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)

Taxpaye	er's name	Social securi	ty numb	ber
JY0'	THINDRA SAI KIRAN KALA	726-47	-722'	7
Spouse	's name	Spouse's soo	ial secu	ırity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	' year you a	ire aut	thorizing.)
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	111,254.
2	Total tax		2	16,782.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	19,097.
4	Amount you want refunded to you		4	2,315.
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	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

7	7	2	2	7	
Ent	er fiv n't er	ve di nter a	gits, all ze	but 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 🕨	Da	ate 🕨	•							
	Practitioner PIN Method Returns Only—continue	bel	w							
Part III Certification a	nd Authentication — Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		 0 all zei	 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 Form — S ubmit This Form to the IRS Unles		
For Deperture Reduction Act Nation and	vour tox roturn instructions	REV 02/05/24 RBO	Earm 8879 (Pay 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not w	rite or st	aple in this space.
For the year Jan	1. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	curity number
JYOTHINI	DRA :	SAI KIRAN	KAL	A						726	47	7227
		s first name and middle initial	Last r							Spouse	's socia	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
3800 GAT	TEWA	Y DRIVE						C	302			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode			jointly, want \$3
PHILADEI	DHI	A				PA	A	191	45			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code			•
											Y	ou 🗌 Spouse
Filing Status	; 🛛] Single					Head of h	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne had	l income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)		
		ou checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, en	er the ch	ild's na	ime if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d. award. or	pavr	ment for prope	ertv or	services): c	r (b) sell.		
Assets		hange, or otherwise dispose of a dig	•						, · ·		Y	es 🛛 No
Standard		eone can claim: 🗌 You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	•		dual-status	alien	ו					
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bo	rn befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	nip (4) Check the	box if quali	fies for	(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit fo	or other dependents
than four												
dependents, see instructions	e											
and check												
here L												
Income	1a	Total amount from Form(s) W-2, b								. 1a	-	121,983.
Attach Form(s)	b	Household employee wages not re	•		. ,			• •		. 1b	_	
W-2 here. Also	С	Tip income not reported on line 1a			•			• •		. 10	_	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •		. 10	_	
1099-R if tax	e	Taxable dependent care benefits f						• •		. 1e	_	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	3839, line 29	•		• •		. <u>1</u> f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .	• •			• •		• •		. <u>1</u> g		0.
W-2, see	h	Other earned income (see instruct	,	· · ·		• •			· · ·	. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see ms	structions)		• •	🛄			. 1z		121,983.
	 2a	Ŭ	2a	• • •	· · · ·	 ьт	axable interes	• •		· 12	-	121,903.
Attach Sch. B if required.	2a 3a	· · -	2a 3a				Drdinary divide		• • •	. 20 . 3b	_	
	 4a		4a				axable amoun			. 4b	-	
Standard	5a		5a				axable amoun		• • •	. 5b	_	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b	_	
Married filing	c	If you elect to use the lump-sum e		method.	check here							
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,			7		
 Married filing jointly or 	8	Additional income from Schedule		•	•					. 8		-10,729.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		111,254.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	_	
 Head of household, 	11	Subtract line 10 from line 9. This is				ne				. 11		111,254.
\$20,800	12	Standard deduction or itemized								. 12	_	13,850.
 If you checked any box under 	13	Qualified business income deduct		•		,	95-A			. 13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ne .		. 15	;	97,404.
							-					

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	16,782.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17					[18	16,782.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	16,782.
	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	16,782.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 19	,097.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	19,097.
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				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 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					[33	19,097.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,315.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 [35a	2,315.
Direct deposit?	b	Routing number 0 3 1	2 0 2 0	8 4	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 8 3	0 1 7 1	8 7 8 !	5 3				
	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 in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions				🗌 Yes. C	omplete be	low.	× No
	De: nar	signee's		Phone no.			onal identific ber (PIN)	ation	
0:		der penalties of perjury, I declare th	at I have examined		accompanying sche		. ,	bost	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS se	nt you an Identity
				2410			Protec	tion P	IN, enter it here
Joint return?					HEALTHCARI	E CONSULTAN	IT (see in	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see in		ection PIN, enter it here
	Dh	(21E) 404 006	<u>ົ</u>	Email addross			,		
		one no. (215)494-886 eparer's name	∠ Preparer's signat	Email address	USAILIKANK	ALA@GMAIL.CC			Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer				NAM SAGAR	GUPIA IALLAM	02/13/2024			
Use Only		n's name GLOBAL TAX	Y CT E BRU	NOWTOV N	J 08816				678)965-9522
				NDWICK N			Firm's	EIN	84-3171965 Form 1040 (2023)
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	st information.		BAA	REV 02/05/24 PRO			Form 1040 (2023)

