### 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)

Taxpay	er's name	Social securit	y numb	er
RAV	I TEJA MUPPALLA	200-51-	-1742	2
Spouse	s's name	Spouse's soc	ial secu	rity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	re aut	horizing.)
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	63,189.
2	Total tax		2	6,159.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	11,214.
4	Amount you want refunded to you		4	5,055.
5	Amount you owe		5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	v of v	our return)

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					FBO firm name	5 ,	E	Π
	X I	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-

1	1	7	4	2	
	er fiv n't er				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	~							 				
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Certifi	ication and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PIN. E	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a		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 >			
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	vrite or st	aple in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.	
Your first name	and m	 iddle initial	Last r	name							-	curity number	
RAVI TEJ	ГД		MITE	PALLA								1742	
		s first name and middle initial	Last									I security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ential El	ection Campaigr	
2525 PRE	STO	N ROAD						1	713	Check	here if y	ou, or your	
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP c	ode			jointly, want \$3	
PLANO						TΣ	ĸ	750	93			nd. Checking a not change	
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta	x or refu		
											<b>Y</b>	ou 🗌 Spouse	
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only or	ne hao	d income)									
one box.		Arried filing separately (MFS)											
		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											
	qu	alifying person is a child but not you	ır dep	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); c	r (b) sell,			
Assets		hange, or otherwise dispose of a digi						-		.,	<b>Y</b>	es 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı						
Age/Blindness	S You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind	
Dependents				$\overline{}$	Social security		(3) Relationsh	14				(see instructions):	
If more		First name Last name		(2)	number	, ,	to you		Child tax	credit	Credit fo	or other dependents	
than four													
dependents,													
see instructions and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	3	79,191.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1k	>		
W-2 here. Also	С	Tip income not reported on line 1a	ι (see i	instructior	ıs)					. 10	>		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 10	ł		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 16	•		
was withheld.	f	Employer-provided adoption bene								. 11	F		
lf you did not get a Form	g	Wages from Form 8919, line 6 .								. <u>1</u> ç	3		
W-2, see	h	Other earned income (see instructi	,				· · · · ·	· ·		. <u>1</u> ł	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)	• •	<b>1</b> i					<b>FO</b> 101	
		Add lines 1a through 1h			· · ·	 . –		· ·		. 12	_	79,191.	
Attach Sch. B if required.	2a	'	2a				axable interest			. 2k			
	<u>3a</u>		3a				Ordinary divider			. 3k	_		
Standard	4a 5 a		4a				axable amount			. 4k	_		
Deduction for –	5a		5a				axable amount			. 5k			
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a	mathad			axable amount	[		. 6k	)		
separately, \$13,850	c 7	If you elect to use the lump-sum elect				•	,	• •					
<ul> <li>Married filing</li> </ul>	7 8	Capital gain or (loss). Attach Schedule						• •		∐ <u>7</u> . 8	_	-16,002.	
jointly or Qualifying	о 9	Additional income from Schedule <sup>-</sup> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		· 0		63,189.	
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche		-				• •		· 9		03,109.	
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is			 aross incor			• •		. 11		63,189.	
household, [ \$20,800	12	Standard deduction or itemized	•	-	-			• •		. 12		13,850.	
If you checked any box under	13	Qualified business income deduction						• •		. 13	_	,050.	
Standard	14	Add lines 12 and 13				. 555				. 14		13,850.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ess. enter	-0 This is v		taxable incom	е.		. 18		49,339.	
					y						· .	,	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	6,159.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	6,159.
	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	6,159.
	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	6,159.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 11	,214.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	11,214.
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				29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	11,214.
Refund	34	If line 33 is more than line 24						34	5,055.
norana	35a	Amount of line 34 you want	-			, .	. 🗆 🖪	85a	5,055.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 5 6 1	J. J.						
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee							omplete belo	ow.	X No
	De	signee's		Phone		Pers	onal identifica	tion	
	nar	ne		no.		num	oer (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		· · · ·	piete. Declaration		1			•	, ,
	Yo	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	If the IR	S sent	your spouse an	
Keep a copy for		<b>C</b>	Ū						tion PIN, enter it here
your records.							(see inst	.)	
		one no. (469)514-428		Email address	MUPPALLARAVI	TEJA@GMAIL.CO			-
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	0	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/18/2024	P020827	03	Self-employed
Use Only	Fin	n's name GLOBAL TAX	XES LLC				Phone n	ю. (б	578)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form <b>1040</b> (2023)

