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.

Submission Identification Number (SID)

Taxpaver's PIN: check one box only

Taxpay	er's name	Social security number			
NEH	NEHA LAKSHMI DEBBAD 759-17-3471				
Spouse	o's name	Spouse's soc	ial secu	irity number	
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	re 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	109,994.	
2	Total tax		2	16,470.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,340.	
4	Amount you want refunded to you		4	3,870.	
5	<u>A</u> mount 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.

ranpayer er inn en			7 3 4 7 1
X I authorize	GLOBAL TAXES LLC	to enter or generate my PIN	as my
	ERO firm name		Enter five digits, but don't enter all zeros
signature o	on the income tax return (original or amend	ed) i am now authonzing.	
		x return (original or amended) I am now autho filed using the Practitioner PIN method. The	u
Your signature ► _	Neha	Date ►01/2	29/2024
Spouse's PIN: chee	ck one box only		
I authorize		to enter or generate my PIN	as my
	ERO firm name		Enter five digits, but
signature o	on the income tax return (original or amend	ed) I am now authorizing.	don't enter all zeros
I will enter	my PIN as my signature on the income tax	x return (original or amended) I am now autho	orizing. Check this box only

onlv 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 signatur	re 🕨 🛛 Da	ate 🕨	•									
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Certi	ification 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						9	8	9	
				Don	rt er	nter a	all ze	ros				

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 🕨	
	ist Retain This Form — Senis Form to the IRS Unless		
For Denormark Reduction Act Nation and your tax	aturn instructions	BEV 01/21/24 BBO	Earm 8879 (Pov. 01 2021)

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. Presidential Electroacmaping Gity, toon, or post office. If you have a foreign address, also complete spaces below. State 2/P code Check here if you, or your spaces filting in the your space filting in the your is or refind. Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county You Space Filing Status Single If and the your space is a child but not your dependent Qualifying surviving spaces (QSS) If you checked the MFS box, enter the name of your spaces. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Sectard Sector Secto	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
Tour tarme and middle initial Last rame Your social security number NEBA LAKSHMI DEBBAD To 9 17 3471 Home address (number and street, if you have a P.O. box, see instructions. Act no. Presidential Election Campaign 6903 STATE HTGHRAY 161 Check here if you, or your State 204 Check here if you, or your 6913 STATE HTGHRAY 161 TX 750.39 broc here if you, or your 6913 State 21P Poole Baceset filling printy, ward to your Baceset filling printy, ward to your Door here if you, or your Filling Status Starget Foreign province/state/county Foreign province/state/county Foreign province/state/county Type if and if if you have a foreign province/state/county If ward thing province/state/county If ward thing province/state/county If ward to there if you, or your Biglial Married filling pointy, ward to your dependent If ward thing province/state are ward, ward, or puryment for property or service); cr (b) sell, exchange, or otherwise dispose of a digital asset (or fillinancial in adigital asset)? (See instructions) If a 126,048. Boglial Married filling p	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
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Cliek. Multy 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: Digital 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) Ves No Standard Someone can claim: You spouse as a dependent Your spouse as a dependent Yes No Standard Spouse lemizes on a separate return or you were a dual-status alien Spouse lemizes 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); (I) First name Lat name Imome Imome Imome Imome Imalifies for for dependent thatch form(b) (I) First name Lat name Imome Imalifies for for dependent Imalifies for for dependent Imalifies for dependent thatch form(b) Household employee wages not reported on form(s) W-2. Imalifies for form form form form form form form	Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)			
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Married filing separately, \$13,850 c If you elect to use the lump-sum election method, check here (see instructions) .													
Substration, Standard Deduction, 7 Gualifying shouse, \$22,700 8 Additional income from Schedule 1, line 10 7 10 8 -17,163. 9 109,994. \$20,800 10 12 Standard deduction or itemized deductions (from Schedule A) 11 13 12 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	Married filing				n method.								
Married filling jointly or Qualifying surviving spouse, \$27,700 8 -17,163. 9 Additional income from Schedule 1, line 10 9 109,994. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 109,994. 9 109,994. 10 9 109,994. 10 9 109,994. 10 9 109,994. 10 9 109,994. 10 9 109,994. 10 9 109,994. 10 9 109,994. 10 10 Subtract line 10 from line 9. This is your adjusted gross income 11 109,994. \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 13,850.	\$13,850		,				`	,		[7		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9109, 994.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1110012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.1413,850.	 Married filing jointly or 				•								-17,163.
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 11 109,994. 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 14 Add lines 12 and 13 14 13,850.	Qualifying			,									
Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11109,994.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$27,700										. 10)	
\$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 13 Add lines 12 and 13 13 14 13,850.		11	•			gross incon	ne				. 11		109,994.
13Qualified business income deduction from Form 8995 or Form 8995-A133344	\$20,800	12	Standard deduction or itemized	dedu	ctions (fro	om Schedule	A)				. 12		
Deduction, 14 Add lines 12 and 13 14 13,850	any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 13		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 96, 144.	Deduction,	14	Add lines 12 and 13								. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	ie .		. 15		96,144.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	16,470.
Credits	17	Amount from Schedule 2, line 3	3				[17	
	18	Add lines 16 and 17					[18	16,470.
	19	Child tax credit or credit for oth	her dependen	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. If	f zero or less,	enter -0			[22	16,470.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is yo	•				[24	16,470.
Payments	25	Federal income tax withheld from							
,	а	Form(s) W-2				25a 20	,340.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	20,340.
	26	2023 estimated tax payments						26	-,
If you have a L qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from §			-	28			
	29	American opportunity credit fro				29			
	30	Reserved for future use		-		30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31. T				-		32	
	33	Add lines 25d, 26, and 32. The	2	-	-		· · -	33	20,340.
Defund	34	If line 33 is more than line 24, s					· ·	34	3,870.
Refund	35a	Amount of line 34 you want ref				, .		35a	3,870.
Direct deposit?	55a b	Routing number 0 5 3 0			_			<u>55a</u>	5,070.
See instructions.	u b	Account number 2 3 7 0					Savings		
	а 36	· · · · · · · · · · · · · · · · · · ·							
A		Amount of line 34 you want ap				36			
Amount You Owe	37	Subtract line 33 from line 24. T For details on how to pay, go t						07	
rou Owe	00					1 1	· · ·	37	
	38	Estimated tax penalty (see inst				38			
Third Party		you want to allow another p			n with the IRS?		omplete be		× No
Designee		signee's		Phone			onal identific		
	na			no.			ber (PIN)	allon	
Sign	Un	der penalties of perjury, I declare that	I have examined	d this return and	accompanying sche	edules and statement	s, and to the	best c	of my knowledge and
Here	be	ief, they are true, correct, and comple	ete. Declaration of	of preparer (othe	than taxpayer) is b	ased on all information	on of which p	repare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the I	RS sen	it you an Identity
									N, enter it here
Joint return?					SOFTWARE		(see in:	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bot	t h must sign.	Date	Spouse's occupat	tion			t your spouse an ction PIN, enter it here
your records.							(see in:		cuon Fin, enter it here
	Ph	one no. (704)323-1076		Email address	NEUNDEDDN		`		
		(reparer's signat	1	INGUADERRY	DG@GMAIL.CC	PTIN		Check if:
Paid					דיזגמימוות סג			222	Self-employed
Preparer				PAVAN NUM	AR DUDIPALLI		P024708		
Use Only		n's name GLOBAL TAXE		NOWTON N	T 00016		Phone Firma'a		678)965-9522
		m's address 245 ROONEY		INSWICK NO			Firm's		88-2145487
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the latest i	information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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	Attachment Sequence No. 01		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
NEHA LAKSHMI D	EBBAD	759-17	-3471

