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 security number
SAN	THOSH REDDY KANDAKATTLA	351-99-9439
Spouse	's name	Spouse's social security number
SAN	THOSHINI PAKKEERU	988-96-9330
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r 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 78,949.
2	Total tax	2 5,707.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	· · · · 3 13,831.
4	Amount you want refunded to you	· · · · 4 8,124.
5	Amount you owe	5

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

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
			ERO firm name	

9	9	4	3	9	
Ent don	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

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date

9 б 3 3 0 as mv Enter five digits, but don't enter all zeros

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 Me	hod Returns Only—continue below									
Part III Certification and Authentication – Prac	titioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by you	r five-digit 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.

RO's signature ► Date ►								
D	ERO Must Retain This Form — S on't Submit This Form to the IRS Unle							
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For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO

Tork year Am. 1-Onc. 31, 2020, an other tax year barginning 2023, ending 20 See separate instructions. Your first name and middle initial Last name Your train and middle initial Last name Power social security number SANTHOSH PARKEERU Add. no. PARKEERU Add. no. PARKEERU PARKEERU PARKEERU PARKEERU You concern and middle initial Last name Power your your your your your your your you	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not w	rite or sta	ple in this space.
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W-2c and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1f If you did not get a form g Wages from Form 8919, line 6 1g was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1g was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h was withheld. f Employer-provided adoption benefits from Form 8839, line 29 1h was withheld. f Employer-provided adoption benefits from Form 8919, line 6 1g get a form h Other earned income (see instructions) 1h 0. v2. see in Nontaxable combat pay election (see instructions) 1t z 89,449. Za Add lines 1a through 1h 2a b b Taxable amount 2b if required. 3a B Deduction for 5a b Deduction for 5andard Deduction for 6a Social security benefits	• • •	С	Tip income not reported on line 1a	a (see i	nstructior	ıs)					. 1c	:	
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If you did not g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1i W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2a if required. 3a 2a b Qualified dividends 3a b Qualified dividends 3a b Attach Sch. B if RA distributions 4a IRA distributions 4a IRA distributions 5a Pensions and annuities 5a Standard 5a Deduction for- • Single or Married filing separately, jointly or Qualified dividend s ad ditional income from Schedule 1, line 10 Standard Deduction for- • Single or Married filing pointly or Qualifying usue/ get a dof b Standard Deduction for- • Social security benefits • Ga Maried filing		е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26 .					. 1e		
get a Form h Other earned income (see instructions) 1 W-2, see i Nontaxable combat pay election (see instructions) 1i instructions. i Nontaxable combat pay election (see instructions) 1i Attach Sch. B 2a Tax-exempt interest 2b if required. 3a Qualified dividends 3a 4a b Taxable amount 2b 5tandard 4a IRA distributions 4a Beduction for- 6a Scial security benefits 6a • Single or 6a Scial security benefits 6a Married filing separately, S13850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointy or 9 Additional income from Schedule 1, line 10 9 • Married filing surving spouse, \$27.700 10 Additional income from Schedule 1, line 26 10 • Haud of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 • Household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 • Hyou checked 13 Qualified business income deduction from Sone deduction from Sone Sone Sone Sone Sone Sone Sone Sone	was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8	3839, line 29					. 1f		
W-2, see in Other earlied informe (see instructions) 11 11 0 instructions. i Nontaxable combat pay election (see instructions) 11 12 89,449. Attach Sch. B if required. 3a Qualified dividends 2b 2b 4a IRA distributions 4a b Taxable amount 4b 5a Qualified dividends 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 6b Standard Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 Standard filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 7 Married filing source from Schedule 1, line 10 10 7 8 -10,500. 9 78,949. Standard filting source from Schedule 1, line 26 10 11 78,949. 12 27,700. 10 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income <td></td> <td>g</td> <td>Wages from Form 8919, line 6 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1g</td> <td></td> <td></td>		g	Wages from Form 8919, line 6 .								. 1g		
instructions. i Nontaxable combat pay election (see instructions) 1i z Add lines 1a through 1h 12 89,449. Attach Sch. B 2a Tax-exempt interest 2b a Qualified dividends 3a b Taxable interest 2b a Qualified dividends 3a b Ordinary dividends 3b a IRA distributions 4a b Taxable amount 4b Standard Deduction for 6a b Taxable amount 5b b Social security benefits 6a b Taxable amount 6b separately, S13,850 If you elect to use the lump-sum election method, check here (see instructions) 7 6a -10,500. guaritying surviving spouse, S27,700 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,949. 14 Subtract line 10 from line 9. This is your adjusted gross income 11 78,949. 12 27,700. 13 Qualified business income deduction from Sone dule A) 12 27,700. 14 Add lines 12 and 13 14 27,700. 14		h	Other earned income (see instruct	ions)					· ·		. 1h		0.
