IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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 number VENKATA LAKSHMI KORRAPATI 658 - 02 - 1314Spouse's name Spouse's social security number 982-95-4700 SRINIVASA RAO KORRAPATI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 1 150,911. 1 2 2 17,721. 3 3 30,254. 4 4 Amount you want refunded to you 12,533. 5 Amount you owe 5 .

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

Under penalties of perjury, 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
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\times	I authorize	GLOBAL	TAXES	LLC	to enter or g	enerate my F	PIN L		as my		
				ERO firm name				Enter five digits, but don't enter all zeros			
	signature or	1 the incom	e tax retu	urn (original or amended) I am now a	authorizing.						
			r own Pll	ure on the income tax return (origin N and your return is filed using the							
Your sig	nature 🕨		k	v Coust-	C	Date 🕨	02/0	06/2024			
Spouse	's PIN: chec	k one box	only				Г				
\times	I authorize	GLOBAL	TAXES	LLC	to enter or g	enerate my F	PIN	5 4 7 0 0	as my		
				ERO firm name				Enter five digits, but			
	signature or	1 the incom	e tax retu	urn (original or amended) I am now a	authorizing.			don't enter all zeros			
			r own Pll	ure on the income tax return (origin N and your return is filed using the							
Spouse'	s signature 🖡	•		Som. vo. Sean		Date 🕨	02/06	/2024			
			Prae	ctitioner PIN Method Returns Or	nly—continue	e below					
Part III	Certific	ation and	Auther	ntication – Practitioner PIN M	ethod Only						
ERO's E	FIN/PIN. En	ter your six	-digit EF	IN followed by your five-digit self-se	elected PIN.	2 2 2	4 9	6 0 8 2 7	1		
	Don't enter all zeros										

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 sig	nature 🕨		Date 🕨		
		 		 0070 /=	<u></u>

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	vrite or star	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate ir	nstructions.
Your first name and middle initial Last name You												urity number
VENKATA	LAK	SHMI	KOR	RAPATI	-					658	02	1314
												security number
SRINIVAS	SRINIVASA RAO KORRAPATI 9											
		er and street). If you have a P.O. box, see			-			A	Apt. no.			ction Campaign
8550 TOU	ІСНТ(ON RD						-	728			ou, or your
	-	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c		spouse	if filing jo	ointly, want \$3
JACKSONV	7 T T.T.I	F.		·		FI		322	16	1 0		d. Checking a not change
Foreign country				Foreign p	rovince/state/				n postal code	1	k or refur	•
							-			-	🗌 Υοι	u 🗌 Spouse
Filing Status	. [] Single					Head of h	u ouseh	old (HOH)			
-		Married filing jointly (even if only or	ne had	l income)								
Check only one box.		Married filing separately (MFS)		,			Qualifying	surviv	/ina spouse	(QSS)		
one box.	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If vou	u che			• •	. ,	ild's nan	ne if the
		alifying person is a child but not you										
Digital		ny time during 2023, did you: (a) rece	•					•				s 🛛 No
Assets		hange, or otherwise dispose of a digi					-	907 (56	einstructio	ns.)	∐ Ye	
Standard Deduction	_	neone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return	n or yc	bu were a	dual-status	allen	I					
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor		ore January			blind
Dependents				(2) S	Social security	/	(3) Relationsh	nip (4		-	· ·	see instructions):
If more	(1) ⊦	(1) First name Last name			number		to you		Child tax o	realt	Credit for	r other dependents
than four dependents,												<u> </u>
see instructions	s ——											
and check			_									
here	4		1 /-							4		
Income	1a ⊾	Total amount from Form(s) W-2, be Household employee wages not re	•		,							169,207.
Attach Form(s)	b	Tip income not reported on line 1a	•		()						-	
W-2 here. Also attach Forms	c d		•							. 10		
W-2G and	e u									. 1e	-	
1099-R if tax was withheld.	f	Employer-provided adoption bene							• • •	. 1f	-	
If you did not	-	Wages from Form 8919, line 6.						• •		. 1g		
get a Form	g h	Other earned income (see instructi				• •		• •		. 1h	·	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	· · ·		• •		· ·				
instructions.	z	Add lines 1a through 1h		11 40 10 10)		• •				. 1z		169,207.
Attach Sch. B	 2a	Ŭ I	2a			 ь т	axable interes	• •		. 2b		
if required.	3a	'	3a				Ordinary divide				-	
	4a		4a							. 4b	-	
Standard	5a		5a				axable amoun			. 5b	-	
 Deduction for — Single or 	6a		6a				axable amoun			. 6b	-	
Married filing	c	If you elect to use the lump-sum elect		method	check here			••••				
separately, \$13,850	7	Capital gain or (loss). Attach Sched				•	,			7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		-18,296.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	-							. 9		150,911.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• • • • •			. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		150,911.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deducti		•		,	95-A.			. 13	-	
Standard 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 v	our	taxable incom	ne .				123,211.
_												

