Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

 \blacktriangleright ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| Submission Identification Number (SID) | | • |
|--|--|---|
| Taxpayer's name | Social securit | y number |
| SAIRAM RAGHUNAYAKULA | 205-29- | -2118 |
| Spouse's name | Spouse's soci | ial security number |
| Part I Tax Return Information — Tax Year Ending December 31, 2023 | (Enter year you aı | re 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 1 |
| 1 Adjusted gross income | | 1 61,480. |
| 2 Total tax | | 2 5,785. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | 3 9,501. |
| 4 Amount you want refunded to you | | 4 3,716. |
| 5 Amount you owe | | 5 |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you get Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or am | | · · · · · · · · · · · · · · · · · · · |
| my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terpayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent. | transmitter, or electro for rejection of the tra- the U.S. Treasury ar ant indicated in the ta- istitution to debit the minate the authoriza on requests must be in the processing of the payment. I furth | onic return originator (ERO) ansmission, (b) the reason of its designated Financia ax preparation software for entry to this account. This stion. To revoke (cancel) as received no later than 2 the electronic payment of her acknowledge that the |
| Taxpayer's PIN: check one box only | | |
| X I authorize GLOBAL TAXES LLC to enter or gen signature on the income tax return (original or amended) I am now authorizing. | ř Ent | 2 1 1 8 as my er five digits, but n't enter all zeros |
| I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | |
| Your signature ▶ Dat | e ►02/25/20 | 024 |
| Spouse's PIN: check one box only | | |
| I authorize to enter or gen 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 | Ent dor | er five digits, but n't enter all zeros |
| if you are entering your own PIN and your return is filed using the Practitioner PIN below. | | |
| Spouse's signature ▶ Dat | - · | |
| Practitioner PIN Method Returns Only—continue b | elow | |
| Part III Certification and Authentication — Practitioner PIN Method Only | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | | 6 0 8 2 7 1 er all zeros |
| I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provide | submitting this retu | rn in accordance with the |
| ERO's signature ▶ Dat | e ▶ | |
| ERO Must Retain This Form — See Instruction | ns | |

