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)

Taxpayer's name Social security number LAKSHMI NARENDAR ADDANKI 805-04-7208 Spouse's name Spouse's social security number 988-96-9094 JAHNAVI ATHINA 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 98,373. 1 1 2 2 8,041. 3 3 16,190. 4 4 Amount you want refunded to you 8,149. 5 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

X	I authorize	GLOBAL 7	TAXES		to enter or generate my PIN	l
				ERO firm name		

4	7	2	0	8	
Ent don	er fiv n't er	/e di iter a	gits, all ze	but ros	as my

6 9

9 4

as mv

0

Enter five digits, but don't enter all zeros

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 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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 🕨	Da	te 🕨	•				 	
Practitioner PIN Method Returns Only—con	ntinue	bel	w					
Part III Certification and Authentication – Practitioner PIN Method C	Only							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	IN.	2	2	 	 6 Iter all	_	 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 >	Date 🕨	
	in This Form — See Instructions n to the IRS Unless Requested To Do So	

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		n 20 2 ;	3	OMB No. 1545-	0074	IRS Use Only	—Do not w	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, endi	ing	I		, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last name	 !					Your so	cial sec	urity number
LAKSHMI	NARI	ENDAR	ADDAN	кт					805		7208
		s first name and middle initial	Last name								security number
JAHNAVI			ATHIN	Δ					988		9094
	(numbe	er and street). If you have a P.O. box, see					A	pt. no.			ection Campaign
22 KESSI								72			ou, or your
		ce. If you have a foreign address, also co	mplete spa	ces below.	Sta	te	ZIP co		spouse	if filing	jointly, want \$3
NASHUA		,			NH		030	63			nd. Checking a
Foreign country	name		For	eign province/state/c				n postal code	your tax		not change nd.
с ,				C .						🗌 Yo	_
Filing Status	. [] Single				Head of ho	useh	old (HOH)			
•		Married filing jointly (even if only o	ne had inc	ome)							
Check only one box.	Γ	Married filing separately (MFS)					surviv	ing spouse	(QSS)		
one box.	lf v	ou checked the MFS box, enter the	name of v	our spouse. If vou	ı che			• •	. ,	ild's na	me if the
		alifying person is a child but not you		nt:							
Digital		ny time during 2023, did you: (a) rece	•					,.			es 🛛 No
Assets		hange, or otherwise dispose of a digi					.)? (SE		is.)	∐ Ye	
Standard Deduction	_	eone can claim: You as a de	•	Your spouse		•					
Deduction		Spouse itemizes on a separate retur	n or you w	ere a dual-status a	allen						
Age/Blindness	You	Were born before January 2, 1	959 🗌	Are blind Spo	use	: 🗌 Was borr	n befo	ore January 2	2, 1959	ls	s blind
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box							· · ·		,		
If more	(1) F	irst name Last name		number		to you		Child tax c	redit	Credit to	r other dependents
than four dependents,											
see instructions	s ——										
and check											<u> </u>
here	4.										
Income	1a ⊾	Total amount from Form(s) W-2, be	•						. 1a . 1b	-	108,402.
Attach Form(s)	b	Household employee wages not re		.,					. 10 . 10	_	
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a Medicaid waiver payments not rep		,		· · · ·			. 10 . 10	_	
W-2G and	d	Taxable dependent care benefits f			Istru	ictions)	• •		. 10	_	
1099-R if tax was withheld.	e f	Employer-provided adoption bene			•		• •		. 1f	_	
If you did not	י מ	Wages from Form 8919, line 6 .		,			• •	· · ·	. 1g		
get a Form	g b				•		• •		· <u>· · y</u> . 1h		0.
W-2, see instructions.	h i	Other earned income (see instructi Nontaxable combat pay election (s		· · · · · · ·	•	· · · · ·	· ·				
instructions.	z	Add lines 1a through 1h			•				. 1z		108,402.
Attach Sch. B	2		2a	· · · · · · ·	• т	axable interest	• •		. 12 . 2b	-	
if required.	3a	· -	3a			ordinary dividen	de				
	 4a		4a			axable amount			. 30 . 4b	-	
Standard	ч а 5а	-	та 5а			axable amount			. 1 0 . 5b	-	
 Deduction for — Single or 	6a	-	6a			axable amount			. 6b	-	
Married filing	c	If you elect to use the lump-sum e						· · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Scher		,	`	,	• •	· · · [7		
 Married filing 	8	Additional income from Schedule					• •	L	. 8		-10,029.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							. 0		98,373.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-		• · · · · ·			. J		
 Head of household, 	11	Subtract line 10 from line 9. This is							. 11		98,373.
\$20,800	12	Standard deduction or itemized	• •	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduction				5-A			· 12	-	2,,,00.
Standard	14	Add lines 12 and 13			200				. 14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		enter -0 This is v	ourt	taxable incom	е.		. 15		70,673.
			_ 0000,								

