Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

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							
SHIVA KUMAR SIRUMALLA	796-78-4547							
Spouse's name	Spouse's social security number							
MANASA CHENNA	988-99-0964							
Part I Tax 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	1 107,690							
2 Total tax	2 9,157							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 21,858.							
4 Amount you want refunded to you	. 4 12,701.							
5 Amount you owe	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

				ERO firm name	te enter er generate my i m	En
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	8

8	4	5	4	7	
Ent don	er fiv i't er	/e dia	gits, all ze	but ros	as

6 4

Enter five digits, but don't enter all zeros

9 0 9 my

as mv

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.

Date

to enter or generate my PIN

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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

ERO's signature 🕨		Date 🕨	
	etain This Form — See orm to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. RAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Or	ly—Do not w	/rite or sta	ple in this space.
For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r							Your social security number		
SHIVA KU	JMAR		SIR	UMALLA	Ą					796	78	4547
		s first name and middle initial	Last r	-						_	· ·	security number
MANASA			CHE	NNA						988	99	0964
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.		• •	ction Campaign
7922 N N		RTHUR BLVD						3	075			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				jointly, want \$3
IRVING						TΣ	< C	750	63			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/				n postal cod		k or refu	0
											Yo	_
Filing Status		Single					Head of he	ouseho	old (HOH)			
-		Married filing jointly (even if only o	ne had	l income)					(-)			
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	ina spouse	e (QSS)		
one box.	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If voi	u che					ild's nar	me if the
		alifying person is a child but not you										
	-											
Digital		ny time during 2023, did you: (a) reco						-			⊡v-	es 🛛 No
Assets		ange, or otherwise dispose of a dig		· · ·				el) ? (Se	einstructi	ons.)	∐ Ye	
Standard Deduction	_	eone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	bu were a	dual-status	allen	1					
		Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor		re January	-		s blind
Dependents				(2) \$	Social security	/	(3) Relationsh	ip (4			· ·	see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit for	r other dependents
than four dependents,												<u> </u>
see instructions	s ——											<u> </u>
and check												<u> </u>
here L												
Income	1a	Total amount from Form(s) W-2, b	•		,							125,186.
Attach Form(s)	b	Household employee wages not re	.,									
W-2 here. Also	с	Tip income not reported on line 1a										
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ictions)	• •		. 1d		
1099-R if tax	e	Taxable dependent care benefits f						• •		. 1e		
was withheld.	t	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g	,								. <u>1</u> g		
W-2, see	h	Other earned income (see instruct	,	· · ·		• •		···		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					105 106
	<u>z</u>	Add lines 1a through 1h		· · ·	· · ·	 . –	· · · · ·			. 1z		125,186.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b		
	<u>3a</u>		3a				Ordinary divider			. 3b		
Standard	4a		4a				axable amoun			. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	, _	6a				axable amoun	τ		. 6b)	
separately, \$13,850	с _	If you elect to use the lump-sum e				`	,	• •				
 Married filing 	7	Capital gain or (loss). Attach Sche						• •			_	17 400
jointly or Qualifying	8	Additional income from Schedule								. 8	_	-17,496.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 9		107,690.
 Head of 	10	Adjustments to income from Sche						• •		. 10	-	107 000
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		107,690.
• If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under <i>Standard</i>	13	Qualified business income deduct	ion fro	m ⊢orm 8	995 or Form	1 899	ъ-А	• •		. 13		07 700
Deduction, see instructions.	14 15	Add lines 12 and 13	•••			• •				. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-u I MIS IS Y	our	laxable incom	ie .		. 15		79,990.

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	9,157.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17					[18	9,157.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20					🗆	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			🗆	22	9,157.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	9,157.
Payments	25	Federal income tax withheld							
· · · , · · · · · · · · · · ·	а	Form(s) W-2				25a 21	,858.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	21,858.
If you have a	26	2023 estimated tax payment					[26	i
qualifying child,	27	Earned income credit (EIC)				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	21,858.
Refund	34	If line 33 is more than line 24						34	12,701.
lioiana	35a	Amount of line 34 you want	-			, ,		35a	12,701.
Direct deposit?	b	Routing number 1 1 1					Savings		
See instructions.	d	Account number 3 5 6	Ŭ						
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	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 bel	ow.	🗙 No
U	De	signee's		Phone			onal identifica	ation	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		· · · ·	pioro: Doolaration (, .
	YO	ur signature		Date	Your occupation				nt you an Identity N, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see ins		.,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion	If the IF	IS sen	nt your spouse an
Keep a copy for your records.						-		ection PIN, enter it here	
your records.					HOME MAKE		(see ins	t.)	
		one no. (314) 566-620		Email address	SIRUMALLA	K@GMAIL.COM			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/29/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone	no. (678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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**

