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)

Taxpayer's name		Social security numb	er		
KIRAN KUMAR SALAGALA 475-53-7273					
Spouse's name		Spouse's social secu	rity number		
DEEPTHI MADDELA		896-97-973	3		
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are 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	75,138.		
2 Total tax			5,251.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,804.		
4 Amount you want refunded to you		4	2,553.		
5 Amount you owe		5	•		

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		to enter or generate my PIN	E
				ERO firm name		_

3	7	2	7	3	
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

Enter five digits, but don't enter all zeros

as mv

7 9 7 3 3

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

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 Method Ret	urns Only—continue below	
Part III Certification and Authentication – Practitioner	PIN Method Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9	

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 – Don't Submit This Form to the IRS Unit 		
			F 0070 (B 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	i		nstructions.
Your first name	and m	iddle initial	Last n									urity number
				AGALA						475		7273
KIRAN KU		s first name and middle initial	Last n									security number
DEEPTHI MADDELA									896		9733	
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.		· · ·	ection Campaign
1204 HII									L014			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	te	ZIP c	-			jointly, want \$3
IRVING		,		.1		ТХ		750		, v		nd. Checking a
									ow will i c or refu	not change nd.		
				5 1			,		,	,	Yo	_
Filing Status] Single					Head of he	ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	income)				babbii				
Check only one box.] Married filing separately (MFS)						surviv	/ing spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name	of your si	oouse. If vou	ı che			•		ild's nai	me if the
		alifying person is a child but not you			, ,				,			
			• •						· 、			
Digital		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi									ΠYe	es 🛛 No
Assets		eone can claim: You as a de					a dependent			115.)		
Standard Deduction	_	Spouse itemizes on a separate return	•		•		•					
		·		<u> </u>								
		Were born before January 2, 1	959	Are bl	ind Spo	use	: 📋 Was bor		ore January 2	-		s blind
Dependents				(2) S	Social security		(3) Relationsh	ip (4	•			see instructions):
If more	(1) ⊦	irst name Last name		_	number		to you		Child tax c	reall	Credit Io	r other dependents
than four dependents,												
see instructions	s ——											
and check here												
	1a	Total amount from Form(s) W-2, bo	ov 1 (s	e instruc	tions)					. 1a		94,694.
Income	b				,					. 1b		
Attach Form(s)	c								. 10			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		,					. 1d	-	
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	a	Wages from Form 8919, line 6 .			-					. 1g	-	
get a Form	h	Other earned income (see instructi								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1i					
	z	Add lines 1a through 1h								. 1z		94,694.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	: .		. 2b)	
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds .		. 3b		
	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b		
 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee	dule D	if required	d. If not requ	ired	, check here		[7		
 Married filing jointly or 	8	Additional income from Schedule	1, line ⁻	10						. 8		-19,556.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	. This is y	our total inc	ome	e			. 9		75,138.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26		•				. 10)	
household,	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incon	ne				. 11		75,138.
\$20,800 If you checked r	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		27,700.
any box under Standard	13	Qualified business income deducti	ion fror	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14	Add lines 12 and 13				•				. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter ·	-0 This is y	our t	taxable incom	e.		. 15		47,438.

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	5,251.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	5,251.
	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	5,251.
	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	5,251.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 7	,804.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	7,804.
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				28			
	29	American opportunity credit	from Form 8863	8. line 8		29			
	30	11 2				30			
	31								
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33								7,804.
Refund	34							33 34	2,553.
neruna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	2,553.
Direct deposit?	b	Routing number 0 4 4					Savings		
See instructions.	ď	Account number 4 0 0					our inge		
	36	Amount of line 34 you want a			d tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, ge						37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another					_		
Designee							omplete belo	ow.	🗙 No
_ • • • • 9.100	De	signee's		Phone		Perso	onal identifica	tion	
	nar	ne		no.		numb	ber (PIN)		
Sign		der penalties of perjury, I declare the							, ,
Here		ief, they are true, correct, and com	piete. Declaration of			ased on all mormatic		•	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE H	NGINEER	(see inst		in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sian.	Date	Spouse's occupati		If the IR	S ser	nt your spouse an
Keep a copy for	-1-		j				Identity	Prote	ection PIN, enter it here
your records.					PROJECT MA	ANAGER	(see inst	:.)	
	Ph	one no. (612)245-945	6	Email address	KIRANSALAGA	ALA@GMAIL.CO	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024708	33	Self-employed
Preparer Use Only	Fin	n's name GLOBAL TAX	XES LLC				Phone r	ю. (678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	88-2145487
Go to www.irs.go	v/Forn	1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number		
KIRAN KUMAR SA	LAGALA & DEEPTHI MADDELA	475-53-7273			
Part I Additio	onal Income				
1 Taxable refur	nds, credits, or offsets of state and local income taxes		1		