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 🗌	[1	6 8,041.
Credits	17	Amount from Schedule 2, lir	ne3				1	7
	18	Add lines 16 and 17					1	8 8,041.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lir	ne8				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 8,041.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is	your total tax				2	4 8,041.
Payments	25	Federal income tax withheld	from:					
-	а	Form(s) W-2				25a 16	,190.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	id 16,190.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		2	6
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27		
	28	Additional child tax credit from	m Schedule 8812			28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lir						
	32	Add lines 27, 28, 29, and 31	3	2				
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	3 16,190.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	3	4 8,149.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗌 🛛 🛛	5a 8,149.
Direct deposit?	b	Routing number 0 7 4	Savings					
See instructions.	d	Account number 5 9 3	1 2 0 8	0 8				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24						
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions		3	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party		you want to allow another	person to disc	cuss this retu	rn with the IRS?			_
Designee		structions					omplete belo	
	De na	signee's me		Phone no.			onal identificati ber (PIN)	on
Sign		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
		-						n PIN, enter it here
Joint return?					SOFTWARE I		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion		sent your spouse an Protection PIN, enter it here
your records.					HOME MAKEN	2	(see inst.)	
	Ph	one no. (857)930-308	3	Email address		NN@GMAIL.CO	 M	
		eparer's name	Preparer's signat			Date	PTIN	Check if:
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM	01/24/2024	P0208270	3 Self-employed
Preparer		m's name GLOBAL TAX		b. (678)965-9522				
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's Ell	
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 01/12/24 PRO		Form 1040 (2023)
					PAA			()

SCHEDULE	1
(Form 1040)	

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.							
Name	(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity number		
LAKS	SHMI NAREND	AR ADDANKI & JAHNAVI ATHINA		805-0	4-72	208		
Par	t Additio	onal Income						
1	Taxable refur	nds, credits, or offsets of state and local income taxes			1			
2a	Alimony rece				2a			
b	Date of origin	nal divorce or separation agreement (see instructions):]				
3	Business inc	ome or (loss). Attach Schedule C		[3			
4	Other gains of	or (losses). Attach Form 4797		[4			
5	Rental real es	state, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	θΕ.	5	-10,029.		
6	Farm income	or (loss). Attach Schedule F		[6			
7	Unemployme	ent compensation		[7			
8	Other income	9:						
а	Net operating	g loss	8a ()				
b			8b					
С		of debt	8c					
d		ed income exclusion from Form 2555	8d ()				
е		Form 8853	8e					
f		Form 8889	8f					
g	Alaska Perma	anent Fund dividends	8g					
h		/	8h					
i		vards	8i					
j	•	ngaged in for profit income	8j					
k	•	S	8k					
I		the rental of personal property if you engaged in the rental						
		were not in the business of renting such property	81					
m		d Paralympic medals and USOC prize money (see						
	instructions)		8m					
n		a) inclusion (see instructions)	8n					
ο		(a) inclusion (see instructions)	80					
р) excess business loss adjustment	8p					
q		ibutions from an ABLE account (see instructions)	8q					
r	•	and fellowship grants not reported on Form W-2	8r					
S		amount of Medicaid waiver payments included on Form						
		or 1d	8s ()				
t		nnuity from a nonqualifed deferred compensation plan or						
	-	mental section 457 plan	8t					
u		d while incarcerated	8u					
Z	Other income	e. List type and amount:						
-			8z					
9		come. Add lines 8a through 8z			9			
10		es 1 through 7 and 9. This is your additional income . Ente SR, or 1040-NR, line 8			10	-10,029.		

For Paperwork 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 govern	nment		
	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			
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 here a			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/12/24 PRO		Schedule 1 (F	orm 1040) 202