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



| Pediction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 Peristors and armulates | For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | , 2023, end | ling | | , 20 | | See se | parate instructions | s. | |
|--|------------------------------------|--|---|-----------|--------------------------|----------------|---------------|----------------|----------|-----------------------------|---------------------------------------|----------|--|
| Income Process Spouse's social security number Spouse's social security Spouse Spouse's social security number Spouse's social security Spouse Spouse's social security number Spouse's spouse | Your first name and middle initial | | | Last name | | | | | | Your social security number | | | |
| Income Process Spouse's social security number Spouse's social security Spouse Spouse's social security number Spouse's social security Spouse Spouse's social security number Spouse's spouse | SAIRAM | | | | HUNAYAKULA | | | | | 205 | 29 2118 | | |
| Home address frumber and street, if you have a FQ. Dox, see instructions. Apt. no. Check-here if you, or your Street St | If joint return, s | pouse's | s first name and middle initial | | | | | | | Spouse' | 's social security nu | mber | |
| Home address frumber and street, if you have a FQ. Dox, see instructions. Apt. no. Check-here if you, or your Street St | | | | | | | | | | 331 21 1471 | | | |
| City, town, or post office. If you have a foreign address, also complete spaces below. BRANDON | Home address | (numbe | er and street). If you have a P.O. box, see | instructi | ions. | | | Apt. no. | | | · · · · · · · · · · · · · · · · · · · | paign | |
| BRANDON Spouse | 915 GRAN | ND C | RESTA AVE | | | | | | | Check ! | here if you, or your | | |
| PEL 33511 box below will not change Foreign country rame Foreign province/state/country Foreign postal Province/state/country Foreign postal Province/state/country Province/sta | City, town, or p | Oity, town, or post office, if you have a foreign address, also complete spaces below. | | | | | | | • | | | | |
| Check only one box. Single Head of household (HOH) Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: RAVALT KANCHETT | BRANDON | | | | | FL | ı | 33511 | | | | | |
| Check only one box. | Foreign country | y name | | | Foreign province/state/o | county | y | Foreign postal | code | _ | | | |
| Check only one box. Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) Married filing separately (MFS) Qualifying surviving spouse (QSS) Flyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: RAVALT_KANCHETT | | | | | | | | | You Spe | ouse | | | |
| Check only one box. | Filing Status | , [| Single | | | | Head of h | ousehold (HC |)H) | | | | |
| one box. Married filing separately (MFS) Flyou checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: RAVALI KANCHETT | - | | Married filing jointly (even if only or | ne had | income) | | | | | | | | |
| Digital Assets Assets Standard Deduction Age/Blindness You: Were born before January 2, 1959 Are blind Spouse instructions General Capendary 1, 1959 Are blind Spouse instructions Total amount from Form(s) W-2, page instructions Total amount from Form Sa93, line 26 Single or provided dadoption benefits from Form Sa93, line 26 Single or Marriad filing algoars, and a single or marriad filing appears and a distributions Total amount from Form Sa93, line 26 Single or Marriad filing appears Single or Marriad filing app | • | X | Married filing separately (MFS) | | | | Qualifying | surviving spo | ouse (| QSS) | | | |
| At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes | | | | | | | | or QSS box | , ente | r the ch | ild's name if the | | |
| Assets Standard Deduction Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse instructions; (1) First name Last name Spouse instructions; (2) Social security (1) First name Last name Spouse instructions; (2) Social security (1) First name Last name Spouse instructions; (2) Social security (3) Relationship to you Child tax credit for other dependents Spouse instructions (2) Social security (3) Relationship to you Child tax credit for other dependents Spouse instructions (4) Check the box if qualifies for see instructions; (3) Relationship to you Hold tax credit for other dependents Spouse instructions (4) Check the box if qualifies for see instructions; (3) Relationship to you Hold tax credit for other dependents Spouse instructions (5) In Total amount from Form(s) W-2, box 1 (see instructions) 1 | | qu | alifying person is a child but not you | ır depei | ndent: RAVALI K | KANC | CHETI | | | | | | |
