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)

T.....

Taxpayer's name	Social security number
HARITHA VADLAMUDI	670-61-7869
Spouse's name	Spouse's social security number
Part ITax Return Information — Tax Year Ending December 31,2023 (Enter	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 78,005.
2 Total tax	2 9,426.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,276.
4 Amount you want refunded to you	4 1,850.
5 Amount you owe	

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	I authorize	GLOBAL	TAXES		to enter or generate my PIN	E
				ERO firm name		

1	7	8	6	9	as my
Ent don	er fiv i't en	ter a	gits, all ze	but	-

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 >	Da	ate 🕨	•				 		
Practitioner PIN Method Returns Only—	-continue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Metho	od Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	ed PIN.	2	2		6 0 er all 2	_	 7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >		Date 🕨	
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

Deduction for - Sa Definition and annuities Sa Definition and annuities Sa Definition and annuities Sa Sb Single or 6a Social security benefits 6a b Taxable amount 6b Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here .	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space	æ.
HARITHA VADEANUDI 670 611 7889 Fjort runn, spouse's first name and middle mildla Last name 320 al 80 321 86 3 232 al 80 Home address (number and stred; if you have a P.D. box, see instructions. Apt. no. Precidential Election Campaign Creck here flyou, or your Creck here flyou, or your Spouse Flior flyou No Spouse Creck here flyou, or your Spouse Flior flyou No Spouse Spouse Spouse Floor floor flyou Spouse Floor floo	For the year Jan	. 1–Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instructions.	
If joint return, spouse's first name and middle initial Last name Spouse's social secutify number 32.3 [33 [21.6 0 Home address furmitier and street). If you have a P.O. box, ose instructions. Apt. no. Presidential Election Campaign 32.3 [32.6 0 9.20.4 NORTHFFEED_CROSSING_DRLVE Cristing address, status address, address, status address, status address, status address, status address, address, status address, address, address, status address, addre	Your first name	and mi	iddle initial	Last na	ame						Your so	cial security number	 r
It joint refur, spouse's first name and middle initial Last name Spouse's social security number 9 20 4. NORTHEF JELD CROSS ING DRIVE Apt. no. Apt. no. Predictrial Election Company 0 (N) town, or pot office. If you tave a bring address, also complete spaces below. NC 222.55 Concel. they user a bring address, also complete spaces below. NC 222.55 Concel. they user address, also complete spaces below. NC 222.55 to go to this fund. Obsceking user address, also complete spaces below. NC 222.55 to go to this fund. Obsceking user address, also complete spaces below. NC 222.55 to go to this fund. Obsceking user address, also complete spaces below. NC 222.55 to go to this fund. Obsceking user address, also complete spaces below. NC 222.65 to go to this fund. Obsceking user address, also below will not change your to checking the MTS box, enter the name of your space. If you checking the MTS box, enter the name of your space. If you checking the MTS box, enter the name of your space. If you checking the MTS box, enter the name of your space. If you checking the more than your space. If you checking the more transmitter and thing address. NC State Address address address address. NC State Address Address address address. NC NC <td< td=""><td>HARITHA</td><td></td><td></td><td>VADI</td><td>LAMUDI</td><td></td><td></td><td></td><td></td><td></td><td>670</td><td>61 7869</td><td></td></td<>	HARITHA			VADI	LAMUDI						670	61 7869	
Intermediates frummer and street, if you have a P.D. box, see instructions. Apt. no. Presidential Electron Campaign country name 2024 MORTHEFIELD COSSING DELIVE Intermediate Electron Campaign country name Presidential Electron Campaign provide filling Status in Status ZIP code The composition of the Status in Status ZIP code The composition of the Status The		oouse's	s first name and middle initial										nber
Intermediates frummer and street, if you have a P.D. box, see instructions. Apt. no. Presidential Electron Campaign country name 2024 MORTHEFIELD COSSING DELIVE Intermediate Electron Campaign country name Presidential Electron Campaign provide filling Status in Status ZIP code The composition of the Status in Status ZIP code The composition of the Status The											323	83 2160	
City, town, or prosed office, if you have a foreign address, site complete spaces below. State 2P code popuse if thing protecting of this fund. Checking a box below will not change box below. popuse if thing protecting box below will not change box below. popuse if thing protecting box below will not change box below will not change box below will not change box below. popuse if thing protecting box below will not change box below. Filing Status Single Head of household (HOH) Chantifying person is a child but not your dependent. Sint a filing box below will not box filing box below. Popuse if thing protein box filing box below. Digital Any time during persons is a child but not your dependent. Sint filing box below will not box filing box below. Popuse if thing protein box filing box below box filing box below. Digital Assets Any time during 2023. did you; (arcevie (sa a reard tertum or you were a dual-status alen) Popuse instructions. Popus Popuse instructions. Popuse	Home address	(numbe	er and street). If you have a P.O. box, see	instruct	ions.				A	pt. no.			aign
CHARLOTTE Inc	9204 NOR	THF	IELD CROSSING DRIVE				-						