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	17,721.
Credits	17	Amount from Schedule 2, lin	e3				17	,
	18	Add lines 16 and 17					18	17,721.
	19	Child tax credit or credit for	other dependent	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	17,721.
	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	17,721.
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				25a 30	,254.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 30,254.
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	Reserved for future use .		-		30		
	31	Amount from Schedule 3, lin				31		
	32	Add lines 27, 28, 29, and 31	32	2				
	33	Add lines 25d, 26, and 32. T			-			00.054
Refund	34	If line 33 is more than line 24					34	
norana	35a	Amount of line 34 you want	,			, ,	. 35	10 00
Direct deposit?	b	Routing number 1 1 1	Savings					
See instructions.	d	Account number 7 0 2						
	36	Amount of line 34 you want a			ed tax	36		
Amount	37	Subtract line 33 from line 24						
You Owe	57	For details on how to pay, g	37	,				
	38	Estimated tax penalty (see in	-	-		38		
Third Party		you want to allow another						
Designee		structions	•				omplete belov	v. 🗙 No
_ • • • • . •	De	signee's		Phone		Perso	onal identificatio	
	nar	nē		no.		numb	ber (PIN)	
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com						
Here		· · · · ·	piete. Declaration		1			
	Yo	ur signature		Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?					DEVOPS ENG	TNEER	(see inst.)	Fin, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupat		If the IRS	sent your spouse an	
Keep a copy for	-1-	opouse s signature. Il a joint return, both must sign.					Identity Pr	otection PIN, enter it here
your records.					HOME MAKEI	२	(see inst.)	
	Ph	one no. (816) 682-533	5	Email address	LAKSHMI444	10GMAIL.CO	М	
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/31/2024	P0208270	3 Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone no	(678)965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

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**

Your social security number

658-02-1314

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

()					
VENKATA	LAKSHMI	&	SRINIVASA	RAO	KORRAPATI

Par	t I 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. Attach Schedule E	5	-18,296.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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)		
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions) 80	_	
р	Section 461(I) excess business loss adjustment	_	
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	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u _		_	
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 here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		-18,296.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ile 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	s 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	Alimony paid		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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
5	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m.			
d				
e	Repayment of supplemental unemployment benefits under the Trade			
C	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
a	Contributions by certain chaplains to section 403(b) plans			
	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
1	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			
:	Housing deduction from Form 2555		-	
J			-	
К	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)			
_			-	
Z	Other adjustments. List type and amount:			
05	Tatal ath an a divisition and a half lines 0.45 through 0.45		05	
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 1040, 1040, SP, or 1040, NP, line 10			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REVO)1/21/24 PRO	Schedule 1 (Fo	orm 1040) 202

	SCHEDULE E Supplemental Income and Loss Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									OMB No. 1545-0074			
Departm	output the state, royandos, partnersings, o corporations, estates, rusts, ru										Attachn) 23 nent ice No. 13	
	Jame(s) shown on return												
. ,	VENKATA LAKSHMI & SRINIVASA RAO KORRAPATI 658-02-1314												
Part I Income or Loss From Rental Real Estate and Royalties													
	Note: If you are in the business of renting personal property, use Schedule C . See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.												
A					1 . Cl .	F =	10000 0		1				
				t would require you								_	
				Form(s) 1099? .							. 🔄 16		
1a				treet, city, state, Zl									
A	1-51, KON	ANKI V	ILLAGE MA	MARTURU MANDA	ALAM	PRAKA	SAM D	ISTR	ICT, ANDHE	RA PRA	ADESH 1	IN 523260	
<u> </u>		urtu O				ha al		F -	in Dontal	Davaav			
1b	Type of Prope (from list below			al real estate prope the number of fair				⊢a	ir Rental Days	Da	nal Use	QJV	
Α	3			days. Check the Q			Α		365		0		
B				e requirements to			B						
С			qualified joint	venture. See instru	lctions	6.	С						
Туре	of Property:	•											
1 :	Single Family R	esidence	3 Vacatio	on/Short-Term Ren	ntal	5 Lano	b		Self-Rental				
2	Multi-Family Re	esidence	4 Comm	iercial		6 Roy	alties	8	Other (describ	oe)			
									Propertie				
Incom	ie:						Α		. В			С	
3	Rents received	d			3		6	54.					
4	Royalties rece	ived			4								
Expen	ses:												
5	•				5								
6		-			6								
7	•				7		2,9	87.					
8					8								
9					9								
10 11	•	•			10		2,5	21					
12	-			(see instructions)	12		2,3	21.					
13	Other interest				13								
14	Repairs				14		3,7	40.					
15					15			96.					
16	Taxes				16								
17					17			33.					
18	•	expense c	or depletion .		18		4,1	73.					
19					19		1.0.0						
20	•		•	9	20		18,9	50.					
21				d/or 4 (royalties). If nd out if you must									
					21		-18,2	96.					
22				r limitation, if any,				• • •					
				· · · · · · · ·	22	(18,29	96.)	()	()	
23a		-	-	for all rental prope	erties			23a		654.		,	
b		-		for all royalty prop				23b					
С				2 for all properties				23c					
d		-		8 for all properties				23d		173.			
e		-		0 for all properties				23e	18,	950.			
24				n on line 21. Do no				• •	• • • • • •	24	/	10 000 \	
25				and rental real estat						25	(18,296.)	
26				income or (loss). 0 on page 2 do no									
				wise, include this a						26		-18,296.	
For Pa			-	eparate instructions			PA		-18,296.			form 1040) 2023	

e E (Form 1040) 20