REV 02/05/24 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 TYOTHINDRA SAT KIRAN KALA

JYOI	HINDRA SAI KIRAN KALA	726-47	-722	7
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received	2	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	-10,729.
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)			
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	/		
τ	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: 8z			
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on		3	
10	1040, 1040-SR, or 1040-NR, line 8		0	-10,729.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			I (Form 1040) 2023
	· · · · · · · · · · · · · · · · · · ·	001		

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi			
	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			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
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		-	
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

	EDULE E			Supplementa	l Inc	ome ar	id Los	S			OMB No	o. 1545-0074
(Form	1040)	(From r	ental real esta	ite, royalties, partners	hips, S	corporat	ions, es	tates,	trusts, REMIC	s, etc.)	20	193
	nent of the Treasury Revenue Service		Go to www	Attach to Form 1040, <i>.irs.gov/ScheduleE</i> fo					formation		Attachn	nent ce No. 13
	shown on return		00100000		i ilisuu			itest in		Vour sooi	al security	
• • •	HINDRA SAI	VTDAN	י גאדא								7-7227	number
Part				tal Real Estate an	d Po	valtios				720-4	1-1221	
rait	Note: If vo	ou are in th	he business of	renting personal proper 835 on page 2, line 40.			c . See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
Α				nat would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No
				ed Form(s) 1099? .								
1a	Physical addr	ress of ea	ach property	(street, city, state, ZI	P code	e)						
Α	KRISHNA N	AGAR H	YDERABAD	TELANGANA IN 5	50004	16						
В												
С												
1b	Type of Prope		For each rei	ntal real estate prope	erty list	ted		Fa	ir Rental	Person	al Use	QJV
	(from list below	N)		ort the number of fair					Days	Da	ys	GUV
A	3			e days. Check the Qathe requirements to the requirements to the requirements to the			Α		365		0	
B				nt venture. See instru			В					
<u> </u>							С					
	of Property:			tion (Chart Tarra Dar	4	E Lana		7	Calf Danstal			
	Single Family R Multi-Family Re			ition/Short-Term Ren mercial	tai	5 Lanc			Self-Rental	iba)		
		sidence	4 Com	Inercial		6 Roya	antes	0	Other (descr	ibe)		
									Properti	es:		
Incom							Α		В			С
3					3		5	20.				
4		ived			4							
Exper					5							
5 6	-				5 6							
7			,		7		1,3	50				
8	-				8		1,5	50.				
9					9							
10					10							
11	-	-			11		8	15.				
12	-			c. (see instructions)	12							
13	Other interest				13							
14	Repairs				14		1,4					
15	Supplies				15		1,7	40.				
16					16							
17					17		2,2					
18		expense of	or depletion		18		3,6	82.				
19	Other (list)			10	19		11 0	10				
20				19	20		11,2	49.				
21				nd/or 4 (royalties). If find out if you must								
					21		-10,7	29.				
22				ter limitation, if any,								
					22	(10,72	9.)	()	(
23a	Total of all amo	ounts rep	ported on line	3 for all rental prope	rties			23a		520.		
b				4 for all royalty prop	erties			23b				
С				e 12 for all properties				23c				
d				e 18 for all properties				23d		,682.		
е				20 for all properties				23e	11	,249.		
24				wn on line 21. Do no		-		· ·		. 24	1	10 000
25				and rental real estat							(10,729.
26				y income or (loss). 40 on page 2 do no								

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

Schedule E (Form 1040) 2023

26

-10,729.

