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 securi	ty numb	er						
VEN	U SAI PRUDHVI TANNEERU	487-49-7795								
Spouse	's name	Spouse's so	cial secu	rity number						
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r vear vou a	ire aut	horizina)						
	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter 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	80,564.						
2	Total tax		2	9,987.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,352.						
4	Amount you want refunded to you		4	3,365.						
5	Amount you owe		5							
Dout	Townsway Declayation and Construe Authorization (Decame you not and									

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

	er fiv n't er	as my			
9	7	7	9	5	

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

T.v.s. Prudhvi

#### Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

03-23-2024

		as my
	ligits, l all zei	

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date ►					
Practitioner PIN Method Returns Only—continue below						
Part III Certification and Authentication – Practitioner P	IN Method Only					
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit s	self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1					

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 🕨	signature Date Date								
Dor	ERO Must Retain This Form — Se a't Submit This Form to the IRS Unless								
	and the second and the function of the second	BEN 00/03/01 BBO	Earm 8870 (Day, 01 0001)						

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

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	curity number
VENU SAI			INEERU								7795	
	s first name and middle initial	name								security number		
												-
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
115 STON	IECRI	EEK DR										ou, or your
City, town, or po	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
IRVING						TΣ	X	750	63			not change
Foreign country	name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax	_	_
							_				∐ Yo	ou Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)								
one box.	L	Married filing separately (MFS)					Qualifying		• •	. ,		
		you checked the MFS box, enter the			pouse. If yo	u che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir aepe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ons.)	Ye	es 🛛 No
Standard	_	<b>neone can claim:</b>	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are b	lind <b>Sp</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) Social security (3) Relationship				up (4	) Check the b	oox if qual	ifies for (	(see instructions):
If more		1) First name Last name			number to you				Child tax cre		Credit fo	or other dependents
than four												
dependents, see instructions												
and check	, 											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	•		,						-	95,200.
Attach Form(s)	b	Household employee wages not re	•		. ,					. 1b		
W-2 here. Also	C		ns)					. 10	-			
attach Forms W-2G and	d	Medicaid waiver payments not rep		, ,			• •		. 10			
1099-R if tax was withheld.	e f	Taxable dependent care benefits f			orm 2441, line 26					. <u>1e</u> . 1f	-	
lf you did not	f								· 19			
get a Form	9 h	Other earned income (see instruct								· · · · · · · · · · · · · · · · · · ·		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,									
	z	Add lines 1a through 1h								. 1z		95,200.
Attach Sch. B	2a		2a			bТ	axable interest	t.		. 2b	-	
if required.	3a		3a			bС	Drdinary divide	nds .		. 3b	,	
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b	)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b	)	
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	)	
Married filing separately,	С	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)					
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche										
jointly or	8	Additional income from Schedule								. 8		-14,636.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our <b>total in</b>	com	<b>e</b>			. 9	_	80,564.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11	-	80,564.
• If you checked	12	Standard deduction or itemized								. 12	-	13,850.
any box under <i>Standard</i>	13	Qualified business income deduct		m ⊢orm 8	995 or Form	1 899	ъ-А	• •		. 13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13		· · ·	 0 Thinin	· ·				. 14		13,850.
	15	Subtract line 14 from line 11. If zer	U Or IE	ess, enter	-u I NIS IS )	our	taxable incom	ie .		. 15		66,714.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3		16	9,987.
Credits	17	Amount from Schedule 2, lin	ne3				[	17	
	18	Add lines 16 and 17					[	18	9,987.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[	19	
	20	Amount from Schedule 3, lin	ne8				[	20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[	22	9,987.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is					[	24	9,987.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				<b>25a</b> 13	3,352.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	13,352.
	26	2023 estimated tax payment						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				29			
	30	Reserved for future use .		-		30			
	31					31	_		
	32								
	33	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits       .         Add lines 25d, 26, and 32. These are your total payments       .							13,352.
Defined	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>							3,365.
Refund	34 35a	Amount of line 34 you want						34 35a	3,365.
Direct deposit?	b 35a	Routing number 0 2 1					Savings	35a	3,303.
See instructions.		Account number 4 8 3							
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	<b>0</b> 0					1 1	· · ·	37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another					omplete be		× No
Designee							•		
	nai	signee's me		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	hat I have examined	d this return and	accompanying sche	edules and statemen	its, and to the	e best (	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which p	orepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE	(see in	,		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	lion			nt your spouse an action PIN, enter it here
your records.							(see in		cuont in, enter it here
	Ph	one no. (516) 633-335	0	Email address	עזיידעזערווסס	S@GMAIL.CON	Л		
		eparer's name	Preparer's signat	I	TIVODILATIA	Date			Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDWA	03/23/2024	P02082	702	Self-employed
Preparer	-	m's name GLOBAL TAX		A TATA DAG	JUIL OUL IN	03/23/2024	-		678) 965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		0101903-9322
Co to united into an		n1040 for instructions and the late		TIONICI/ IN			FIIIIS		Form <b>1040</b> (2023)
GO 10 WWW.115.90	JVII OITI	TO TO INSTRUCTIONS and the late	scillorndlion.		BAA	REV 03/07/24 PRO			FORM <b>10-TU</b> (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 Your social security number