CHARCOTTE INC 28.269 box below will not change Foreign country name Foreign province/state/county Foreign posture dely your tax or refund. Filing Status Single Head of household (HOH) You Spouse Check only Married filing isparately (MFS) Qualifying surviving spouse. (QSS) If you checked the MPS box, enter the hard of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SMTA SURVAN VEXUA. Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services), or (b) sell, Yes No Standard Someone can claim: You as a dependent Our spouse as a dependent Yes No Bedructions Spouse itemizes on a separate return or you were a dual-status allen 40 Check the box it cualifies for (ber shartuctions). Child ta credit for dher dependent If more (1) First name Last name number (b you GP electronic) Child ta credit for dher dependent If than four (1) First name Last name number (c) you Child ta credit for dher dependent If an otal amount from Form(s) W-2, box 1 (see instructions). (1) (c) that are detin dependent care be	City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	te	ZIP co	ode			
Filing Status Single Check only Married filing jointly (even if only one had income) Ocualifying surviving spouse (QSS) Hyou checket the MSE box, enter the name of your spouse. Hyou checket the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent. SITE STERAE VIEWA Digital At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services), or (b) sell, exchange, or therwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim: You as a dependent You spouse as a dependent Yes No Defuences You: Were born before January 2. 1959 Are bild Spouse: (a) Foluidination (d) Check the box if qualifies for (see instructions); If more than four dependents, see instructions); (1) First name Last name (a) Foluidination (d) Check the box if qualifies of (see instructions); If more than four dependents, see instructions); (1) First name Last name (a) Foluidination (d) Check the box if qualifies of (see instructions); If no total amount from Form(s) W-2, box 1 (see instructions); (a) Foluidination (d) Check the box if qualifies of (see instructions); (d) Check thare bo	CHARLOTI	Έ					NC	7	282	69	U U	•	Ja
Filing Status Single Head of household (HOH) Check only Married filing sparately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: SMT ANT ANT ANT A SURVA SU	Foreign country	name			Foreign pr	rovince/state/c	count	ty	Foreig	n postal code	your tax	or refund.	
Check only Married filing jointly (even if only one had income) □ Qualifying surviving spouse (QSS) Married filing separately (MFS) □ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: Surt A STREAM VIENTA Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Someone can claim: You as a dependent Your spouse as a dependent Deduction Someone can claim: You as a dependent Your spouse as a dependent Dependents, isse instructions; (f) Social accurity (f) Relationship (f) Check the box if qualifies for (see instructions); If more there (f) First name Last name Image: Social accurity (f) Relationship (f) Check the box if qualifies for (see instructions); If more there 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 96, 017. Now as withhold, the way withind a waive payments not reported on Form(s) W-2 (see instructions) 1d Id V2 there Also 1a Total amount from Form 6919, W-2, box 1 (see instructions) 1d W2 and diont dig expendent can benefits from Form 241, li												You Spo	use
Clinic Outry Married filing separately (MFS)	Filing Status		Single					Head of he	ouseh	old (HOH)			
one box. Xi Married filing separately (MFS)	Check only		Married filing jointly (even if only o	ne had	income)			_					
qualifying person is a child but not your dependent: SUTTA SURTA SURTA SURTA SURTA Digital Assetion At any time during 2023, did you: (a) receive (as a reward, award, or payment for properly or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions) Yes No Standard Deduction Spouse itemizes on a separate return or you were a dual-status allein Quer Spouse as a dependent Yes No Age/Bindness You: Were born before January 2, 1959 Ore bind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (2) Social security (a) Relationship (d) Check the box if qualifies for (see instructions): (check the box if qualifies for (see instructions): If more than four dependents (see instructions): (2) Social security (a) Relationship (d) Check the box if qualifies for (see instructions) Income that hour dependent four dependent see to all out al		X	Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
Digital Assets At any time during 2023, did you: (a) receive (as a reward, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (g) Relationship (4) Check the box if qualifies for (see instructions): Check the box if qualifies for (see instructions): If more than four dependents, see instructions 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 1 If control 1 Total amount from Form(s) W-2, box 1 (see instructions) 1 1 1 W-2 area, Also 1 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1 1 1 W-2 area 1 Employee-provided adoption benefits from Form 839, line 29 1 1 1 weas withhed! 1 1 0 1 0 1 1 0 W-2 area 0<		-			• •	-			l or QS	SS box, ente	er the chi	ld's name if the	
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: You as a dependent You rspouse as a dependent You spouse as a dependent Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (ase instructions): (1) First name Last name number (a) Relationship (4) Check the box if qualifies for Gee instructions): If more (1) First name Last name number (b) You Child tax credit Credit for other dependents see instructions number 10 10 10 10 10 Hon four 1 Total amount from Form(s) W-2, box 1 (see instructions) 1a 96, 017. 1b Hore 1 Total amount from Form(s) W-2, box 1 (see instructions) 1c 1a 96, 017. Hata h Form(s) 6 Top income not reported on Form(s) W-2 (see instructions) 1c 1a 96, 017. We2 and tom 6 Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1c 1a 1a		qu	alifying person is a child but not you	ır depe	ndent: S	ATYA SURYA S	UBRA	MAN VEDULA					