REV 02/11/24 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 RAVI TEJA MUPPALLA 200-51-1742

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-16,002.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I.	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
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	8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
z	Other income. List type and amount:			
~	Tatal athen in some Add lines On through On	8z		
9	Total other income. Add lines 8a through 8z.		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8		10	-16,002.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	e 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
<b>U</b>	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		24h			
i	Attorney fees and court costs you paid in connection with an award			_	
•	from the IRS for information you provided that helped the IRS detect				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									2023				
			God							formation		Attachm	
				to www.n3.gov/oc		moure			itest in		Your soci		
. ,		Δ.Τ.Τ.Δ										•	lumber
			se Fror	n Rontal Roal	Estato an	d Ro	valtiae				200 5	1 1/12	
	Note: If yo rental inco	ou are ir ome or l	n the busi oss from	ness of renting pers Form 4835 on page	sonal proper e 2, line 40.	ty, use	Schedule						
1a	Attach to Form 1400, 1040-58, 1040-NR, or 1041 Go to www.frsgov/ScheduldE for instructions and the latest information.         Construction state           Construction or latest CAVIT TECA MUPEALLA         Your social security number 200-51-1742           Ret Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report fam intensions of loss form from 4350 ange2, line 40.         A Did you make ary payments in 2023 that would require you to file Form(s) 1099? See instructions. If you are an individual, report fam intensions of loss form 6350 ange2, line 40.           A         Did you make ary payments in 2023 that would require you to file Form(s) 1099? See instructions. If you are an individual, report fam into make ary payments in 2023 that would require you to file Form(s) 1099? See instructions. If you are site of the required Form (s) 1099?         Cent Sec instructions. If you are site of the required Form (s) 1099?         Fair Rental         Personal Use day.           1         Drype of Property If you meet the requirements to lite as a Q         Cent Colston 40.00 kor only If you meet the requirements to lite as a Q         To Self-Rental         Self-Rental           2         Multi-Family Residence         3 Vacation/Short-Term Rental         6 Land         To Self-Rental           3         A for Colston 40.00 kor site of a set of												
Α	HOUSE NO:	4-35-	-222PL	OT NO38 KUKA	ATPALLY,	HYDE	ERABAD	TELA	NGAN.	A IN 500	72		
В													
С													
1b									Fa				QJV
Α	Type of Property (from list below)       2       For each rental real e above, report the nur personal use days. C if you meet the requir qualified joint venture         e of Property:       3 Vacation/Shore         Single Family Residence       3 Vacation/Shore         Multi-Family Residence       4 Commercial         me:       Rents received		neck the Qu	JV bo>	k only 🛛 🛛	Α		365		0			
												-	
С			quair	tied joint venture.	See Instru	ctions	5. ·	С					
Туре	of Property:						1		1			1	
	• •				-Term Rent	tal					ribe)		
										Propert	ies:		
Incom	ie:							Α					С
3	Rents received	t				3		5	70.				
4	Royalties rece	ived.				4							
Exper													
5	Advertising					5							
6	-					6							
7						7		1,8	70.				
8	•					8							
9						9							
10						10							
11	Management f	ees .				11		1,5	20.				
12	Mortgage inter	rest pa	id to bar	nks, etc. (see inst	ructions)	12							
13	Other interest					13							
14						14		4,1	38.				
15	Supplies .					15		4,3	94.				
16	Taxes					16							
17	Utilities					17		4,6	50.				
18	Depreciation e	xpense	e or depl	letion		18							
19	Other (list)					19							
20	Total expenses					20		16,5	72.				
21	result is a (loss	s), see	instructi	ons to find out if	you must	21	-	-16,0	02.				
22			estate	loss after limitation	on, if anv			-					
	on Form 8582	(see ir	structio	ns)			(	16,00		(	)	(	
<b>23</b> a											570.		
b			-			erties							
С			•										
d			•										
			•						23e	16			
24							-		• •		. 24	,	
25				m line 21 and renta								( 1	16,002.
26	Total rental re	eal est	ate and	royalty income	or (loss).	Comb	ine lines 2	24 and	25. E	nter the resi	ult		

**Supplemental Income and 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.

SCHEDULE E

26

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-16,002.

OMB No. 1545-0074