Attach Sch. B 2a Tax-exempt interest 2a b Taxable interest 2b if required. 3a Qualified dividends 3a b Ordinary dividends 3b 4a BA distributions 4a b Taxable amount 4b 5b 5a Pensions and annuities 5a b Taxable amount 5b 5b • Single or 6a Social security benefits 6a b Taxable amount 5b • Single or 6a Social security benefits 6a b Taxable amount 6b • Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) 1 7 • Married filing jointly or Qualifying surviving spouse, \$27,700 9 78,949. 7 • Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 78,949. 10 • Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11 78,949. • 19 ouchecked any box under Standard deduction or itemized deduction from Form 8995 or Form 8995-A 13 14 27,700.		i	Nontaxable combat pay election (s	see ins	structions)	tructions)							
if required. 3a Qualified dividends 3a b Ordinary dividends 3b Standard Deduction for- Budduction for- Single or Married filing separately, \$13,850 4a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Pensions and annuities 5a b Taxable amount 4b 5a Social security benefits 6a b Taxable amount 5b 6a Social security benefits 6a b Taxable amount 7 6a Social security benefits 6a b Taxable amount 7 6b If you elect to use the lump-sum election method, check here (see instructions) 7 7 • Married filing jointly or Qualifying surving spouse, \$27,700 8 Additional income from Schedule 1, line 10 10 9 78,949. 10 Adjustments to income from Schedule 1, line 26 10 11 78,949. 10 Adjustments to income from Schedule 1, line 26 11 7 11 78,949. 12 Standard deduction or itemized deductions (from Schedule A) 12		z	Add lines 1a through 1h	• •							. 1z		89,449.
Standard Ga		2 a	Tax-exempt interest	2a			bΤ	axable interest	•		. 2 b		
Standard Deduction for - 5a 5a b Taxable amount 5b • Single or Married filing separately, \$13,850 6a b Taxable amount 6b • Married filing separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 • Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 7 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 9 78,949. • If you checked any box under Standard Deduction, in 13 Qualified business income deduction from Form 8995 or Form 8995-A 12 277,700.	if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3 b		
Deduction for- Sa Sa <td>Otom dowd</td> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td></td> <td>bΤ</td> <td>axable amount</td> <td>· ·</td> <td></td> <td>. 4b</td> <td></td> <td></td>	Otom dowd	4a	IRA distributions	4a			bΤ	axable amount	· ·		. 4b		
Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .	Deduction for –	5a	Pensions and annuities	5a			bΤ	axable amount	· ·		. 5b		
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 7 Married filing jointly or Qualifying surviving spouse, \$27,700 8 Additional income from Schedule 1, line 10 8 -10,500. 9 78,949. 9 78,949. 9 78,949. \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 10 11 78,949. 12 27,700. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 12 27,700. 14 Add lines 12 and 13 14 27,700. 14 27,700.		6a							· ·		. 6b		
 Married filing jointy or Qualifying spouse, \$27,700 Head of household, \$20,800 Standard deduction or itemized deductions (from Schedule A) Gualified business income deduction from Form 8995 or Form 8995-A Add lines 12 and 13 Add lines 12 and 13 Add lines 12 and 13 		С	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)					
jointy or Qualifying surviving spouse, \$27,7008Additional income from Schedule 1, line 108-10,500.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income978,949.9Adjustments to income from Schedule 1, line 26109Adjustments to income from Schedule 1, line 26109Subtract line 10 from line 9. This is your adjusted gross income1112Standard deduction or itemized deductions (from Schedule A)1213Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.		7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	iired	, check here					
surviving spouse, \$27,700 9 7/8,949. 10 Add lines 12, 20, 30, 40, 50, 60, 7, and 6. This is your total income 10 *27,700 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 7/8,949. • If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 12 27,700. 14 Add lines 12 and 13 14 27,700. 14 27,700.	jointly or	8	Additional income from Schedule	1, line	10						. 8		-10,500.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 • Head of household, \$20,800 11 Subtract line 10 from line 9. This is your adjusted gross income 11 78,949. • If you checked any box under Standard Deduction, 14 Add lines 12 and 13 13 13 14 27,700.		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	come	е			. 9		78,949.
household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1178,949.\$20,80012Standard deduction or itemized deductions (from Schedule A)1227,700.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.	\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
I gou checked any box under Standard deduction or nemized deductions (norm scriedule A) 12 27,700. I gualified business income deduction from Form 8995 or Form 8995-A 13 13 Deduction, 14 Add lines 12 and 13 14 27,700.	household,	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incon	ne				. 11		78,949.
any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131427,700.		12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12		27,700.
Deduction, 14 Add lines 12 and 13	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 51,249.	Deduction,	14	Add lines 12 and 13								. 14		27,700.
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incom	е.		. 15		51,249.