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Standard Someone can claim: You as a dependent. You spouse as a dependent. Age/Blindness You: Were born before January 2, 1959 A re blind Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 A re blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for feee instructions; If more (1) First name Last name (1) First name Last name (1) First name (2) Social security (3) Relationship (1) Check the box if qualifies for other dependents see instructions (1) First name Last name (1) First name (1) F	Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward	d, award, or j	payn	nent for prope	rty or :	services); or	(b) sell,		
Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Ware born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) Check the box it qualifies for (see instructions): If more Last name (2) Social security (3) Relationship (4) Check the box it qualifies for (see instructions): dependents Last name (2) Social security (3) Relationship (4) Check the box it qualifies for (see instructions): dependents Last name (2) Check the box it qualifies for (see instructions): (2) Relationship (3) Relationship (4) Check the box it qualifies for (see instructions) here Image: the box it qualifies for (see instructions) V2 there. Also Medicaid waiver payments not reported on Form(s) W-2 (see instructions) Image: the box it qualifies for (see instructions) Image: the box it qualifies for (see instructions) Image: the box it qualifies for (see instructions) for get a form We2, see Image: the box it qualifies fo		exch	ange, or otherwise dispose of a digi	ital ass	et (or a fir	nancial intere	est ir	n a digital asse	et)? (Se	e instruction	ns.)	🗌 Yes 🛛 No	
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (1) First name Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name number (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): Child tax credit Cedit for other dependents	Standard	Som	eone can claim: 🗌 You as a de	pender	nt 🗌	Your spouse	e as	a dependent					
Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit (a) Check the box if qualifies for (see instructions): Child tax credit (b) Check the box if qualifies for (see instructions): Child tax credit (c) First name Last name (c) First name <	Deduction		Spouse itemizes on a separate retur	n or yo	u were a	dual-status a	alien	I					
Dependents (see instructions): (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit (a) Check the box if qualifies for (see instructions): Child tax credit (b) Check the box if qualifies for (see instructions): Child tax credit (c) First name Last name (c) First name <	Age/Blindness	You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befc	ore January 2	2, 1959	Is blind	
If more than four dependents, see instructions and check here Image: the set of the se	Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	ip (4) Check the b	ox if quali	fies for (see instructio	ns):
than four dependents, see instructions and check here (see instructions)	•								'	Child tax c	redit	Credit for other depend	lents
see instructions a a a a a a a a a a a a a a a b a b a a a a b													
and check here here here instructions instructions <td></td>													
here .													
Attach Form(s) W2 a hree.k8g b Household employee wages not reported on Form(s) W-2	here 🗌												
Attach Form(s) Tip income not reported on line 1a (see instructions) 1c w2-bree, Also c Tip income not reported on line 1a (see instructions) 1d W-2 bree, Also c Taxable dependent care benefits from Form 2441, line 26 1d Upge, If tax e Taxable dependent care benefits from Form 2441, line 26 1e Wass 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 h Other earned income (see instructions) 1h 0. W-2, see in Nontaxable combat pay election (see instructions) 1i 2 96, 017. Attach Sch. B 2a Tax-exempt interest 2a b 1a 0. standard Gualified dividends 3a b D ordinary dividends 3b 3b Standard 4a IRA distributions 4a b Taxable amount 4b 5b Standard 5a b Taxable amount 5b 5	Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions)					. 1a	96,017	7.
attach Forms W-2G and 1099-R if tax was withheld. d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d Id ite ite 1099-R if tax was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1f if you did not get a Form W-2, see g Wages from Form 8919, line 6 1g instructions. i Other earned income (see instructions) 1i w.2, see i Nontaxable combat pay election (see instructions) 1i Add lines 1a through 1h . . 1z 96,017. Attach Sch. B 2a b Taxable interest 2b 2b Attach Sch. B 2a b Ordinary dividends 3b 3b Standard 4a b Taxable amount 4b 5b Standard 5a b Taxable amount 6b 5b Standard 5a b Taxable amount 6b 5b Standard 5a b Taxable amount 6b 6b Standard 5a b Taxable amount 6b 6b	Attach Form(s)	b		•			•		• •				
W-26 and 1099-R it tax was withheld. Taxable dependent care benefits from Form 2441, line 26 11 If you did not get a Form W-2, see Wages from Form 8919, line 6 11 M v2, see h Other earned income (see instructions) 11 If required. Nontaxable combat pay election (see instructions) 11 0. If required. Add lines 1a through 1h 1 12 96,017. Attach Sch. B 2a b b Taxable interest 2b Attach Sch. B 2a b Dordary dividends 3b Bandard Qualified dividends 5a b Dordary dividends 3b Standard 5a b Taxable amount 5b 5b Standard 5a b Taxable amount 5b 5b Standard 5a b Taxable amount 5b 5b Standard 5a									• •				
Independent of the second s							nstru	ictions)	• •				
