### 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 secur	ity numb	ber
DUR	GA PRASAD KALLEM	682-57	-716	8
Spouse	's name	Spouse's so	cial secu	urity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enternation	er year you a	are au	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	83,470.
2	Total tax		2	10,625.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,528.
4	Amount you want refunded to you		4	2,903.
5			5	

#### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your 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

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

7	7	1	6	8	
Ent dor	as my				

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

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

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date ►
Practitioner PIN Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1

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

ERO's signature ► Date ►						
ERO Must Retain T Don't Submit This Form to						
For Paperwork Reduction Act Notice, see your tax return instruct	ions. BAA	REV 01/08/24 PRO	Form <b>8879</b> (Rev. 01-2021)			

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
DURGA PF	RASA	D	KAL	LEM						682	57	7168
-		s first name and middle initial	Last r									security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.	Preside	ntial Ele	ection Campaigr
<u>4500 s m</u>									.721			ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				jointly, want \$3 nd. Checking a
DENVER						CC	-	802		box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax	_	_
											L Yo	ou Spouse
Filing Status				、			Head of he	buseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hac	i income)								
one box.	L If s	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouse If you	, oh	, ,		ring spouse	. ,	ild'e ne	ma if tha
		alifying person is a child but not you									iiu s na	
Digital		ny time during 2023, did you: (a) rece						-				
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)		es 🛛 No
Standard	_	neone can claim: Vou as a de	•				a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	bu were a	dual-status	allen	1					
Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	ip (4		· ·		(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											
and check	ı —											
here	1.		av 1 /a		ationa)					1		 96,671.
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•		,					. 1a . 1b		90,071.
Attach Form(s)	c	Tip income not reported on line 1a	•		.,					. 10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		-					. 1d		
W-2G and	e									. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 1f		
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	1	
get a Form W-2, see	h	Other earned income (see instruction					<sub>.</sub> .			. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	Nontaxable combat pay election (see instructions)									
	z	Add lines 1a through 1h	• 7		· · · ·					. 1z	-	96,671.
Attach Sch. B	2a	'	2a				axable interest			. 2b		
if required.	<u>3a</u>		3a				Ordinary divider			. 3b		
Standard	4a -		4a				axable amount			. 4b		
Deduction for –	5a		5a				axable amount			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a	mathad			axable amount	[		. 6b	,	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Scher		-		•	,	• •	l	7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule						• •	l	. 8		-13,201.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							• • •	. 9		83,470.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	,
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		83,470.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12	-	13,850.
If you checked any box under	13	Qualified business income deducti					5-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	ess, enter	-0 This is y	ourt	taxable incom	е.		. 15		69,620.

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	10,625.
Credits	17	Amount from Schedule 2, lin	ne3				[	17	
	18	Add lines 16 and 17					[	18	10,625.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ne8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	10,625.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	10,625.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 13	,528.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13,528.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[	26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits	[	32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	13,528.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>	[	34	2,903.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🛛	35a	2,903.
Direct deposit?	b	Routing number         1         0         1         8         7         c Type:         Checking         Savings							
See instructions.	d	Account number 1 4 5 5 7 4 2 3 4 6 2 4							
	36	Amount of line 34 you want a	applied to your :	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions		· · [	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee		tructions					omplete be		X No
	De: nar	signee's ne		Phone no.			onal identific oer (PIN)	ation	
Sign		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e best	of my knowledge and
Here		ief, they are true, correct, and com							, ,
пеге	Yo	ur signature		Date	Your occupation		If the I	RS sei	nt you an Identity
					· · ·   F			tion P st.)	IN, enter it here
Joint return?					SOFIWARE ENGINEER			- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in		
	Ph	one no. (424)750-097	5	Email address	KALLEMDURGAP	RASAD@GMAIL.CO	 )M		
		parer's name	Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/17/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX				, , ,			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go		n1040 for instructions and the late			BAA	REV 01/08/24 PRO			Form <b>1040</b> (2023)
5					<b>B</b> run				( )

REV 01/08/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>		
Name(s) shown on Form 1040, 1040-SR, or 1040-NR			Your social security number		
DURGA PRASAD K	682-57	-7168			
Part I Additio	onal Income				