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 🗌	[1	16	5,707.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	18	5,707.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	ie8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	5,707.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	5,707.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 13	,831.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5d	13,831.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		2	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	Reserved for future use .				30			
	31	Amount from Schedule 3, line 15							
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits						32	
	33	Add lines 25d, 26, and 32. T						33	13,831.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	34	8,124.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here					. 🗌 3	5a	8,124.
Direct deposit?	b	Routing number 1 2 1 0 0 3 5 8 c Type: X Checking Savings							
See instructions.	d	Account number 3 2 5	0 8 2 0	2 2 4 3	3 5				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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	o to <i>www.irs.go</i> u	//Payments or	see instructions		🤮	37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	m with the IRS?	See			
Designee	ins	structions				. Yes. Co	omplete belo	w.	× No
	De: nar	signee's		Phone no.			onal identificat per (PIN)	ion	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	hest of	f my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	S sent	you an Identity
		0					Protectio	on PIN	l, enter it here
Joint return?					SOFTWARE I		(see inst	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			your spouse an ption PIN, enter it here
your records.					HOME MAKEI	0	(see inst		ction Fin, enter it here
	Ph	one no. (510)396-228	6	Email address		286@GMAIL.CC	M		
		eparer's name	0 Preparer's signat	1	DI TIUDI . KZ	Date			Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P0247083		Self-employed
Preparer		n's name GLOBAL TAX		INVAN KUM	INC DODIEVINI				578)965-9522
Use Only			Y CT E BRU	NSWICK N.	J 08816		Firm's E		88-2145487
Go to www.irc.or		1040 for instructions and the late		TIONITON IN			1 #1113 E		Form 1040 (2023)
30 10 WWW.113.90		in the initial actions and the late	schnormation.		BAA	REV 01/21/24 PRO			10111 1070 (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

Attachment Sequence No. **01**

351-99-9439

 Internal Revenue Service
 Sequence No. 01

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 Your social security number