| Assets Standard Deduction Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse itemizes on a separate return or you were adual-status alien Spouse instructions; (1) First name Last name Spouse instructions; (2) Social security No you did tax credit for other dependents See instructions and check here 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b Household employee wages not reported on Form(s) W-2 1c Tip income not reported on Inform(s) W-2 (see instructions) 1c Travable dependent care benefits from Form 2441, line 26 1c Employer-provided adoption benefits from Form 8839, line 29 1f Separate from W-2, see Instructions 1 Noter earned income (see instructions) 1 Noter earned income (see instructions) 1 Noter earned income (see instructions) 1 Notaxable combat pay election (see instructions) 1 Notaxable amount 1 Not | Digital | —. Δtar | ov time during 2023, did you; (a) rece | eive (as | a reward award or | navn | ent for prope | rty or service | s). or | (h) sell | | | |
| Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Check the box if qualifies for (see instructions): (1) First name Last name Great Part of the Check the box if qualifies for (see instructions): (2) Social security (3) Relationship to you Check the box if qualifies for (see instructions): (1) First name Last name Great Part of the Check the box if qualifies for (see instructions): (1) First name Last name Great Part of the Check the box if qualifies for (see instructions): (1) First name Last name Great Part of the Check the box if qualifies for (see instructions): (1) First name Last name Great Part of the Check the box if qualifies for (see instructions): (2) Social security in your did part of the Check the sox if qualifies for (see instructions): (3) Relationship to you will not not you will not you wil | | | | , | | | | • | , | | ☐ Yes 🏻 No | 5 | |
| Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Spouse: (3) Relationship (4) Check the box if qualifiers for (see instructions): (1) First name Last name (2) Social security (3) Relationship (5) Relationship (6) Check the box if qualifiers for (see instructions): Child tax credit Credit for other dependents Credit for other dependent Credit for o | | | <u></u> | | | | | , (| | | | | |
| Age/Blindness You: | | | | • | • | | а асренает | | | | | | |
| Capacitation Capa | | | <u> </u> | | | anon | | | | | | | |
| If more than four dependents, see instructions and check here | Age/Blindness | s You: | : Were born before January 2, 1 | 959 [| Are blind Spo | ouse: | ☐ Was bor | | | | | | |
| If more than four dependents, see instructions and check here in than four dependents, see instructions and check here. I | Dependent | | | | | , | | iP | | | 1 | | |
| Capendents, see instructions and check here Capendents, see instructions and check here Capendents, see instructions and check here Capendents, see instructions Capendents, see | If more | (1) F | irst name Last name | | number | | to you | Child | tax cr | edit | Credit for other depen | idents | |
| see instructions and check here | | | | | | | | | <u> </u> | | | | |
| Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions Instru | • . | s | | | | | | | <u> </u> | | | | |
| Total amount from Form(s) W-2, box 1 (see instructions) | | , — | | | | | | | <u> </u> | | | | |
| Attach Form(s) W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 here. Also attach Forms W-2 and 1099- Ri f tax was withheld. If you did not get a Form W-2, see instructions. I C may be a form W-2, see instructions. I C may be a form W-2 here. Also attach Forms Wages from Form 8819, line 26 Le mployer-provided adoption benefits from Form 8839, line 29 If you checked and not provided adoption benefits from Form 8839, line 29 If you checked and not provided adoption benefits from Form 8839, line 29 It you change from Form Sendule 1, line 26 It you checked and provided adoption benefits from Form 8995 or Form | here L |] | | | 1 | | | | Ш | | | | |
| Attach Form(s) W-2 here. Also of the component of the com | Income | _ | • | , | , | | | | | | | 2. | |
| attach Forms W-2G and 1099-Ri ff tax was withheld. If you did not get a Form W-2, see instructions in the form with the set of the seed of the separately, \$13,850 and \$13,850 and \$20,800 ff you did not get a Form W-2, see instructions. attach Forms W-2, garding and the with the wind and the words of the seed of the | Attach Form(s) | b | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| W-26 and 1099-R if tax was withheld. If you did not get a Form Wy-2, see instructions. If you did not get a Form Wy-2, see instructions. Attach Sch. B if required. At | | | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | | | |
| If you did not get a Form Wary as withheld. If you did not get a Form Wary 2, see instructions. Attach Sch. B if required. Tax-exempt interest 2a b Tax-exempt interest 2b b Taxable interest 2b Tax-exempt interest 3a Qualified dividends 3a b Ordinary dividends 3b Taxable amount 4b Tax 3a Under 1 Standard Deduction for Single or Married filing siontly or Qualifying surviving spouse, \$13,850 Head of household, \$27,700 Head of household, \$20,800 If you checked any box under \$20,800 | | | | | | | | | | | | | |
