(Rev. January 2021)

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.

OMB No. 1545-0074

	1876/188 687/188				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numl	ber	
PAVA	AN KUMAR REDDY YARRAMALA	081-89	-305	2	
Spouse's	s name	Spouse's so	cial sec	urity numbe	r
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	vear vou a	ire au	thorizina)
	whole dollars only on lines 1 through 5.	you. you c			•/
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	97	7,168.
2	Total tax		2		3,639.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12	2,979.
4	Amount you want refunded to you		4		
5	Amount you owe		5		660.
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	кеер а сор	y of y	our retu	ırn)
return (control to send for any Agent to paymer authorize paymer business taxes to personal	wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmounty return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejecteday in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requise days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment with the payment (PIN) below is my signature for the income tax return (original or amended) I a signature for the income tax return (original or amended) I a	itter, or electrection of the testion of the test. Treasury a cated in the test on to debit the authorizuests must be processing on ayment. I fur	onic reransmind its cax prepare entry ation. The entry ation of the elther ac	turn origina ssion, (b) the designated paration so to this acce To revoke ved no lathe dectronic para kknowledge	ator (ERO) he reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
X		my PIN 9	3 (0 5 2	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	asiny
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Your s	ignature ▶ Date ▶ _				
Spous	e's PIN: check one box only				
Г	I authorize to enter or generate	mv PIN			as my
	ERO firm name	En		digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part l	Certification and 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 4 9 Don't ent	6 0 er all ze	-	7 1
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	ax return (orig litting this ret	inal or urn in a	amended) accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To I	JO 20			

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this spa	ice.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructions	 s.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numbe	er
PAVAN KU	JMAR	REDDY	YARR	AMALA	_						081	89	3052	
		s first name and middle initial	Last nar								Spouse's social security num			mber
											837	46	3619	
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.				ction Camp	aign
_1103 SW	ANC	HOR WAY							201				ou, or your	
City, town, or p	ost off	ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode				jointly, wan nd. Checkin	
BENTONV	ILLE					AR	2	727	13		0		not change	•
Foreign country	y name		F	oreign pr	rovince/state/	count	У	Foreig	ın postal c	ode	your tax	_		
		7										∐ Yo	u Spe	ouse
Filing Status	s	Single					☐ Head of h	ouseh	old (HOF	1)				
Check only		Married filing jointly (even if only o	ne had ii	ncome)			П о			,,	200)			
one box.		Married filing separately (MFS)					☐ Qualifying		0 .	,	,	1.11	16 11	
		you checked the MFS box, enter the alifying person is a child but not you						or Q	55 box,	enter	tne cni	ia's nai	ne if the	
	- qс 	lalliying person is a crilid but not you	и череп	ident. E	SHARGAVI	AI								
Digital		ny time during 2023, did you: (a) rec	,					-			. ,		<u> </u>	
Assets		nange, or otherwise dispose of a dig						et)? (Se	ee instru	ction	s.)	Y€	es 🔀 No)
Standard	_	neone can claim: U You as a de	•				a dependent							
Deduction	Ш	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Spc	ouse	: Was bo	rn befo	ore Janua	ary 2,	, 1959	☐ Is	blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	elationship (4) Check th		he bo	x if quali	fies for (see instructi	ons):
If more	(1) First name Last name			number to you			'	Child t	ax cre	edit	Credit fo	r other depen	dents	
than four									[
dependents, see instruction	e ——													
and check	. —													
here									[
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		114,88	3.
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e					
was withheld.	f	Employer-provided adoption bene	efits from	i Form 8	839, line 29	•					1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			0.
W-2, see	h :	Other earned income (see instruct	,				· · · ·	i.			1h			<u>.</u>
instructions.	i -	Nontaxable combat pay election (s	see msu	uctions)			<u>1</u> i				1-		114,88	3
A# 0 D	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · i	 Ь.Т	axable interes				1z 2b		111,00	
Attach Sch. B if required.	3a	· -	3a				rdinary divide				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		nethod	check here					. r				
separately, \$13,850	7								7					
 Married filing jointly or 	8	Additional income from Schedule		•	•						8		-17,71	5.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		97,16	
\$27,700	10	Adjustments to income from Sche		-							10			
 Head of household, 	11	Subtract line 10 from line 9. This is									11		97,16	8.
\$20,800	12	Standard deduction or itemized	-	-	_						12		13,85	
If you checked any box under	13	Qualified business income deduct				-	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	0.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	e antar	O This is v		avabla incom				15		83 31	0

