Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taypayar'a nama

Талрауе		Social Security number								
SAT	YA SURYA SUBRAMAN VEDULA	323-83-2160								
Spouse	's name	Spouse's soc	cial secur	ity number						
Part	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)									
Enter	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	58,224.						
2	Total tax		2	5,105.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9,463.						
4	Amount you want refunded to you		4	4,358.						
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

	1 ddthonze		11111110	ERO firm name	to enter or generate my r m	Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	1

3	2	1	6	0	
Ent don	as my				

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 Method Returns Only—continue below							
Part III Certification and Authentication – Pra	ctitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 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 🕨		Date 🕨	
Don't			
For Denominary Deduction Act Nation	e very tev veture instructions	BEV/ 02/16/24 BBO	Earm 8879 (Bay, 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/16/24 PRO

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	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	1		, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SATYA SURYA SUBRAMAN VEDU										323	83	2160
		s first name and middle initial	Last r									security number
										670	61	7869
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.			ection Campaign
9204 NOF	THF:	IELD CROSSING DRIVE								Check I	here if y	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		0	jointly, want \$3
CHARLOTT	ΓE					NC	7	282	69	, v		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax		
											Yc	ou 🗌 Spouse
Filing Status	; [] Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne hac	l income)								
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
		ou checked the MFS box, enter the						l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent: _I	HARITHA	VAI	DLAMUDI					
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d. award. or	pavr	nent for prope	rtv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a digi									🗌 Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de					a dependent	, ,				
Deduction	_	Spouse itemizes on a separate retur	•		dual-status	alien						
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		s blind
Dependents				(2) 5	Social security		(3) Relationsh	14			ifies for ((see instructions):
•		(1) First name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
lf more than four												\Box
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		68,709.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441,	, line 26					. 1e	•		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 1f	:	
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruction	ions)					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i					
	z	Add lines 1a through 1h	• ;							. 1z	:	68,709.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interest			. 2 b)	
if required.	<u>3a</u>	Qualified dividends	3a			b 0	ordinary divider	nds .		. 3 b		
Standard	4a		4a				axable amoun			. 4b	-	
Deduction for-	5a	-	5a				axable amoun			. 5 b	-	
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6b)	
separately,	c	If you elect to use the lump-sum e		-		•	,	• •	L	\exists		
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee						• •	L		_	10 405
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-10,485.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				• •		. 9		58,224.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, 20,800	11	Subtract line 10 from line 9. This is	-	-	-			• •		. 11	_	58,224.
• If you checked	12	Standard deduction or itemized				'		• •		. 12	-	13,850.
any box under Standard	13	Qualified business income deducti	on tro	m ⊦orm 8	995 or Form	899	5-A	• •		. 13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13	• •		•••••		· · · ·			. 14		13,850.
	15	Subtract line 14 from line 11. If zer	U Or le	ess, enter	-u I nis is y	ourt	axable incom	e.		. 15		44,374.

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

Form **1040** (2023)

Form 1040 (2023	3)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	n(s): 1 🗌 881	4 2 4972	3	16	5,105.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				Image: 17 Image: 17 Image: 18 Image: 18	5,105.
	19	Child tax credit or credit for other depender	ts from Sched	ule 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	5,105.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	5,105.
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 9	,463.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	9,463.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return .		26	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812	2		28		
	29	American opportunity credit from Form 886	3. line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you			undable credits	32	
	33	Add lines 25d, 26, and 32. These are your to					
Refund	34	If line 33 is more than line 24, subtract line 2					
nerana	35a	Amount of line 34 you want refunded to yo			, ,		
Direct deposit?	b	Routing number 0 7 1 9 2 1 8					
See instructions.	d	Account number 4 6 3 5 3 7 0	g-				
	36	Amount of line 34 you want applied to your		ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the am					
You Owe	57	For details on how to pay, go to <i>www.irs.go</i>				37	
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to dis					
Designee						mplete below	. 🗙 No
	De	signee's	Phone				
	nai	nē	no.		numb	er (PIN)	
Sign		der penalties of perjury, I declare that I have examine					
Here	bei	lei, they are true, correct, and complete. Declaration	oi preparer (otrie		ased on all mormation		, ,
	Yo	ur signature	Date	Your occupation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Joint return?				SOFTWARE 1	ENGINEER		r in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the IRS s	ent vour spouse an
Keep a copy for	-1-					Identity Pro	
your records.					(see inst.)		
	Ph	one no. (757)408-6402	Email address	RAVITEJA.21	114@GMAIL.CO	М	1
Paid	Pre	eparer's name Preparer's signa	ture		Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/24/2024	P02082703	3 Self-employed
Use Only	Fir	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
	Fir	n's address 245 ROONEY CT E BRU	JNSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/16/24 PRO		Form 1040 (2023)