| f you did not get a Form you get a F | 1099-R if tax | _ | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| get a Form W-2, see instructions. h Other earned income (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b Bandard Deduction for Single or Married filing separately, \$13,850 Married filing spouse, \$27,700 Married filing spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, 15 you checked any box under Standard Deduction, 14 Add lines 12 and 13 Other earned income (see instructions) It Double to the series instructions) It Double to the series instructions and box ordinary dividends . 3b It Datable amount . 4b Datable amount . 5b Datable amount . 5b Datable amount . 6b If you elect to use the lump-sum election method, check here (see instructions) To Capital gain or (loss). Attach Schedule D if required. If not required, check here Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 | | | | | | | | | | | | | |
| W-Z, see instructions. i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b Jax Deduction for Standard Deduction for Gaspearately, \$13,850 Married filing jointly or Qualifying spouse, \$27,700 Head of household, \$20,800 If you clecked any box under Standard Deduction, 14 Jay Stondard Deduction, 14 Jay Standard Deduction, 14 Jay Stondard Deduction, 15 Jay Standard Deduction, 15 Jay Standard Deduction, 15 Jay Standard Standard Deduction, 15 Jay Standard Deduction, 16 Jay Standard Deduction, 16 Jay Standard Deduction, 16 Jay Standard Deduction, 17 Jay Standard Deduction, 16 Jay Standard Deduction, 17 Jay Standard Deduction, 16 Jay Standard Deduction, 16 Jay Standard Deduction, 17 Jay Standard Deduction, 17 Jay Standard Deduction, 18 Jay Standard Description Standard Deduction, 19 Jay Standard Description Standard Deduction, 19 Jay Standard Description Standard Jay Standard Description Standard | , | | , | | | | | | | | | | |
| Attach Sch. B if required. Attach Sch. B if required. 2a Tax-exempt interest | | | , | , | | | ٠ | · · · · | | 1n | 1 | 0. | |
| Attach Sch. B if required. 2a | instructions. | - | A 1 1 12 A 11 L A1 | see inst | ructions) | | 11 | | | | 73 54 | 12 | |
| Standard Peduction for Standard Pensions and annuities S | | | | 1 | | L Ta | | | • | | | | |
| Standard Deduction for—Single or Married filing separately, \$13,850 Married filing or Married filing or Jointy or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 Her double of the do | | | · - | | | | | | | | | | |
| Standard Deduction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, and an open surviving spouse, and surviving spouse, surviving surviving spouse, surviving survi | | | | | | | - | | | | | | |
| Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$13,850 6a Social security benefits . 6a b Taxable amount | Standard | | | | | | | | | | | | |
| Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$40 dilines 12 and 13 | Deduction for— | _ | | | | | | | • | | | | |
| Table 20 | Married filing | | · - | | | | | | . г | 7 | | | |
| Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$4d lines 12 and 13 | | | , | | , | ` | , | | | | 7 | | |
| Qualifying surviving spouse, stry, 7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income961, 480Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1161, 480If you checked any box under Standard Deduction, 1413Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413, 850 | Married filing | | | | | | | | ٠ ـ | | | 2 | |
| \$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 If you checked any box under Standard Deduction, \$13 Add lines 12 and 13 14 Add lines 12 and 13 15 Adjustments to income from Schedule 1, line 26 Subtract line 10 from line 9. This is your adjusted gross income 11 61,480 12 13,850 13 14 Add lines 12 and 13 15 16 17 18 19 10 10 11 12 13 14 15 16 17 18 19 10 11 12 13 14 15 16 17 18 18 19 19 10 11 12 13 14 15 16 17 18 19 19 10 10 11 12 13 14 15 16 17 18 19 19 19 10 10 11 12 13 14 15 16 17 18 19 19 19 19 19 19 19 19 | Qualifying | | | - | | | | | • | | | | |
| Head of household, \$20,800 If you checked any box under Standard Deduction, 4d lines 12 and 13 | | | | | • | | | | | | | <u> </u> | |
| \$20,800 If you checked any box under Standard Deduction, Table 12 Add lines 12 and 13 | Head of | | • | | | | | | | | | | |
| any box under Standard Deduction, 14 Add lines 12 and 13 | \$20,800 | | | - | | | | | | | | | |
| Standard Deduction, 14 Add lines 12 and 13 13,850 | If you checked any box under | | | | • | , | 5-A . | | | | | <u> </u> | |
| | Standard | | | | | | | | | | | 0 - | |
| | | | | | ss, enter -0 This is v | our t a | axable incom | ie | | | | | |