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 S	chedule E .	5	-19,556.
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		8k			
1	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)	8 q			
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 . Enter 1040, 1040-SR, or 1040-NR, line 8	r here	and on Form	10	-19,556.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			-	le 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	government		
	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	
<u>-</u>	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 03	3/04/24 PRO	Schedule 1 (F	orm 1040) 202

	CHEDULE E Supplemental Income and Loss								OMB No. 1545-0074		
(Form	1040)	(From re	ental real estate, royalties, partners		-			trusts, REMICs	s, etc.)	20)23
	nent of the Treasury Revenue Service		Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					formation		Attachm	nent ce No. 13
	shown on return		Go to www.irs.gov/Schedulee to	Ji ilisuu			ilesi ii		our soci	al security	
. ,		LAGALA	& DEEPTHI MADDELA							3-7273	
Part			From Rental Real Estate a	nd Ro	valties				1,0 0	0 / 1 / 0	
	Note: If yo	ou are in th	e business of renting personal prope	erty, use		c . See	e instru	ctions. If you are	e an indiv	vidual, rep	ort farm
Α			s from Form 4835 on page 2, line 40. Ints in 2023 that would require you		Earm(a) 1	0002 0	Soo inc	tructions			
	•		bu file required Form(s) 1099?		. ,						
<u>1</u> a			ch property (street, city, state, Z								
					,	DEGI		500400			
 	SUSEELA N	LLAYAM	,7TH WARD SATTENAPALLI	AND	IRA PRA	DESH	ΞN	522403			
C											
	Type of Prope	rty 2	For each rental real estate prop	ertv list	ted		Fa	ir Rental	Person	al Use	
	(from list below		above, report the number of fair	rental	and			Days	Da		QJV
Α	3		personal use days. Check the C			Α		365		0	
В			if you meet the requirements to qualified joint venture. See instru-			В					
C						С					
•••	of Property:		2. Magatian (Chart Tarra Day	-+-1	E Land		7	Calf Dantal			
	Single Family R Multi-Family Re		3 Vacation/Short-Term Rer4 Commercial	ntal	5 Land 6 Roya			Self-Rental			
	Multi-I army Ne	Siderice	4 Commercial			uues	0	Other (describ			
								Propertie	s:		
Incom		J		0		A	20	В			C
3 4			· · · · · · · · · · · · · ·	3		4	20.				
Exper											
5				5							
6	-		tructions)	6							
7	Cleaning and r	naintenai	nce	7		1,2	50.				
8				8							
9				9							
10	0	•	sional fees	10		1 0	50				
11 12	•		to banks, etc. (see instructions)	11		Ι,Ο	50.				
12	Other interest		to barks, etc. (see instructions)	12							
14				14		6.5	21.				
15				15			95.				
16				16							
17				17		5,2	60.				
18		xpense c	r depletion	18							
19	Other (list)										
20	•		es 5 through 19	20		19,9	76.				
21			ne 3 (rents) and/or 4 (royalties). If structions to find out if you must								
				21		-19,5	56.				
22	Deductible rer	ntal real e	state loss after limitation, if any,								
			ructions)	22	(19,55	56.)	()	()
23a	Total of all am	ounts rep	orted on line 3 for all rental prop	erties			23a		420.		
b			orted on line 4 for all royalty prop				23b				
c			orted on line 12 for all properties				23c				
d			orted on line 18 for all properties				23d	1.0	076		
е 24			orted on line 20 for all properties mounts shown on line 21. Do no				23e		976. 24		
24 25			es from line 21 and rental real esta				 nter to		24	(-	19,556.)
26			e and royalty income or (loss).							、	
			IV, and line 40 on page 2 do no								
), line 5. Otherwise, include this a						26	-	-19,556.