | ANGANA      | IN 5             | 0233     | 4              |                          |             |                   |
| В        |  | -      |         |            |               | ,  |                       |             |                  |          |                |                          |             |                   |
| С        |  |        |         |            |               |  |                       |             |                  |          |                |                          |             |                   |
| 1b       | Type of Prope  | rty    | 2       | For eac    | h rental re   | al estate prope                                      | ertv lis <sup>:</sup> | ted         |                  | Fa       | air Rental     | Persor                   | al Use      | 0.11/             |
|          | (from list below   |        |         | above,     | report the    | number of fair                                       | rental                | and         |                  |          | Days           | Da                       | iys         | QJV               |
| Α        | 3  |        |         |            |               | s. Check the Q                                       |                       |             | Α                |          | 365            |                          | 0           |                   |
| В        |  |        |         |            |               | quirements to f<br>ture. See instru                  |                       |             | В                |          |                |                          |             |                   |
| С        |  |        |         | quaime     |               | ture. Gee matro                                      |                       | 5.          | С                |          |                |                          |             |                   |
|          | of Property:   |        |         |            |               |  |                       |             |                  |          |                |                          |             |                   |
|          | Single Family R  |        |         | 3 \        | /acation/S    | Short-Term Ren                                       | tal                   | 5 Land      |                  |          | Self-Rental    |                          |             |                   |
| 2        | Multi-Family Re  | side   | nce     | 4 (        | Commerci      | al   |                       | 6 Roya      | alties           | 8        | Other (desc    | ribe)                    |             |                   |
|          |  |        |         |            |               |  |                       |             |                  |          | Propert        | ies:                     |             |                   |
| Incom    | ie:  |        |         |            |               |  |                       |             | Α                |          | В              |                          |             | С                 |
| 3        | Rents received   | . k    |         |            |               |  | 3                     |             | 5                | 20.      |                |                          |             |                   |
| 4        | Royalties recei  | ived   |         |            |               |  | 4                     |             |                  |          |                |                          |             |                   |
| Expen    |  |        |         |            |               |  |                       |             |                  |          |                |                          |             |                   |
| 5        | Advertising .  |        |         |            |               |  | 5                     |             |                  |          |                |                          |             |                   |
| 6        | Auto and trave   | el (se | e ins   | tructions  | s)            |  | 6                     |             |                  |          |                |                          |             |                   |
| 7        | Cleaning and r   |        |         |            |               |  | 7                     |             | 1,3              | 570.     |                |                          |             |                   |
| 8        | Commissions  |        |         |            |               |  | 8                     |             |                  |          |                |                          |             |                   |
| 9        | Insurance  |        |         |            |               |  | 9                     |             |                  |          |                |                          |             |                   |
| 10       | Legal and othe   |        |         |            |               |  | 10                    |             |                  |          |                |                          |             |                   |
| 11       | Management f   |        |         |            |               |  | 11                    |             | 1,0              | 50.      |                |                          |             |                   |
| 12       | Mortgage inter   | -      |         |            | -             |  | 12                    |             |                  |          |                |                          |             |                   |
| 13<br>14 | Other interest   |        |         |            |               |  | 13<br>14              |             | 2 7              | 20.      |                |                          |             |                   |
| 14       | Repairs<br>Supplies  |        |         |            |               |  | 14                    |             |                  | .70.     |                |                          |             |                   |
| 16       |  |        |         |            |               |  | 16                    |             | J,1              | . / 0 .  |                |                          |             |                   |
| 17       | Utilities  |        |         |            |               |  | 17                    |             | 3.3              | 00.      |                |                          | L           |                   |
| 18       | Depreciation e   |        |         |            |               |  | 18                    |             |                  |          |                |                          |             |                   |
| 19       | Other (list)   |        |         |            |               |  | 19                    |             |                  |          |                |                          |             |                   |
| 20       | Total expenses   |        |         |            |               |  | 20                    |             | 11,6             | 510.     |                |                          |             |                   |
| 21       | Subtract line 2  | 0 fro  | om lir  | ne 3 (rent | ts) and/or    | 4 (royalties). If                                    |                       |             |                  |          |                |                          |             |                   |
|          | result is a (loss  | s), se | e ins   | struction  | s to find o   | ut if you must                                       |                       |             |                  |          |                |                          |             |                   |
|          | file <b>Form 6198</b>  |        |         |            |               |  | 21                    |             | -11,0            | 90.      |                |                          |             |                   |
| 22       | Deductible ren<br>on <b>Form 8582</b>  |        |         |            |               |  | 22                    | (           | 11,09            | 90.)     | (              | )                        | (           |                   |
| 23a      |  |        |         |            |               |  |                       |             |                  | 23a      | N              | 520.                     |             |                   |
| b        |  |        |         |            |               |  |                       |             |                  | 23b      |                |                          |             |                   |
| c        |  |        |         |            |               |  |                       |             |                  | 23c      |                |                          |             |                   |
| d        | Total of all amo   |        |         |            |               |  |                       |             |                  | 23d      |                |                          |             |                   |
| е        |  |        |         |            |               | r all properties                                     |                       |             |                  | 23e      | 1              | 1,610.                   |             |                   |
| 24       |  |        |         |            |               | line 21. Do not                                      |                       | de any lo   | sses             |          |                | . 24                     |             |                   |
| 25       | Losses. Add ro   | yalty  | loss    | es from l  | ine 21 and    | rental real estat                                    | e losse               | es from lir | ne 22. E         | inter to | otal losses he | re <b>25</b>             | (           | 11,090.           |
|          |  |        |         |            |               | <i>(</i> <b>1</b> )                                  | <u> </u>              |             | ~ 1              |          |                |                          |             |                   |

**26** Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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

For Paperwork Reduction Act Notice, see the separate instructions.

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-11,090.