Form 8582	Pa Pa	assive Activi	ty Loss Lim	nitations			MB No. 1545-1008
Form OOOL Department of the Treasury Internal Revenue Service	Go to www		arate instructions. 1040, 1040-SR, or r instructions and		mation	A	2023 Attachment Sequence No. 858
Name(s) shown on return						lentifying r	•
JYOTHINDRA SAI	KIRAN KALA					26-47-	
	Passive Activity Los	S			I		
	on: Complete Parts IV ar		eting Part I.				
	Activities With Active P In Real Estate Activities	• •		ive participatio	on, see Specia	al	
1a Activities with	net income (enter the a	mount from Part IV	. column (a))	 1a	0		
	net loss (enter the amo				10,729	.)	
c Prior years' ur	nallowed losses (enter th	ne amount from Pa	rt IV, column (c))	1c ()	
d Combine lines	a 1a, 1b, and 1c					1d	-10,729.
II Other Passive Ad	ctivities						
2a Activities with	net income (enter the a	mount from Part V	. column (a))	2 a			
	net loss (enter the amo)	
c Prior years' ur	nallowed losses (enter th	ne amount from Pa	rt V, column (c))	2c ()	
d Combine lines	2a, 2b, and 2c					2d	
zero or more,	s 1d and 2d and subtra stop here and include illowed losses entered	this form with you	ır return; all losse	s are allowed	l, including an	у	-10,729.
-		loss, go to Part II.				•	2077227
Part II. Instead, go to Part II Speci	g status is married filing line 10. al Allowance for Rei	separately and yontal Real Estate	Activities With	spouse at an Active Part	y time during	the year,	do not comple
aution: If your filing art II. Instead, go to Part II Speci Note: 4 Enter the sma) status is married filing line 10. al Allowance for Rei Enter all numbers in Par iller of the loss on line 1	separately and yon ntal Real Estate t II as positive amound d or the loss on lin	Activities With your Activities With punts. See instruct e 3	spouse at an Active Part tions for an ex	y time during icipation (ample.	4	do not completed to not
aution: If your filing art II. Instead, go to Part II Speci Note: 4 Enter the sma 5 Enter \$150,00	g status is married filing line 10. al Allowance for Rei Enter all numbers in Par Iller of the loss on line 1 0. If married filing separ	separately and yo ntal Real Estate t II as positive amo d or the loss on lin rately, see instruction	Activities With your Activities With bunts. See instruct e 3 ons	spouse at an Active Part tions for an ex	y time during icipation cample. 150,000	4	· · · · · · · · · · · · · · · · · · ·
Caution: If your filing Part II. Instead, go to Part II Speci Note: 4 Enter the sma 5 Enter \$150,00 6 Enter modified Note: If line 6) status is married filing line 10. al Allowance for Rei Enter all numbers in Par iller of the loss on line 1	separately and yo ntal Real Estate t II as positive amo d or the loss on lin rately, see instruction o, but not less than	Activities With your Activities With bunts. See instruct e 3 ons zero. See instruct	spouse at an Active Part tions for an ex . 5 . 5 tions 6	y time during icipation (ample.	4	· · · · · · · · · · · · · · · · · · ·
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Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	fore P	art I, Lines 2a	a, 2b,	and 2c. S	ee instruc	tions.			
stivity		Curren	t year	Prior years Overall ga		n or loss			
Name of activity		(a) Net income (line 2a)		Net loss ne 2b)	(c) Unallowed loss (line 2c)		(d) Gain		(e) Loss
								_	
es 2a, 2b, and 2									
Part if an Am			Part II,	Line 9. S	ee instruc	tions.			
ctivity	an to l	rm or schedule d line number be reported on the instructions)	(a)) Loss	(b) Ra	itio	(c) Special allowance		(d) Subtract column (c) fror column (a).
		E Ln 22		10,729.	1.0000	0000	10,72	9.	0
								-	
	·			10,729.	1.00)	10,72	9	0
n of Unallowe	d Loss						10772		
activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) I	Loss		(b) Ratio	(c)	Unallowed los
		<u> </u>					1.00		
.osses. See in	nstructi	ons.	•				1.00		
activity		Form or sche and line nun to be reporte (see instructi	nber ed on	(a) I	Loss	(b) Ur	nallowed loss	(c) Allowed loss

