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)

Taxpay	er's name	Social secur	rity numbe	er		
SAI	POOJA SHOBARAM	116-67	7-3858			
Spouse	's name	Spouse's so	cial secu	rity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you	are autl	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	105,184.		
2	Total tax		2	15,399.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	17,434.		
4	Amount you want refunded to you		4	2,035.		
5	Amount you owe		5	·		
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)					

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	l authorize	GLOBAL TAXES LL	to enter or generate my PIN
17 1	i uuunonzo	0200112 1111120 22	

	er fiv i't er		gits, all ze		as my
7	3	8	5	8	

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.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

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 s	ignature D	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFI	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a	 	9	8	9

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	▶ Date ▶								
_	lust Retain This Form — See Instru This Form to the IRS Unless Reque								
For Denerwork Reduction Act Nation and your to		V 01/27/24 BBO	Earm 8879 (Pov. 01 2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–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	ing			, 20	See sep	oarate i	instructions.
Your first name	and mi	iddle initial	Last nar	me						Your so	cial sec	urity number
SAI POOJ			SHOB									3858
		s first name and middle initial	Last nar									security number
										841	63	7238
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.			ection Campaign
106 FAXI	ON V	YAY								Check h	ere if y	ou, or your
		ce. If you have a foreign address, also co	mplete sp	paces bel	ow.	Sta	te	ZIP co	ode			jointly, want \$3
HOLLY SF	RIN	GS				NC	7	275	40	•		nd. Checking a not change
Foreign country	/ name		F	oreign pr	ovince/state/c	count	ty	Foreig	n postal code	your tax		•
											Yo	ou 🗌 Spouse
Filing Status	; [] Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne had ir	ncome)			_					
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ring spouse (QSS)		
		ou checked the MFS box, enter the						l or Q	SS box, ente	r the chi	d's na	me if the
	qu	alifying person is a child but not you	ır depen	dent: S	SANDEEP	KOI	NDLA					
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a rewarc	d, award, or i	payn	ment for prope	rty or :	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig	•			-		-	,		🗌 Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	:	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status a	alien	l					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959 🗌	Are bl	ind Spo	use	· 🗌 Was bor	n befo	ore January 2	1959		s blind
Dependents		•						14	•			see instructions):
-		irst name Last name		(2) 5	Social security number		(3) Relationsh to you	ip (Child tax cr	· · ·		or other dependents
lf more than four	(1)											
dependents,												
see instructions and check	s ——								\square			
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions)					. 1a		117,045.
	b	Household employee wages not re	eported	on Form	(s) W-2					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see ins	struction	s)					. 1c		
attach Forms	d	Medicaid waiver payments not rep	orted or	n Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441,	line 26 .					. 1e		
was withheld.	f	Employer-provided adoption bene								. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruct		• •				· ·		. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)		•	1 i			_		
	z	Add lines 1a through 1h	· · ·	• •		•		• •		. 1z	_	117,045.
Attach Sch. B if required.	2a		2a				axable interest			. <u>2b</u>	_	
	<u>3a</u>		3a				ordinary divide			. <u>3b</u>		
Standard	4a		4a				axable amoun			. 4b		
Deduction for –	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	, _	6a				axable amoun	t	 г	. 6b		
separately, \$13,850	c 7	If you elect to use the lump-sum e					,	• •	· · · L			
 Married filing 	7 8	Capital gain or (loss). Attach Scher Additional income from Schedule		•	•		-	• •	L	7 8		-11,861.
jointly or Qualifying	o 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	·					• •		. <u>o</u> . 9		105,184.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche						• •		. <u>9</u> . 10		
 Head of household, 	11	Subtract line 10 from line 9. This is						• •	• • •	. 11		105,184.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deduct				'	5-A .			13	-	
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		s, enter -	-0 This is v	our t	taxable incom	ie .		15		91,334.
					-)							

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

Form **1040** (2023)

Tax and Credits 16 To (see instructions) Check if any from Form(s): 1 B 814 2 4872 3 16 15, 399. Total Add lines 16 and 17 Amount from Schedule 3, line 3 18 Add lines 10 and 17. 18 15, 399. 20 Amount from Schedule 3, line 8 20	Form 1040 (2023	3)						Page 2
18 Add lines 16 and 17 19 15, 399 19 Child tax credit for other dependents from Schedule 8812 19 20 Anount from Schedule 3, line 8 20 21 Add lines 19 and 20 21 22 Subtract line 21 from line 18, if zero or less, enter -0 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withhind from: 256 26 0.0 256 20 Add lines 25 anthrough 256 256 27 Earned income credit (EC) 27 28 Add lines 16 and 17. These are your total other payments and refundable credits 32 29 Anenican opportunity credit from Schedule 812 28 29 Anenican opportunity credit from 8863, line 8 29 30 Add lines 261, 28, and 31. These are your total other payments and refundable credits 33 31 Add lines 261, 28, and 32. These are your total other payments and refundable credits 33 32 Add lines 261, 28, and 32. These are your total other payments and refundable credits 34	Tax and	16	Tax (see instructions). Check if any from Form(s	s): 1 🗌 8814	2 4972	3	16	15,399.
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You Owe For details on how to pay, go to www.irs.gov/Payments or see instructions. 37 38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone name Phone no. Personal identification number (PIN) Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation IT PROFESSIONAL If the IRS sent you an Identify Protection PIN, enter it here (see 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.) Phone no. (717)775-9024 Email address SANDY, KONDLAPRIVATE@CMAIL.COM Preparer's name Preparer's signature Date Pate PTIN Check if: P02470833 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONE	Amount		· · · ·					
38 Estimated tax penalty (see instructions) 38 Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No Designee's name Designee's name Phone name Phone no. Personal identification no. No Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation IT PROFESSIONAL If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Keep a copy for your records. Date Your occupation If the IRS sent your spouse an identity Protection PIN, enter it here (see inst.) Phone no. (717) 775–9024 Email address SANDY.KONDLAPRIVATE@GMAIL.COM Preparer's name Preparer's signature Date PTIN VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI PO2470833 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965–9522 Phone no. (678) 965–9522 Firm's address 245 ROONEY CT E B		57			see instructions .		37	
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Go to www.irs.gov/Form1040 for instructions and the latest information. BAA REV 01/27/24 PRO Form 1040 (2023)		Fir	n's address 245 ROONEY CT E BRUN	ISWICK NJ	08816		Firm's EIN	88-2145487
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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	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SAI POOJA SHOE	ARAM	116-67	-3858
Part I Addition	onal Income		