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. Atta	ach Schedule E .	5	-17,163.
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			
		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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0		
	a nongovernmental section 457 plan	8t	-	
u _	Wages earned while incarcerated	<u>8u</u>	-	
z	Other income. List type and amount:	0-		
9	Total other income. Add lines 8a through 8z	8z	9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter		3	
10	1040, 1040-SR, or 1040-NR, line 8		10	-17,163.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

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

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

agaial againity number				
	Attachment Sequence No. 13			

9M

) shown on return						Your social security number			
	IA LAKSHMI DEBBAD						759-17-3471			
Part	Income or Loss From Rental Real Estate and Note: If you are in the business of renting personal propert rental income or loss from Form 4835 on page 2, line 40.	d Ro ty, use	yalties Schedule	C . See	instrue	ctions. If you	are an indi [,]	vidual, rep	oort farm	
A D	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	see ins	tructions .		. 🗆 Ye	es 🕅 No	
	f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZIF		·							
Α	13-6-672 KARWAN SAHU HYDERABAD TELANG	ANA	IN 500	006						
В										
С										
1b	Type of Property 2 For each rental real estate property listed				Fair Rental		Personal Use Q.		QJV	
		bove, report the number of fair rental and ersonal use days. Check the QJV box only you meet the requirements to file as a			Days		Days		QUI	
Α						365	0			
В	qualified joint venture. See instru			В						
С		Clion	5.	С						
Гуре о	of Property:									
1 :	Single Family Residence 3 Vacation/Short-Term Rent	al	5 Land			Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)			
ncom				Α	Properties: B C				<u> </u>	
3		3			00.	В			0	
3 4	Rents received	4		0	00.					
	Royalties received	4								
Expen		-								
5	Advertising	5								
6	Auto and travel (see instructions)	6		1 0	- 0					
7	Cleaning and maintenance	7		1,8	50.					
8	Commissions	8								
9		9								
10	Legal and other professional fees	10								
11	Management fees			1,205.						
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		4,896.						
15	Supplies				356.					
16	Taxes	16								
17	Utilities	17		4,956.						
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Other (list) Total expenses. Add lines 5 through 19	20		17,7	63.					
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	-	-17,1	63.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(17,16	3.)	()	(
23a	Total of all amounts reported on line 3 for all rental proper	ties			23a		600.			
b	Total of all amounts reported on line 4 for all royalty prope	erties			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					
е	Total of all amounts reported on line 20 for all properties				23e	17	7,763.			
24	Income. Add positive amounts shown on line 21. Do not						. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he	re 25	(17,163.	
26	Total rental real estate and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do not									

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

 For Paperwork Reduction Act Notice, see the separate instructions.
 NPA
 -17, 16

-17,163.