REV 02/05/24 PRO

Form **8582** (2023)

PA-40 - 2023 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX (04-23)

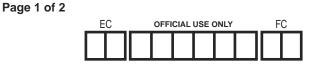
			N	Extension.	Ν	Amended Return.
726477227			R	Residency Stat	us.	
KALA				PA R esident/ N		Part-Year Resident
	0		_ _	from	1/12:11: T	to
JYOTHINDRA SAI	Occupati	on HEALTHCARE	Z Z	Single, Marrie	-	y, F inal Return
	Occupati	on			g Separater	y, F mai Keturn
	Ĩ		N	Deceased		
			N	Taxpayer Date	of Death	
50E) T9A				Spouse Date of	f Death	
3800 GATEWAY DRIVE			N	Spouse Date of	Death	
			N	Farmers.		
PHILADELPHIA	PA	19145		School District	t Name PI	ILADELPHIA
215-494-8862		51500	I			
1a Gross Compensation. Do not include a qualifying retirement benefits. See the	~		ne pay and	la		754030
1b Unreimbursed Employee Business Ex	-	1] lo		
1c Net Compensation. Subtract Line 1b f	rom Line	1a.		1 10		154030
2 Interest Income. Complete PA Schedu	ile A if rea	nuired.		z		o
3 Dividend and Capital Gains Distributio		· ·	B if required.	3		ŏ

Net Income or Loss from the Operation of a Business, Profession or Farm.

Net Gain or Loss from the Sale, Exchange or Disposition of Property. Ь Net Income or Loss from Rents, Royalties, Patents or Copyrights. Estate or Trust Income. Complete and submit PA Schedule J. Gambling and Lottery Winnings. Complete and submit PA Schedule T. Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6. **Other Deductions.** Enter the appropriate code for the type of deduction. Ν See the instructions for additional information. Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

REV 02/01/24 PRO





PA-40 - 2023

Social Security Number

726477227 Name(s) JYOTHINDRA SAI K KALA

12 13	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). Total PA Tax Withheld. See the instructions.	73 75	3961 3961					
14 15 16 17 18	2023 Estimated Installment Payments. REV-459B included.	14 15 16 17 18	0 0 0 0					
19a	Forgiveness Credit. Submit PA Schedule SP.Filing Status:01 Unmarried or Separated02 Married03 DeceasedDependents, Section II, Line 2, PA Schedule SPTotal Eligibility Income from Section III, Line 11, PA Schedule SP.Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.	19a 19b 20 21	00 00 0					
22 23 24 25 26 27	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1 . Total Other Credits. Submit your PA Schedule OC and/or PA Schedule DC . TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. USE TAX. Due on internet, mail order or out-of-state purchases. See instructions. TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here. Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box.	22 23 24 25 26 27	0 3961 0 0 0					
28 29	TOTAL PAYMENT DUE. See the instructions. OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.	28 29	0 0					
30 31	The total of Lines 30 through 36 must equal Line 29.Refund – Amount of Line 29 you want as a check mailed to you.REFUNDCredit – Amount of Line 29 you want as a credit to your 2024 estimated account.REFUND	37 30	0					
32 33 34 35 36	Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions. Refund donation line. Enter the organization code and donation amount. See instructions.	32 33 34 35 36						
-	ature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all apanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.							
	Signature Spouse's Signature, if filing jointly							
SY	arer's Name and Telephone Number Date E-File Op AM PRIYA RAM SAGAR GUPTA TALLAM D21324 S9659522 Firm FEII Preparer's	N	N 843171965 P02082703					
	1555 REV 02/01/24 PRO Page 2 of 2							



2300212338

PA SCHEDULE E

Rents and Royalty Income (Loss)

2301410029

PA-40 E (EX) 03-23 (I)

PA Department of Revenue	OFFICIAL USE ONLY
Name of the taxpayer filing this schedule	Social Security Number (shown first) or EIN
JYOTHINDRA SAI K KALA	726-47-7227
Sales Tax License Number (if applicable). See the instructions.	Are rental payments made by lessees through a third party broker?