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Alimony received 1 b Date of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 4 5 Fental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 6 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a (9 Cancellation of debt 8a (9 Cancellation of debt 8d (9 Prizes and awards 8d 1 Income from Form 8853 8d 1 Prizes and awards 8i 1 Activity not engaged in for profit income 8k 1 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 8k 1 Income from State business of sadjustment 8g 1 Activity not engaged in for profit income 8k 1 Income from the rental of personal property if you engaged in the rental fo	Par	Additional Income			
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9 Total other income. Add lines 8a through 8z	Z	Other income. List type and amount:	0-		
10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 810-11,861.	0	Total other income. Add lines 9a through 97		0	
1040, 1040-SR, or 1040-NR, line 8				3	
	10	1040 1040-SR or 1040-NR line 8	Here and Off FORM	10	-11.861
	For Pa				

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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			
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			
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			
ĥ	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 here ar	nd on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 01/27/24 PRO		Schedule 1 (F	orm 1040) 202:

SCHEDULE	Е
(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 In

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

2023
Attachment Seguence No. 13

Internal Revenue Service Go to www.irs.gov/ScheduleE f					or instructions and the latest information.					Sequence No. 13			
Name(s) shown on return									Your soci	al security	number		
SAI	POOJA SHOB	ARAM							116-6	7-3858			
Part		or Los	s From Rental Real Estate ar	nd Ro	yalties								
	Note: If yo	ou are in	the business of renting personal prope	erty, use	Schedul	e C. See	e instru	ictions. If you a	are an indi	vidual, rep	ort farm		
• •			ss from Form 4835 on page 2, line 40.		F = <i>w</i> = 2 (a)	10000 0							
	id you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
B I										. <u> </u>			
1a	Physical addr	ress of e	each property (street, city, state, ZI	P code	e)								
Α	SHAIKPET I	HYDER	ABAD TELANAGANA IN 5000	34									
В													
С													
1b	Type of Prope	rtv 2	2 For each rental real estate property listed Fair Rental Perso								onal Use		
	(from list below		above, report the number of fair	rental and				Days	Days 0		QJV		
Α	3		personal use days. Check the Q			Α	365						
В			if you meet the requirements to			B							
С			qualified joint venture. See instru	uctions	5.	C							
	of Property:					-	1						
•••	Single Family R	esidenc	e 3 Vacation/Short-Term Rer	ntal	5 Lano	h	7	Self-Rental					
	Multi-Family Re			itai	6 Roy				ribe)				
2	Mana-i anniy ne	Sidence			0 1109	anies	0						
								Propert	ies:				
Incom						Α		В			С		
3				3		6	40.						
4	Royalties recei	ived.		4									
Expen	ises:												
5	Advertising .			5									
6	Auto and trave	el (see in	structions)	6									
7	Cleaning and r	nainten	ance	7 1,526.									
8	Commissions	8											
9	Insurance			9									
10			ssional fees	10									
11	Management f	11		1,201.									
12	-		d to banks, etc. (see instructions)	12									
13	Other interest			13									
14	Repairs	14		2,956.									
15	Supplies	15		3,256.									
16				16		-							
17	Utilities	17		3,5	62.								
18			or depletion	18									
19	Other (list)	•		19									
20	` '	s. Add li	nes 5 through 19	20		12,5	01.						
21	•		line 3 (rents) and/or 4 (royalties). If			,3	•						
21			nstructions to find out if you must										
	file Form 6198				-11,80		51.						
22			estate loss after limitation, if any,			, -							
			structions)	22	(11,86	51.)	C)	()		
23a			ported on line 3 for all rental prope		N	,00	23a	\	640.	\ 	/		
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						
e e			ported on line 20 for all properties				23u	11	2,501.				
24			amounts shown on line 21. Do no				200	L7	. 24				
24 25			ses from line 21 and rental real estat		-		· ·	· · · · ·		(11,861.)		
											<u>,001.)</u>		
26	i otal rental re	eai esta	te and royalty income or (loss).	Comp	me ines	24 and	∠ɔ. Ŀ	inter the rest	uit				

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-11,861.

26

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