Par	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. Attac	ch Schedule E .	5	-13,201.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (		
b	5	8b		
С		8c		
d		8d (		
е		8e		
f		8f		
g		8g		
h		8h		
i		8i		
j		8j		
k		8k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
		Bm	-	
		8n	-	
0		80		
р		8p	-	
q		8q	-	
r		8r	-	
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	01		
	-	8t Bu	-	
		bu	-	
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 <b>additional income</b> . Enter		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-13,201.
or Pa	nerwork Reduction Act Notice, see your tax return instructions			Le 1 (Form 1040) 2023

F ice, see your ta ipe retu

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
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 here an			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/08/24 PRO		Schedule 1 (F	orm 1040) 202

SCHEDULE	Ε
(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. <b>13</b>

	Revenue Service		Go to www.irs.gov/ScheduleE fo	or instru	uctions a	nd the la	itest in	formation.		Attachm Sequen	ce No. <b>13</b>		
Name(s)	shown on return								Your soc	ial security	number		
DURG	A PRASAD KAL	LEM							682-5	7-7168			
Part	I Income or	Los	s From Rental Real Estate ar	nd Ro	yalties								
	Note: If you a	are in th	ne business of renting personal prope s from <b>Form 4835</b> on page 2, line 40.	erty, use	Schedul	e C. See	instru	ctions. If you a	are an indi	vidual, rep	ort farm		
Α					Form(s)	10002 9	Soo ing	tructions			e X No		
		d you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
1a	-		ach property (street, city, state, ZI		,								
Α	RAMNAGAR, MA	AR,MAVALA HYDERABAD TELANGANA IN 504001											
В													
С													
1b	Type of Property	2	For each rental real estate prope				Fa	ir Rental	Personal Use		QJV		
	(from list below)	-	above, report the number of fair personal use days. Check the Q				Days		Days				
<u>A</u>	3	-	if you meet the requirements to			A		365		0			
B		-	qualified joint venture. See instru			B							
<u> </u>						C							
	of Property:				<b>5</b> 1	-1	7						
	Single Family Resi			ntal	5 Lan			Self-Rental					
2	Multi-Family Resic	lence	4 Commercial		6 Roy	alties	8	Other (desc	ribe)				
								Propert	ies:				
ncom	ie:					Α		В			С		
3	Rents received .			3		5	45.						
4	Royalties receive	d		4									
Exper													
5	Advertising			5									
6		structions)	6										
7	Cleaning and mail	aning and maintenance											
8		nissions											
9				9									
10	Legal and other p	gal and other professional fees											
11	Management fee	11		1,000.									
12			to banks, etc. (see instructions)	12									
13	Other interest			13									
14	Repairs	14		2,2	2,214.								
15	Supplies	15		2,826.									
16	Taxes			16									
17	Utilities			17		2,8	45.						
18	Depreciation exp	ense d	pr depletion	18		3,5	15.						
19	Other (list)			19									
20	Total expenses. A	Add lir	nes 5 through 19	20		13,7	46.						
21	Subtract line 20 f	rom li	ne 3 (rents) and/or 4 (royalties). If										
			structions to find out if you must										
				21		-13,2	01.						
22			estate loss after limitation, if any, cructions)	22	(	13,20	)1.)	(	)	(			
23a	Total of all amour	nts rep	ported on line 3 for all rental prope	erties			23a		545.				
b	Total of all amounts reported on line 4 for all royalty properties						23b						
С	Total of all amour			23c									
d	Total of all amour		<b>23d</b>			3	3,515.						
е		otal of all amounts reported on line 20 for all properties						13	3,746.				
24		-	amounts shown on line 21. <b>Do no</b>		de any lo	sses			. 24				
25	Losses. Add royal	Ity loss	ses from line 21 and rental real estat	te losse	es from lii	ne 22. E	nter to	tal losses hei	re <b>25</b>	(	13,201.)		
26	Total rental real	estat	e and royalty income or (loss).	Comb	ine lines	24 and	25. E	nter the resu	ult				
			I IV, and line 40 on page 2 do no										

26

-13,201.

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