| Form 1040 (202) | 3) | | | | | | _ | | Page Z | |
|---|------|---|------------------------|-----------------------------|--------------------|------------------------|---------------------------|---|---------------------|--|
| Tax and | 16 | Tax (see instructions). Check if | any from Form | (s): 1 \square 881 | 4 2 🗌 4972 | 3 🗌 | | 16 | 5,785. | |
| Credits | 17 | Amount from Schedule 2, line | 3 | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 5 , 785. | |
| | 19 | Child tax credit or credit for ot | her dependent | ts from Sched | ule 8812 | | | 19 | | |
| | 20 | Amount from Schedule 3, line | 8 | | | | | 20 | | |
| | 21 | Add lines 19 and 20 | | | | | | 21 | | |
| | 22 | Subtract line 21 from line 18. In | f zero or less, e | enter -0 | | | | 22 | 5,785. | |
| | 23 | Other taxes, including self-em | ployment tax, | from Schedule | e 2, line 21 | | | 23 | 0. | |
| | 24 | Add lines 22 and 23. This is yo | our total tax | | | | | 24 | 5,785. | |
| Payments | 25 | Federal income tax withheld fr | om: | | | | | | | |
| • | а | Form(s) W-2 | | | | 25a | 9,501. | | | |
| | b | Form(s) 1099 | | | | 25b | | | | |
| | С | Other forms (see instructions) | | | | 25c | | | | |
| | d | Add lines 25a through 25c . | | | | | | 25d | 9,501. | |
| If you have a | 26 | 2023 estimated tax payments | 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 | Schedule 8812 | | | 28 | | | | |
| | 29 | American opportunity credit fro | om Form 8863 | , line 8 | | 29 | | | | |
| | 30 | Reserved for future use | | | | 30 | | | | |
| | 31 | Amount from Schedule 3, line | | | | 31 | | | | |
| | 32 | Add lines 27, 28, 29, and 31. T | hese are your | total other pa | ayments and refu | indable credits | | 32 | | |
| | 33 | Add lines 25d, 26, and 32. The | ese are your to | tal payments | | | | 33 | 9,501. | |
| Refund | 34 | If line 33 is more than line 24, | subtract line 2 | 4 from line 33. | This is the amou | nt you overpaid | | 34 | 3,716. | |
| | 35a | Amount of line 34 you want re | funded to you | ı. If Form 8888 | is attached, ched | ck here | 🗆 | 35a | 3,716. | |
| Direct deposit? | b | Routing number 0 6 3 1 | 1 0 0 2 | 7 7 | c Type: | Checking | Savings | | | |
| See instructions. | d | Account number 8 9 8 0 | 7 0 1 | 6 5 8 8 | 3 6 | | | | | |
| | 36 | Amount of line 34 you want ap | plied to your | 2024 estimate | ed tax | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. T | | | | | | | | |
| You Owe | | For details on how to pay, go t | to www.irs.gov | //Payments or | see instructions . | | | 37 | | |
| | 38 | Estimated tax penalty (see inst | tructions) . | | | 38 | | | | |
| Third Party | | you want to allow another p | | | | | | | | |
| Designee | | structions | | | | | Complete | | ⊠ No | |
| | | signee's me | | Phone no. | | | sonal ident nber (PIN) | ification | | |
| Sign | | der penalties of perjury, I declare that | t I have examined | | accompanying sche | | . , | the best | of mv knowledge and | |
| - | | lief, they are true, correct, and comple | | | | | | | | |
| Here | Yo | ur signature | Date | Your occupation | | | nt you an Identity | | | |
| | | | | | | | IN, enter it here | | | |
| Joint return? | | | | | SOFTWARE E | | , | inst.) | | |
| See instructions. Keep a copy for your records. | | Spouse's signature. If a joint return, both must sign. | | Date Spouse's occupation | | | | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) | | |
| | Ph | one no. (727) 771-5491 | | Email address | RAMREDDY54 | 91@GMAIL.C | OM MO | | | |
| Daid | Pre | | Preparer's signat | ure | | Date | PTIN | | Check if: | |
| Paid | SYAN | M PRIYA RAM SAGAR GUPTA TALLAM S | YAM PRIYA | RAM SAGAR | GUPTA TALLAM | 02/24/2024 | P0208 | 2703 | Self-employed | |
| Preparer | | | | | | | | Phone no. (678) 965-9522 | | |
| Use Only | | m's address 245 ROONEY | | NSWICK N | J 08816 | | | n's EIN | 84-3171965 | |
| | | 4040 (') | | | | | | | - 1040 | |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