SANTHOSH	REDDY	KANDAKATTLA	&	SANTHOSHINI	PAKKEERU

Par	t 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	n Schedule E	5	-10,500.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	a ()	
b	Gambling	b		
С	Cancellation of debt	c		
d		d ()	
е		e		
f		f		
g		g		
h		h		
i		Si 🛛		
j		i	_	
k		k	_	
1	Income from the rental of personal property if you engaged in the rental			
			_	
m	Olympic and Paralympic medals and USOC prize money (see			
	,	n	_	
n		n	_	
0		0	_	
р		р	_	
q		9	_	
r		r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form	(
_		s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	5	t	-	
u		u	-	
Z	Other income. List type and amount:	z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter h		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-10,500.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	<u> </u>		ule 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			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l 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			
لم			-	
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 0	1/21/24 PRO	Schedule 1 (I	orm 1040) 202

	CHEDULE E Supplemental Income and Loss								OMB No	. 1545-0074		
(Form	1040)	(From	rental real esta	ite, royalties, partnersh	nips, S	corporati	ons, es	states,	trusts, REMICs,	etc.)	20	23
	ent of the Treasury		•	Attach to Form 1040,							Attachm	nent 10
	Revenue Service		Go to www	.irs.gov/ScheduleE for	rinstru	uctions an	d the la	atest in				ce No. 13
. ,	shown on return										al security	number
_				SANTHOSHINI PA					3	51-9	9-9439	
Part				tal Real Estate an renting personal proper			C See	instru	ctions If you are	an indi	vidual rep	ort farm
	rental inco	me or lo	oss from Form 4	835 on page 2, line 40.	ty, use	Ochedule	0.000	5 111311 4	cions. Il you are	anna	vidual, rep	
				nat would require you								s 🛛 No
B	f "Yes," did you	or will	you file require	ed Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical addr	ess of	each property	(street, city, state, ZIF	o code	e)						
Α	EDULABAD	MAIN	ROAD GHATA	KE MEDCHAL TEL	ANGA	ANA IN	5014	01				
B												
С												
1b	Type of Prope	rty 2	For each rei	ntal real estate prope	rtv list	ted		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below		above, repo	ort the number of fair	rental	and			Days		iys	QJV
Α	3			e days. Check the Q			Α		365		0	
В				the requirements to f nt venture. See instru			В					
С			quanted join				С					
	of Property:											
	Single Family R			tion/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Re	sidence	e 4 Com	mercial		6 Roya	lties	8	Other (describ	e)		
									Properties	:		
Incom	ie:						Α		В			С
3	Rents received	1. L			3		4	80.				
4	Royalties rece	ived.			4							
Exper	ises:											
5					5							
6		-	-		6							
7	•				7		1,2	250.				
8					8							
9					9							
10	•				10							
11					11		1,0)50.				
12				c. (see instructions)	12							
13	Other interest	• •			13							
14					14 15			80.				
15 16					15		۲, ۵	860.				
17					17		2 6	340.				
18					18		2,0	, u.				
19					19							
20	Total expense	bhA a	lines 5 through	19	20		10,9	180				
21	•		•	nd/or 4 (royalties). If			10,2					
21				find out if you must								
					21	-	-10,5	500.				
22				ter limitation, if any,								
					22	(10,50	00.)	()	()
23a	Total of all am	ounts re	eported on line	3 for all rental prope	rties			23a		180.		
b				4 for all royalty prop				23b				
с				12 for all properties				23c				
d				18 for all properties				23d				
е				20 for all properties				23e	10,9	980.		
24	Income. Add	oositive	amounts show	wn on line 21. Do not	inclu	de any los	sses			24		
25	Losses. Add ro	yalty lo	sses from line 2	1 and rental real estate	e losse	es from lin	e 22. E	inter to	tal losses here	25	(10,500.)
26				y income or (loss).								
				40 on page 2 do no								
	Schedule 1 (Fo	orm 104	40), line 5. Othe	erwise, include this ar	nount	in the tot	tal on l	ine 41	on page 2 .	26	-	-10,500.