See the instructions. Report the income and expenses for the use of your personal property by others. Also, report the income you received for the extraction of oil, gas and other minerals from your property, and the use of your patents and copyrights. Note: If you are in the business of renting your property, extracting minerals from your property or producing products from your patents and copyrights – use PA Schedule C.

2022

SECTION I PROPERTY DESCRIPTION

Enter the type and complete address of each rental real estate property, and/or each source of royalty income. If more than three properties, submit additional schedules as needed.

	Туре	Description of Property	For Profit P	t Property Complete Address (street, city, state and ZIP code)						
Α			YES C		KRISHNA NA	GAR				
~	3	PLOT NO:33	NO		HYDERABAD,	TELANGANA,	500046,	India		
в			YES 🔾	\square						
			NO C	\supset						
С			YES C							
Ũ			NO 🤇							
Dura										

 Property type:
 1. Single family residence
 3. Vacation/short-term rental
 5. Land
 7. Self-rental

 2. Multi-family residence
 4. Commercial
 6. Royalties
 8. Other, describe: _

SECTION II INCOME & EXPENSES			
	Property A	Property B	Property C
Line a: Identify the property from Section I and indicate ownership (T/S/J)	🖿 T 🔵 S 🔵 J	○ T ○ S ○ J	□ T □ S □ J
Line b: Is the property rental location in PA?	🔵 YES 🔳 NO	YES NO	YES NO
Line c: Is the property rented for any period less than 30 days?	🔵 YES 🛑 NO	YES NO	🔵 YES 🔵 NO
Income: 1. Rent received 1.	520		
2. Royalties received 2.			
Expenses: 3. Advertising			
4. Automobile and travel 4.			
5. Cleaning and maintenance 5.	1,350		
6. Commissions 6.			
7. Insurance 7.			
8. Legal and professional fees			
9. Management fees9.	815		
10. Mortgage interest 10.			
11. Other interest 11.			
12. Repairs	1,452		
13. Supplies	1,740		
14. Taxes - not based on net income14.			
15. Utilities	2,210		
16. Depreciation expense - See the instructions	3,682		
17. Other expenses (itemize):			
18. Total Expenses - Add Lines 3 through 17	11,249		
Income 19. Income – Subtract Line 18 from Line 1 or 2			
or Loss: 20. Loss – Subtract Line 1 or 2 from Line 18. (fill in the oval, if a net loss) 20.	0 0	\bigcirc	\bigcirc
21. Net Income or Loss - Total Lines 19 and 20 for short-term rentals. See the in	structions (fill in the	e oval, if a net loss) 21.	
22. Net Income or Loss - Total Lines 19 and 20 for non short-term rentals. See the	0		
 22. Net income of Loss - rotal Lines 19 and 20 for hon-short-term remains. See the 23. Rent or royalty income (loss) from PA S corporation(s) and partnerships from your 		e oval, if a net loss) 22.	0
PA Schedule(s) RK-1 or NRK-1.		e oval, if a net loss) 23.	
 Net Rent and Royalty Income (Loss). Add Lines 22 and 23. If submitting more ti total all Line 22 and 23 amounts and include on Line 6 of your PA-40. 	(fill in the	e oval, if a net loss) 24.	0
	REV 02/01/24 PRO	·	1555



2301410029



PA-8879 (EX) 03-23 (I)

Declaration Control Number/Submission ID

	Social Security Number 726-47-7227
Secondary Taxpayer's Name	Social Security Number

SECTION I	TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2023 (whole dollars only)	
1. Adjusted PA taxable i	ncome (Form PA-40, Line 11)	129,030
2. PA tax liability (Form	PA-40, Line 12)	3,961
3. Total PA tax withheld	(Form PA-40, Line 13)	3,961
4. Amount to be refunde	d (Form PA-40, Line 30)	
5. Total payment (tax du	e) (Form PA-40, Line 28)	0

SECTION II DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2023 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

PRIMARY TAXPAYER'S PERSONAL IDENTIFICATION NUMBER (PIN) Mark one oval only.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

SECONDARY TAXPAYER'S PIN Mark one oval only.