If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2a if required. 3a Qualified dividends 3a ad Ualified dividends 3a b trandard 4a IRA distributions 4a Bandard 5a Pensions and annuities 5a Standard 5a 5a b Married filing separately, S13,850 r Ga is security benefits is 13,850 r Ga is security benefits 6a Married filing ignity or Capital gain or (loss). Attach Schedule 1 fi required. If not required, check here 7 Gualifying surving spouse, S27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income 10 Household, s20,800 11 78,005. If you checked 13 Qualified business income deduction from Schedule A) 12 13 Qualified business income deduction from Schedule A) 12 14 Add lines 12 and 13 14 13,850.			•				·		• •				
h Other earned income (see instructions) 11 0. w2.2, see i Nontaxable combat pay election (see instructions) 11 12 96,017. z Add lines 1a through 1h 0. 12 96,017. Attach Sch. B if required. 3a b Taxable interest 2b attach Sch. B agualified dividends 3a b Ordinary dividends 3b attach Sch. B agualified dividends 3a b D ordinary dividends 3b agualified dividends 3a b D ordinary dividends 3b 3b standard Deduction for- 5a b Taxable amount 4b 5b Standard Social security benefits 6a b Taxable amount 7 7 Gala social security benefits 6a Social security benefits 6a 1b 7 7 Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required, check here 7 7 Maried filing ourly on closs, attach Schedule 1, line 10 9 78,005. 9 78,005. 9<		T					•		• •	• • •			
W-2, see instructions.	,	g L	Other earned income (acc instruct)				·		• •				<u> </u>
z Add lines 1a through 1h 96,017. Attach Sch. B 2a b Tax-exempt interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a 9 Taxable amount 5b 5b Standard 5a 9 Taxable amount 5b 5b Standard 6a b Taxable amount 5b 5b Sequence 6a Social security benefits 6a b Taxable amount 7 Standard c If you elect to use the lump-sum election method, check here (see instructions) 1 7 Single or 6a Social security benefits 6a To trequired. If not required, check here 7 Standard C If you elect to use the lump-sum election method, check here 7 7 Qualifying spouse, Standarid filing jointy or 8 Additional income from Schedule 1, line 10 7 7 Subtract line 10 from line 9. This is your adjusted gross in			(,			•		i ·				<u> </u>
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 4b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 If you elect to use the lump-sum election method, check here (see instructions) 1 7 Married filing jointly or Additional income from Schedule 1, line 10 1 7 Redictional income from Schedule 1, line 10 1 9 78,005. Standard f Subtract line 10 from line 9. This is your adjusted gross income 11 78,005. Standard deduction or itemized deductions (from Schedule A) 12 13,850. 12 1f you checked any box under Standard Deduction from Form 8995 or Form 8995-A 13 14	Instructions.			500 1131	iuctions)		•	11			17	96.015	7.
if required. 3a 3a b Ordinary dividends 3b Standard 4a IRA distributions 4a b Taxable amount 4b Standard 5a 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) c 1 Y Capital gain or (loss). Attach Schedule D if required. If not required, check here c 7 Qualifying surving spouse, \$27,700 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 78,005. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13	Attach Sob R		e l	2a		· · · · ·	h Т	axable interest	· ·				
4a IRA distributions 4a b Taxable amount 4b Standard 5a Pensions and annuities 5a b Taxable amount 5b Single or 6a Social security benefits 6a b Taxable amount 5b Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 1 6b Married filing jointly or Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing surviving spouse, \$27,70 8 Additional income from Schedule 1, line 10 7 Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 If you checked an ybox under Standard 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850 If you checked an ybox under Standard 14 Add lines 12 and 13 14 13,850													
Standard Deduction for - 5a Pensions and annuities													
Single or Married filing separately, \$13,850 6a Social security benefits	Standard												
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .													
Substrately, stated, state of the state	Married filing		, _		method.					[
Married filing jointly or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-18,012.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income978,005.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income978,005.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income1010Head of household, \$20,800101112Subtract line 10 from line 9. This is your adjusted gross income1113Qualified business income deduction from Form 8995 or Form 8995-A1214Add lines 12 and 131413,850.	\$13,850							,		[7	1	
Qualifying surviving spouse, surviving spouse, Head of household, \$20,8009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income978,005.10Adjustments to income from Schedule 1, line 261011Subtract line 10 from line 9. This is your adjusted gross income1178,005.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	 Married filing jointly or 											-18,012	2.
10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 Subtract line 10 from line 9. This is your adjusted gross income 11 78,005. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying												
Index Pred of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1178,005.12Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131314	\$27,700										. 10		
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13131413,850.1413,850.		11	-			gross incon	ne				. 11	78,005	5.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A131413,850.	\$20,800	12									. 12		
Deduction, 14 Add lines 12 and 13 13,850.	any box under	13						5-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 64, 155.	Deduction,	14	Add lines 12 and 13								. 14	13,850).
	see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter ·	-0 This is ye	our t	taxable incom	ie .		. 15	64,155	5.