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 SATYA SURYA SUBRAMAN VEDULA 323-83-2160

Par	t Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-10,485.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income	_	
k	Stock options	_	
I	Income from the rental of personal property if you engaged in the rental		
	for profit but were not in the business of renting such property 81	_	
m	Olympic and Paralympic medals and USOC prize money (see		
	instructions)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions) . . . 80	_	
р	Section 461(I) excess business loss adjustment	_	
q	Taxable distributions from an ABLE account (see instructions) 8q	_	
r	Scholarship and fellowship grants not reported on Form W-2 8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form		
	1040, line 1a or 1d		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
z	Other income. List type and amount:		
~	Tatal ath an 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 additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		-10,485.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2023

Par	t II Adjustments to Income			·
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)	1a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	1b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	1c		
d	Reforestation amortization and expenses	1d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	1e		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	1g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	4h		
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	4i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	1k		
z	Other adjustments. List type and amount:			
	24	4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E	Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA	REV 02/16/24 PRO	Schedule 1 ((Form 1040) 202

	DULE E	l Inc	Income and Loss						OMB No. 1545-0074			
(Form	1040)	(From	rental real estat	te, royalties, partnersl	nips, S	corporat	ions, es	states,	trusts, REMICs	s, etc.)	96	193
Departm	ent of the Treasury			Attach to Form 1040,	1040-	SR, 1040-	NR, or	1041.			Attachm	
Internal	Revenue Service		Go to www.	irs.gov/ScheduleE for	r instru	uctions ar	nd the la	atest in			Sequen	ce No. 13
Name(s)	shown on return								١	our soci	al security	number
	A SURYA SU									323-8	3-2160	
Part				tal Real Estate an								
	Note: If yo	ou are in t	the business of r	enting personal proper 1 35 on page 2, line 40.	ty, use	Schedule	e C. See	e instru	ctions. If you are	e an indiv	vidual, rep	ort farm
Α				at would require you	to file	Form(s)	10992 5	See ins	structions			s X No
	-											
1a				street, city, state, ZIF								
						,						
A	VIVEKANAN	DA NAC	GAR COLONY	HYDERABAD TEI	JANGA	ANA IN	5000	72				
B												
<u>C</u>												
1b	Type of Prope			tal real estate prope				Fa		Person		QJV
	(from list below	N)		rt the number of fair i a days. Check the Q			•		Days	Da	-	
	3			he requirements to f			A		198		0	
B				it venture. See instru			B C					
	f Droports <i>u</i>						C					
	of Property: Single Family R	aaidana		tion/Short-Term Ren	tal	5 Lano	1	7	Self-Rental			
	Multi-Family Re				lai	6 Roya						
2		sidence	9 4 Com	Tiercial			antes	0	Other (describ	Je)		
									Propertie	s:		
Incom	ie:						Α		В			С
3					3		5	48.				
4	Royalties rece	ived.			4							
Expen	ises:											
5	Advertising				5							
6		-			6							
7	-				7		1,1	.08.				
8					8							
9					9							
10	•	•			10							
11					11		1,2	05.				
12	00		,	. (see instructions)	12							
13	Other interest	• •			13							
14					14			27.				
15					15		2,0	17.				
16	Taxes				16		1 0	26				
17					17			26.				
18 19	Other (list)	xpense	or depietion .		18 19		د, د	50.				
20	· · · ·			19	20		11,0	22				
			0		20		11,0	55.				
21			()	id/or 4 (royalties). If ind out if you must								
					21		-10,4	85.				
22				er limitation, if any,			,-					
				· · · · · · · ·	22	C	10,48	35.1	()	(
23a				3 for all rental prope				23a	λ	548.	\	
b				4 for all royalty prop				23b				
c			•	12 for all properties				23c				
d			•	18 for all properties				23d	3,	350.		
e				20 for all properties				23e		033.		
24			•	n on line 21. Do not		de any lo	sses			24		
25				1 and rental real estate		-		nter to	tal losses here	25	(10,485.
26				income or (loss).								

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.

26

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-10,485.