I authorize ________ to enter my PIN ______ as my signature on my tax year 2023 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2023 electronically filed income tax return.

Signature

Date

Date

SECTION III CERTIFICATION AND AUTHENTICATION – PRACTITIONER PIN PROGRAM PARTICIPANTS ONLY

ERO'S EFIN/PIN Enter your six-digit EFIN followed by your five-digit self-selected PIN

222496 / 08271

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2023 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's Signature

Date

The ERO must retain this form and supporting documents for three years. DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO. Name

JYOTHINDRA SAI K KALA

Social Security Number 726-47-7227

	Federal Forms W-2								
# of W2	* N T / T X B L	TS	NRH	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax tax withheld from box 17	ST ID		
				TRINITY PARTNERS LLC 30-0284706	<u>121,983.</u> <u>129,030.</u> 	<u>129,030.</u> 3,961.			

Pennsylvania W-2	Taxpayer 129,030.	Spouse
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6 Noncash tips Noncash tips Noncash tips		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding		

Federal Forms W-2: Local Tax

# of W2	*	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
		T	30-0284706	510101-PHIL	<u> 132,250.</u> 	4,988.	PA

Pennsylvania Local W-2	Taxpayer 132,250.	Spouse
Federal Form 4137, Unreported Tips, line 6		
Noncash tips		
Withholding	4,988.	

Excess Reimbursements

*	Description	Employer's EIN	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements		