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	(s): 1 🗌 881	4 2 4972	3		16	9,426.
Credits	17	Amount from Schedule 2, lin	e3				T	17	
	18	Add lines 16 and 17					[·	18	9,426.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		T	19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,426.
	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 total tax					24	9,426.
Payments	25	Federal income tax withheld							
, ,	а	Form(s) W-2				25a 11	,276.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c					2	25d	11,276.
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)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	11,276.
Refund	34	If line 33 is more than line 24						34	1,850.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 🖪	35a	1,850.
Direct deposit?	b	Routing number 0 5 1	0 0 0 0	1 7			Savings		
See instructions.	d	Account number 4 3 5	0 3 7 7	992	2 1				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	structions				🗌 Yes. Co	omplete belo	ow.	X No
	De na	signee's		Phone no.			onal identifica ber (PIN)	tion	
0:		der penalties of perjury, I declare th	at I have examined				. ,	host of	my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IB	S sent	you an Identity
	10	ar oignataro		Duto					I, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see inst	í.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	ion			your spouse an
your records.							(see inst		tion PIN, enter it here
	Dh	one no. (469)367-849	٨	Email address					
		one no. (469)367-849 eparer's name	4 Preparer's signat		VHARIIHAD	3@GMAIL.COM	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM			מיודט האדד איי		P020827		Self-employed
Preparer				NAM SAGAR	GUPIA IALLAM	02/24/2024			
Use Only		m's name GLOBAL TAX	Y CT E BRU		J 08816				078)965-9522
				MOWICK N			Firm's E	.11N	84-3171965
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	st 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.