Form 1040 (2023	3)								Page Z		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	з 🗌		16	13,639.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	13,639.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,639.		
	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	13,639.		
Payments	25	Federal income tax withheld	from:								
-	а	Form(s) W-2				25a 1	2,979				
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c						25d	12,979.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31	32								
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,979.		
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34			
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, ched	ck here	🗆	35a			
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking	Savings	s			
See instructions.	d	Account number X X X	X X X X	X X X Z	X X X X	XX					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	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	_	-				37	660.		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•			_					
Designee							•		⊠ No		
	Designee's Phone Personal ide name no. number (PIN										
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the							the best	of my knowledge and		
Here	be	lief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informat	ion of wh	ich prepar	er has any knowledge.		
пеге	Yo	ur signature	Date	Your occupation			nt you an Identity				
						1	Protection PIN, enter it here (see inst.)				
Joint return? See instructions.		II FROFESSIONAL						 			
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupati	Ide	If the IRS sent your spouse an Identity Protection PIN, enter it here				
, ca. 1000.ac.								e inst.)			
		one no. (571)474-956	4 Preparer's signat	Email address	PAWANREDDY.				Chock if:		
Paid		eparer's name	'			Date	PTIN	00700	Check if:		
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAC	JAK GUPTA	04/07/2024		82703	Self-employed		
Use Only		m's name GLOBAL TA		DIGIT OF T	T 00016				one no. (678)965-9522		
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK No	J 08816		Fir	m's EIN	84-3171965		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PAVAN KUMAR REDDY YARRAMALA

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
081-89	-3052

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	-17,715.
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		
ı	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 (<u> </u>	
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:			
_	Tall the face of All Free College 1.0	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			10 010
	1040, 1040-SR, or 1040-NR, line 8		10	-17,715.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II 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				
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	,	24a			
b	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			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
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)	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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	, - , - , - , , , , , ,		-		

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s	s) snown on return							ial security	
PAV	AN KUMAR REDDY YARRAMALA						081-8	9-3052	2
Par		d Ro	yalties						
	Note: If you are in the business of renting personal proper	ty, use	Schedule	C . See	instruc	tions. If you a	are an indi	ividual, rep	oort farm
	rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you								
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	ode	e)						
	VENTATESWARA COLONY HYDERABAD TELANGAN			10					
A_	VENTATESWARA COLONY HYDERABAD TELANGAR	NA II	N 50004	19					
В									
С							I		1
1b	Type of Property 2 For each rental real estate prope			Fai	r Rental		nal Use	QJV	
	(from list below) above, report the number of fair personal use days. Check the Q			_		Days	Da	ays	
Α	gersonal use days. Check the Quite if you meet the requirements to f			Α		365		0	
В	qualified joint venture. See instru			В					
С	qualified joint vontaior ood motio		.	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		-	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
			1			Propert			
							ies.		
Incon				Α	1.0	В			С
3	Rents received	3		5	12.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		2,3	17.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,8	65.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,5	49.				
15	Supplies	15		3,1	24.				
16	Taxes	16							
17	Utilities	17		3,2	69.				
18	Depreciation expense or depletion	18		5,1					
19		19		- ,					
20	Other (list) Total expenses. Add lines 5 through 19	20		18,2	27				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			10,2					
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-17,7	15				
22	Deductible rental real estate loss after limitation, if any,			± , , ,	-5.				
22	on Form 8582 (see instructions)	22	,	17 71	E \/		١	,	
220	Total of all amounts reported on line 3 for all rental prope	22		17,71			512.		
23a	·			•	23a		214.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c		100		
d	Total of all amounts reported on line 18 for all properties				23d		5,103.		
е	Total of all amounts reported on line 20 for all properties				23e	18	3,227.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estate							(17,715.
26	Total rental real estate and royalty income or (loss).								
	here, If Parts II, III, and IV, and line 40 on page 2 do no	t appl	lv to vou.	also e	nter th	is amount o	on I		

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

26

-17,715.