SAIRAM RAGHUNAYAKULA

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

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

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

Your social security number 205-29-2118

| 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. Atta | ach Schedule E . | 5 | -12,062. |
| 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 | | |
| 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 (| 2 | |
| 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: | | | |
| 0 | Total other income. Add lines to through 07 | 8z | 9 | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | 1040, 1040-SR, or 1040-NR, line 8 | | 10 | -12 , 062. |
| | 10-10, 10-10 OII, OI 10-10 INII, IIIIO 0 | | IU | 1 12,002. |

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 | 04 | | | |
| _1 | · · · · · · · · · · · · · · · · · · · | 24c | | _ | |
| d | | 24d | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | | |
| f | | 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 | | | | |
| | - | 24i | | | |
| j | | 24j | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | | |
| | | 24k | | | |
| Z | Other adjustments. List type and amount: | 24z | | | |
| 0 - | | | | | |
| 25 26 | Total other adjustments. Add lines 24a through 24z | E | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . | . ∟nter | nere and on | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | | 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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

| | RAM RAGHUNAYAKULA | | | | | | 205 | -29-211 | 18 | |
|-------|--|--------------------|----------|----------|--------------|----------------|-------------|--------------|------------|--|
| Par | | | | | | | | | | |
| | Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40. | rty, use Sc | hedule | C. See | instru | ctions. If you | are an i | ndividual, r | eport farm | |
| Α | Did you make any payments in 2023 that would require you | | رم (م) 1 | 0002 0 | San in | atv. sations | | | Vac VINa | |
| | | | | | | | | | | |
| | f "Yes," did you or will you file required Form(s) 1099? . | | • • | • • | • • | | • • | · · ⊔ | tes No | |
| 1a | Physical address of each property (street, city, state, ZII | P code) | | | | | | | | |
| Α | FLOT NO 303 H.NO:5-11-601 HANAMKONDA, | WARANGA | AL TE | LANG | ANA | IN 50600 | 1 | | | |
| В | | | | | | | | | | |
| С | | | | | | | | | | |
| 1b | Type of Property 2 For each rental real estate property | erty listed | | | Fa | ir Rental | Pers | sonal Use | OIV | |
| | (from list below) above, report the number of fair | | | | | Days | | Days | e GJA | |
| A | personal use days. Check the Q | | nly [| Α | | 365 | | 0 | | |
| В | if you meet the requirements to qualified joint venture. See instru | | | В | | | | | | |
| C | qualified joint venture. Gee instite | actions. | | С | | | | | | |
| Type | of Property: | | | | | | | | | |
| 1 | Single Family Residence 3 Vacation/Short-Term Ren | ntal 5 | Land | | - | Self-Rental | | | | |
| 2 | Multi-Family Residence 4 Commercial | 6 | Roya | lties | 8 | Other (desc | ribe) | | | |
| | | | | | | Propert | | | | |
| Incon | 201 | | | Α | | В | 103. | | С | |
| 3 | Rents received | 3 | | | 37. | | | | | |
| 4 | Royalties received | 4 | | | <i>5</i> / • | | | | | |
| Expe | | + - | | | | | | | | |
| 5 | Advertising | 5 | | | | | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | | | | | |
| 7 | Cleaning and maintenance | 7 | | 2.1 | 89. | | | | | |
| 8 | Commissions | 8 | | -/- | 03. | | | | | |
| 9 | Insurance | 9 | | | | | | | | |
| 10 | Legal and other professional fees | 10 | | | | | | | | |
| 11 | Management fees | 11 | | 1.6 | 14. | | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | | | | | | | |
| 13 | Other interest | 13 | | | | | | | | |
| 14 | Repairs | 14 | | 2,5 | 64. | | | | | |
| 15 | Supplies | 15 | | 2,1 | | | | | | |
| 16 | Taxes | 16 | | | | | | | | |
| 17 | Utilities | 17 | | 1,9 | 10. | | | | | |
| 18 | Depreciation expense or depletion | 18 | | 2,2 | | | | | | |
| 19 | Other (list) | 19 | | | | | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 12,6 | 99. | | | | | |
| 21 | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If | | | | | | | | | |
| | result is a (loss), see instructions to find out if you must | | | | | | | | | |
| | file Form 6198 | 21 | - | -12,0 | 62. | | | | | |
| 22 | Deductible rental real estate loss after limitation, if any, | | | | | | | | | |
| | on Form 8582 (see instructions) | 22 (| | 12,06 | 52.) | (| |)(|) | |
| 23a | Total of all amounts reported on line 3 for all rental prope | | | | 23a | | 637 | · . | | |
| b | Total of all amounts reported on line 4 for all royalty prop | | | | 23b | | | | | |
| С | Total of all amounts reported on line 12 for all properties | | | | 23c | | | | | |
| d | Total of all amounts reported on line 18 for all properties | | | | 23d | | 2,291 | | | |
| е | Total of all amounts reported on line 20 for all properties | | | | 23e | 12 | 2,699 |). | | |
| 24 | Income. Add positive amounts shown on line 21. Do not | | - | | | | _ | 24 | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estat | te losses fr | rom lin | e 22. Eı | nter to | tal losses he | re 2 | 25 (| 12,062.) | |
| 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 | | | | | | on | | 10.000 | |
| | Schedule Liform (11/11) line 5 ()therwise include this at | mount in 1 | ın∆ t∧t | ai on li | no /11 | on nage 9 | 1 0 | (C) | _12 062 | |