796-78-4547

Your social security number

Name(s)	shown or	n Fo	rm 1040, 1	040)-SR, or 10	40-NR
SHIVA	KUMAR	SI	RUMALLA	&	MANASA	CHENNA

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. Att	ach Schedule E .	5	-17,496.
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		
ο	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:			
-		8z		
9	Total other income. Add lines 8a through 8z	· · · · · · · ·	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040, 1040-SR, or 1040-NR, line 8	r here and on Form	10	-17,496.
For Pa	Schedul	e 1 (Form 1040) 2023		

Part	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				
-	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:		• •	 	
 a		24a			
-	Deductible expenses related to income reported on line 81 from the	210			
N		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	- 10		-	
Ŭ	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d		-	
e	Repayment of supplemental unemployment benefits under the Trade	2.10		-	
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
q	Contributions by certain chaplains to section 403(b) plans	24g		-	
	Attorney fees and court costs for actions involving certain unlawful	2-TY		 -	
	discrimination claims (see instructions)	24h			
:		2411		-	
	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	24i			
:	Housing deduction from Form 2555	24i 24j			
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j			
ĸ		24k			
-	Other adjustments. List type and amount:	24N		-	
z	Other aujustitients. List type and antount.	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
25 26	Add lines 11 through 23 and 25. These are your adjustments to income			 23	
20	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA		01/21/24 P		le 1 (Form 1040) 202

									0. 1545-0074		
(Form	1040)	(From re	ntal real estate, royalties, partners					trusts, REMIC	s, etc.)	20	23
	ent of the Treasury Revenue Service		Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation.		Attachn Seguen	nent ce No. 13
Name(s)	shown on return								Your soci	al security	
SHIV	A KUMAR SI	RUMALLA	A & MANASA CHENNA						796-7	8-4547	
Part	Part I Income or Loss From Rental Real Estate and Royalties										
	Note: If yo	ou are in th	e business of renting personal prope	rty, use	Schedule	e C . See	e instru	ctions. If you ar	e an indiv	vidual, rep	ort farm
			from Form 4835 on page 2, line 40. Its in 2023 that would require you	to filo	Form(o) 1	10002 0	Soo inc	tructions			
			u file required Form(s) 1099?								
1 a			ch property (street, city, state, ZI								
Α	30-4-311/2	A MADIH	KONDA WARANGAL TELANGA	NA IN	v 50614	12					
В											
С											
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental	Person		QJV
	(from list below	N)	above, report the number of fair					Days	Da	iys	
	3		personal use days. Check the Q if you meet the requirements to			A		365		0	
			qualified joint venture. See instru			B					
						С					
	of Property:				5 1		7				
	Single Family R Multi-Family Re		3 Vacation/Short-Term Rer4 Commercial	ital	5 Lanc			Self-Rental	ha)		
2 1		siderice	4 Commercial		6 Roya	aities	0	Other (descril	be)		
								Propertie	s:		
Incom						Α		В			С
3				3		6	64.				
4		ived		4							
Expen				-							
5				5 6							
6 7			tructions)	7		3 0	92.				
8	-			8		5,5	,92.				
9				9							
10			ional fees	10							
11	•	•		11		3.4	10.				
12			o banks, etc. (see instructions)	12			<u> </u>				
13		-		13							
14				14		3,9	04.				
15	o			15			33.				
16	Taxes			16							
17	Utilities			17		3,3	21.				
18	Depreciation e	xpense o	r depletion	18							
19	Other (list)			19							
20	Total expenses	s. Add line	es 5 through 19	20		18,1	60.				
21			e 3 (rents) and/or 4 (royalties). If								
			tructions to find out if you must			1 - 4	0.0				
				21	-	-17,4	96.				
22			state loss after limitation, if any,			1 - 10		1	```	(,
00-		-	ructions)	22	(17,49		()	()
23a		-	orted on line 3 for all rental prope			·	23a		664.		
b		-	orted on line 4 for all royalty prop orted on line 12 for all properties				23b 23c				
c d			orted on line 12 for all properties		· · ·		23C				
e			orted on line 20 for all properties				23u	1 8	160.		
24		-	mounts shown on line 21. Do no				200	10,	24		
25			es from line 21 and rental real estat		-		 nter to	tal losses here		(17,496.)
26			e and royalty income or (loss).								,,
			IV, and line 40 on page 2 do no								
			, line 5. Otherwise, include this a						26		-17,496.
For Da			tice, see the separate instructions		NE			-17,496.			orm 1040) 2023

Schedule E (Form 1040) 2023