487-49-7795

Name(s) show	wn on Form	1040, 1040-SR, or 1040-NR	7
VENU SAT	PRUDHVT	TANNEERU	

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	-14,636.
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		_	
	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)		-	
p	Section 461(I) excess business loss adjustment8pTaxable distributions from an ABLE account (see instructions)8p		-	
q	Scholarship and fellowship grants not reported on Form W-2 8r		-	
r s	Nontaxable amount of Medicaid waiver payments included on Form		-	
3	1040, line 1a or 1d	(		
t	Pension or annuity from a nonqualifed deferred compensation plan or		4	
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated		-	
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 he	re and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-14,636.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses    24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

	DULE E	I Income and Loss						OMB No. 1545-0074			
(Form	1040)	(From r	ental real estate, royalties, partners	hips, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury Revenue Service		Attach to Form 1040, Go to <i>www.irs.gov/ScheduleE</i> for					nformation.		Attachm Sequend	nent ce No. <b>13</b>
Name(s)	shown on return								Your soc	ial security	
VENU	SAI PRUDH	VI TAN	NEERU						487-4	9-7795	
Part	I Income	or Los	s From Rental Real Estate an	d Ro	yalties				1		
	Note: If yo	ou are in t	ne business of renting personal proper	ty, use	Schedule	e C. See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α			s from <b>Form 4835</b> on page 2, line 40. nts in 2023 that would require you	to filo	Form(c)	10002 0	Soo in	structions			
			ou file required Form(s) 1099?								
											3 [] 110
1a			ach property (street, city, state, ZIF		,						
A	5-519/A G	AYATHR	INAGAR ATMAKURU, MANGAI	LAGIF	RI GUNI	TUR A	NDHR	A PRADES	HIN 5	22503	
B											
C							1		1		
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below	N)	above, report the number of fair personal use days. Check the Q					Days	Da	ays	
	3		if you meet the requirements to f			A		365		0	
			qualified joint venture. See instru			B					
<u> </u>	( December 1					С					
•••	of Property:			4 - 1	<b>5</b> 1		7				
	Single Family R			tai	5 Lanc			Self-Rental			
2	Multi-Family Re	sidence	4 Commercial		6 Roya	aities	8	Other (desc	ribe)		
								Propert	ies:		
Incom	ie:					Α		В			С
3	Rents received	1		3		7	21.				
4	Royalties rece	ived		4							
Expen	ises:										
5				5							
6			structions)	6							
7			nce	7		1,7	58.				
8				8							
9				9							
10			sional fees	10							
11				11		2,0	40.				
12			to banks, etc. (see instructions)	12							
13	Other interest			13			0.5				
14				14			25.				
15				15		2,0	41.				
16				16		0 7	0.5				
17			or depletion	17 18			85.				
18 19		xpense (		19		J, 1	00.				
20	Other (list)		nes 5 through 19	20		15,3	57				
			ne 3 (rents) and/or 4 (royalties). If	20		10,0	57.				
21			structions to find out if you must	1							
				21		-14,6	36.				
22			estate loss after limitation, if any,			, -					
			tructions)	22	(	14,63	36.)	(	)	(	)
23a	Total of all am				23a	(	721.	(	/		
b			ported on line 4 for all royalty prop				23b				
c			ported on line 12 for all properties				23c				
d			ported on line 18 for all properties				23d		3,108.		
e			ported on line 20 for all properties				23e		5,357.		
24			amounts shown on line 21. Do not						. 24		
25			ses from line 21 and rental real estate				nter to	tal losses her	e <b>25</b>	(	14,636.)
26	Total rental re	eal estat	e and royalty income or (loss).	Comb	ine lines	24 and	25. E	inter the resu	ult		
	here. If Parts I	I, III, and	I IV, and line 40 on page 2 do no	t appl	ly to you,	also e	nter t	his amount o			
	Schedule 1 (Fo	orm 1040	), line 5. Otherwise, include this ar	mount	in the to	tal on l	ine 41		· 26	-	-14,636.
For Pa	perwork Reduct	ion Act N	otice, see the separate instructions.		NI	PA		-14,636	· Sc	hedule E (F	orm 1040) 2023

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023