OMB No. 1545-0074 20 2 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
HARITHA VADLAM	UDI	670-61	-7869

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. Attach Schedule I		5	-18,012.
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)			
ο	Section 951A(a) inclusion (see instructions)			
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:	ſ		
_	8z			
9	Total other income. Add lines 8a through 8z	· · ·	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on			10 010
	1040, 1040-SR, or 1040-NR, line 8		10	-18,012.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	5	Schedu	le 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)	la		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	lb		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	lc		
d	Reforestation amortization and expenses	ld		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	le		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	lg		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	lh 🛛		
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)	lk		
z	Other adjustments. List type and amount:			
	24	lz		
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			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u> .	26	
	BAA R	EV 02/16/24 PRO	Schedule 1	(Form 1040) 202

SCHEDULE	Е
(Form 1040)	

OMB No. 1545-0074

Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023
Attachment Sequence No. 13

~+-

nternal	Revenue Service	Go to www.irs.gov/ScheduleE to	or instr	uctions a	nd the la	itest in	formation.		Sequenc	ce No. IJ
Name(s) shown on return							Your socia	al security r	number
HARITHA VADLAMUDI						670-6	670-61-7869			
Part		Loss From Rental Real Estate an								
	Note: If you a rental income	re in the business of renting personal prope or loss from Form 4835 on page 2, line 40.	rty, use	Schedu	le C. See	instru	ctions. If you	are an indiv	/idual, repo	ort farm
A [Form(s)	10992.5	See ins	tructions			s X No
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions									
 1a		s of each property (street, city, state, ZI							<u> </u>	<u> </u>
Α	-	COLONY, CHINTAL HYDERABAD T		,	N 5000	035				
B	KANGANAGAN	COLONI, CHIMIAL HIDERADAD II			1000	000				
c										
1b	Type of Property	2 For each rental real estate property listed Fair Rental Personal Use								
	(from list below)	above, report the number of fair				Days		Days		QJV
Α	3	personal use days. Check the Q		ile as a		365		0		
В		if you meet the requirements to								
С		qualified joint venture. See instru	uctions	5.	С					
Туре	of Property:									
1	Single Family Resi	dence 3 Vacation/Short-Term Rer	ntal	5 Lan	d		Self-Rental			
2	Multi-Family Resid	ence 4 Commercial		6 Roy	alties	8	Other (desc	ribe)		
							Propert			
Incon	ne:				Α		В			С
3			3			00.				-
4		d	4							
Exper										
5			5							
6		ee instructions)	6							
7	Cleaning and mai	ntenance	7		2,6	84.				
8			8							
9	Insurance		9							
10	Legal and other p	rofessional fees	10							
11	Management fees	8	11		1,8	60.				
12		t paid to banks, etc. (see instructions)	12							
13	Other interest .		13							
14			14		2,8					
15			15		3,4	57.				
16			16							
17			17		4,0					
18		ense or depletion	18		3,7	28.				
19 00	Other (list)	Add lines 5 through 19	19		10 0	10				
20	•	•	20		18,6	12.				
21		rom line 3 (rents) and/or 4 (royalties). If see instructions to find out if you must								
			21		-18,0	12				
22		real estate loss after limitation, if any,	21		10,0	-2.				
~~		e instructions)	22	(18,01	2.)	()	(
23a	Total of all amour	nts reported on line 3 for all rental prope	erties			23a		600.		
b	Total of all amour	nts reported on line 4 for all royalty prop	perties			23b				
С		nts reported on line 12 for all properties				23c				
d		nts reported on line 18 for all properties				23d		3,728.		
е		nts reported on line 20 for all properties				23e	18	3,612.		
24		itive amounts shown on line 21. Do no		-				. 24		
25		ty losses from line 21 and rental real estat							(1	L8,012.
26		estate and royalty income or (loss).								
	here. It Parts II, I	I, and IV, and line 40 on page 2 do no	ot app	ly to yoi	i, also e	nter th	nis amount (on		