* Payér's Name S # Type Distribution Basis PA Taxable With	*	Payer Name		Pa	yer EIN	T/S	Code	PA Taxable Comp.	e PA Tax Withheld	Fed. Income
Executor fee H Other nonemployee compensation. Dury duty pay Director's fee Employer sponsored retirement/pension/deferred compensation p Expert witness fee Honorarium Compensation from ERA (Traditional or Roth) Covenant not to compete Distribution from tife Insurance, Annuity or Endowment Contracts Darages or settlement for lost wages, other than personal injury N Fiduclary fees from a trust O Other income not listed above Describe: Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Taxpayer Spous Withholding T Fed PA O Payer's EIN T Fed PA * Payer's Name S # T T *										
Executor fee Jury duty pay Director's fee Expert winess fee Honorarium Covenant not to compete Damages or settlement for Ibstribution from Life Insurance, Annuity or Endowment Contracts Distribution from Charitable Gift Annuities Distribution from Charitable Gift Annuities Distribution from Charitable Gift Annuity Other income not listed above Describe: Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding N Fiduclary fees from a trust O Other income not listed above Describe: Spous Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding Taxpayer Spous * Payer's EIN Payer's Name T Frad 										
Miscellaneous Compensation from Form 1099MISC/1099K/1099NEC. Withholding * Payer's EIN * Payer's Name S # * Enter an 'X' if this income is Not subject to Pennsylvania tax - PA Part-Year and Nonresidents Only nnsylvania Distribution type: * * No entry PA Military pension 3 U.S. Civil service retirement/disability/annuity Anolity on Non-Vivil service disability/annuity Malcated ESOP Stock Dividend Malcated ESOP Stock Dividend M2 ESOP: Non-Allocated ESOP Stock Dividend M2 ESOP: Non-Allocated ESOP within a 401(k) M2 ESOP: Non-Allocated ESOP within a 401(k) M3 KSOP: Nontaxable ESOP within a 401(k)	Exe Jur Dire Exp Hoi Co Dai Iost	ecutor fee y duty pay ector's fee pert witness fee norarium venant not to compete mages or settlement fo t wages, other than	I J K L r N	Descr Emplo Distrik Distrik Distrik Descr Fiduci Other	ibe: over spons oution from oution from oution from oution from ibe: ary fees fr income no	ored re n IRA (n Life Ir n Chari n Emplo	tiremer Traditior surance able Gi byee Ste	nt/pension/de nal or Roth) e, Annuity or ft Annuities ock Ownersh	Endowment C ip Plan.	contracts
Payer's EIN Payer's Name T S Fed # # PA Type Gross Distribution Basis PA Taxable PA With Image: State of the	Miscel Withho	Ilaneous Compensation olding	n from	Form 10	99MISC/1	099K/1	099NE	C.		
* Payer's Name S # Type Distribution Basis PA Taxable With Image: Stript of the str			Com	pensati	ion from	Fede	al For	ms 1099R		
nnsylvania Distribution type: Image: None of the synthesis of the synthesyntex of the synthesis of the synthesis of the synthesynt	*	Payer's EIN Payer's Name					I	Basis	PA Taxable	PA Tax Withheld
Immsylvania Distribution type: Immsylvania Distribution type: Immsylvania Distribution type: Immsylvania Distribution from Charitable Gift Annuitie Immsylvania Distribution from a retirement plan Immsylvania Distribution from Charitable Gift Annuitie Immeligible; plan is eligible (no PA tax) Immsylvania Distribution from Charitable Gift Annuities Distribution from Life Insurance, Annuity, Endowment Contracts or Immsylvania Distribution from Charitable Gift Annuities Distribution from Charitable Gift Annuities Immsylvania Contracts or Immsylvania Contracts or Distribution from Charitable Gift Annuities Immsylvania Contracts or Immsylvania Contracts or Distribution from Charitable Gift Annuities Immsylvania Contracts or Immsylvania Contracts or Distribution from Charitable Gift Annuities Immsylvania Contracts or Immsylvania Contracts or Distribution from Charitable Gift Annuities Immsylvania Contracts or Immsylvania Contracts or Mitholding										
No No entry 12 1'm not eligible yet; plan is eligible in PA 1 PA school, state, or municipal employee plan J1 Traditional or Roth IRA; I'm over 59.5 1 United Mine Workers pension J2 Traditional or Roth IRA; I'm under 59.5 2 Military pension J2 Traditional or Roth IRA; I'm under 59.5 3 U.S. Civil service retirement/disability/annuity K3 Life insurance or endowment 1 Annuity or Non-civil service disability L Distribution from Charitable Gift Annuitie 1 Early distribution from a retirement plan M2 ESOP: Non-Allocated ESOP Stock Dividend 2 I'm eligible; plan is eligible (no PA tax) M4 KSOP: Taxable ESOP within a 401(k) M4 KSOP: Nontaxable ESOP within a 401(k) M4 Spous Distribution from Life Insurance, Annuity, Endowment Contracts or .				ot subjec	t to Penns	sylvani	a tax - F	PA Part-Year	and Nonresid	ents Only.
Distribution from Life Insurance, Annuity, Endowment Contracts or	N No 1 PA 1 Uni 2 Mili 3 U.S 1 Ani (inc 1 Eai 2 Rol	entry school, state, or munic ited Mine Workers pen itary pension 5. Civil service retiremen nuity or Non-civil servic cluding Qual Joint Surv rly distribution from a re llover	cipal ei sion ent/disa ce disa ivorshi etireme	ability/an bility ip Annuit ent plan	nuity	J1 J2 K3 I M1 M2 M3	Trad Trad Non- Life i Distr ESO ESO KSO	itional or Rot itional or Rot qualified defensurance or ibution from (P: Allocated P: Non-Alloc P: Taxable E	h IRA; I'm ove h IRA; I'm und erred compens endowment Charitable Gift ESOP Stock I ated ESOP St SOP within a	r 59.5 er 59.5 sation plan Annuities Dividend ock Dividend 401(k)
Taxpayer Spous	Distr Com	ineligible retirement pla ibution from Charitable pensation from Form 1	ans (se Gift A 099R	e Tax H nnuities (eligible	elp FAQ's retirement	for mo plans)	re info)	· · ·	-	Spouse
Tetal grass companyation to Form DA 40 line 1a				Tota	I Gross	Comp	ensati	on		
Total Schedule NRH gross compensation to PA-40, line 12	Tota	l gross compensation t	o Forn	n PA-40	line 1a			12	9 ,030.	Spouse 0

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.