26

-18,012.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

88 Form Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	Attachment Sequence No. 52						
ecurity number of HSA beneficiary. pouses have HSAs, see instructions							
70 C1	7000						

2

internal R	levenue Service	-	5	equence No. 32
.,			nave HS	f HSA beneficiary. As, see instructions. 9
	e you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance			
Part		this part. If	you ar	e filing jointly
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) d			
	See instructions			lf-only 🛛 Family
	HSA contributions you made for 2023 (or those made on your behalf), including those munextended due date of your tax return that were for 2023. Do not include employer constributions through a cafeteria plan, or rollovers. See instructions	ntributions,	2	0.
	If you were under age 55 at the end of 2023 and, on the first day of every month during were, or were considered, an eligible individual with the same coverage, enter \$3,850 family coverage). All others , see the instructions for the amount to enter	(\$7,750 for	3	7,750.
	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during include any amount contributed to your spouse's Archer MSAs	2023, also	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0		5	7,750.
	Enter the amount from line 5. But if you and your spouse each have separate HSAs and			
	coverage under an HDHP at any time during 2023, see the instructions for the amount to e		6	7,750.
	If you were age 55 or older at the end of 2023, married, and you or your spouse had fami under an HDHP at any time during 2023, enter your additional contribution amount. See inst		7	
	Add lines 6 and 7		8	7,750.
	Employer contributions made to your HSAs for 2023	900.		
	Qualified HSA funding distributions			
	Add lines 9 and 10		11	900.
	Subtract line 11 from line 8. If zero or less, enter -0		12	6,850.
	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Participal to a schedule 1 (Form		13	0.
Part I	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instruction			
Farti	HSA Distributions. If you are filing jointly and both you and your spouse eac a separate Part II for each spouse.	n nave sepa	arate r	15AS, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)		14a	
	Distributions included on line 14a that you rolled over to another HSA. Also include			
	contributions (and the earnings on those excess contributions) included on line 14a			
	withdrawn by the due date of your return. See instructions		14b	
с	Subtract line 14b from line 14a		14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)		15	
	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, amount in the total on Schedule 1 (Form 1040), Part I, line 8f		16	
	If any of the distributions included on line 16 meet any of the Exceptions to the Addition Tax (see instructions), check here			
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on are subject to the additional 20% tax. Also, include this amount in the total on Schedu 1040), Part II, line 17c	ule 2 (Form	17b	
Part I			<u> </u>	efore
	completing this part. If you are filing jointly and both you and your spouse ear complete a separate Part III for each spouse.			
18	Last-month rule		18	
	Qualified HSA funding distribution	19		
	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I,	20		
	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched			
	1040), Part II, line 17d		21	

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