	DULE E			Supplemen	tal Inc	ome an	d Los	SS			OMB N	o. 1545-	0074
(Form	1040)	(Fror	n rent	tal real estate, royalties, partne	erships, S	6 corporati	ons, es	states,	trusts, REMI	Cs, etc.)	20	795	3
	ent of the Treasury			Attach to Form 10							Attachn	シ ム nent	
	Revenue Service			Go to www.irs.gov/ScheduleE	for instru	uctions an	d the la	atest in	formation.		Sequen	ice No.	
	shown on return										al security		r
				NKI & JAHNAVI ATHINA		. 112				805-0	4-7208		
Part	Note: If yo	ou are i	n the l	From Rental Real Estate business of renting personal pro	perty, use		c . See	e instru	ctions. If you a	are an indi [,]	vidual, rep	ort farr	n
	rental inco	ome or	loss fr	rom Form 4835 on page 2, line 4	10.								
				s in 2023 that would require y								_	
B				file required Form(s) 1099?							. 🗌 Ye	÷S ∟	No
1a	Physical add	ess of	f each	n property (street, city, state,	ZIP code	e)							
Α													
В													
C								1					
1b	Type of Prope			or each rental real estate pro				Fa	ir Rental		nal Use	Q	JV
	(from list belo	N)		bove, report the number of fa ersonal use days. Check the					Days	Da	iys		
	3			you meet the requirements t			<u>A</u>		365		0		<u> </u>
B C				ualified joint venture. See ins			B C						<u> </u>
	of Property:						U						
	Single Family R	esider	nce	3 Vacation/Short-Term R	ental	5 Land		7	Self-Rental				
	Multi-Family Re			4 Commercial	lontai	6 Roya			Other (desc	ribe)			
								-					
les e e er							•		Properti	es:		С	
Incom 3		1			3		A	95.	В			<u> </u>	
4					4			95.					
Exper		iveu .											
5					5								
6	0			uctions)	6								
7				e	7		1,1	40.					
8	•				8								
9	Insurance .				9								
10	Legal and othe	er prof	essio	nal fees	10								
11	-				11		7	50.					
12			aid to	banks, etc. (see instructions)	· – –								
13	Other interest		• •		13		1 4	<u> </u>					
14					14			68.					
15 16					15 16		2,0	45.					
17					17		1 8	45.					
18				depletion	18			76.					
19	Other (liet)	-		-	10		5,5						
20				5 through 19	20		10,6	24.					
21	-			3 (rents) and/or 4 (royalties).	If								
-				uctions to find out if you mus									
	file Form 6198	3			21	-	-10,0	29.					
22				ate loss after limitation, if any									
				ctions)	22	1.	10,02	-	()	()
23a				ted on line 3 for all rental pro	-			23a		595.			
b				ted on line 4 for all royalty pr				23b					
с С				ted on line 12 for all propertie				23c	n	,376.			
d				ted on line 18 for all propertion ted on line 20 for all propertion				23d 23e		,376.			
е 24				ounts shown on line 21. Do r		 de anv los		200					
25				from line 21 and rental real es		-		 nter to			(10,02	29.)
26				and royalty income or (loss								, 01)
				/, and line 40 on page 2 do									
				ine 5. Otherwise, include this								-10.0	029.

9	R582	Pa	ssive Activ	ity Loss Lim	nitations		0	MB No. 1545-1008
	nent of the Treasury Revenue Service		See sepa Attach to Form	arate instructions. 1040, 1040-SR, or		on.	A	2023 ttachment equence No. 858
) shown on return						ntifying n	
LAKS	SHMI NAREND	AR ADDANKI & JAH	INAVI ATHINA			80	5-04-	-7208
Par	rt 2023	Passive Activity Lose	6					
	Cautio	n: Complete Parts IV an	d V before comple	eting Part I.				
		Activities With Active Partice Real Estate Activities	• •		ive participation, s	ee Special		
1a b c d	Activities with Prior years' ur	net income (enter the a net loss (enter the amounallowed losses (enter the allowed losses (enter the site, 1b, and 1c	unt from Part IV, ca ne amount from Pa	olumn (b)) art IV, column (c))	1b (1c (0. 10,029.)) 1d	-10,029.
All Ot	her Passive Ac	tivities						
2a b c d	Activities with Prior years' ur	net income (enter the an net loss (enter the amounallowed losses (enter the 2a, 2b, and 2c	unt from Part V, co ne amount from Pa	olumn (b)) art V, column (c))	2b (2c ()) 2d	
3	Combine lines zero or more,	s 1d and 2d and subtra stop here and include illowed losses entered o	ct any prior year ເ this form with you	unallowed CRD. S ur return; all losse	See instructions. If es are allowed, inc	luding any		
	normally used						3	-10,029.
	If line 3 is a los	ss and: • Line 1d is a l			ip Part II and go to	line 10		
Part II	. Instead, go to	status is married filing	separately and yo	bu lived with your	spouse at any tim	ne during th	e year,	do not complete
ı aı		Enter all numbers in Par			-			
4		ller of the loss on line 1	•				4	10,029.
5		0. If married filing separ				50,000.	-	
6		d adjusted gross income	-		tions 6 1	.08,402.		
		is greater than or equal erwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-			
7	Subtract line 6	-			7	41,598.		
8		by 50% (0.50). Do not er	 nter more than \$25	 .000. If married fili			8	20,799.
9		ller of line 4 or line 8. If		•	0 1 3		9	10,029.
Par		Losses Allowed						-
10	Add the incom	ne, if any, on lines 1a an	d 2a and enter the	total			10	0.
11		allowed from all passiv		23. Add lines 9 ar	nd 10. See instruct	ions to find		
		port the losses on your ta			<u></u>		11	10,029.
Par	Comp	lete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.			
	Name	of activity	Currer	nt year	Prior years	Ov	erall ga	in or loss
			(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Ga	in	(e) Loss
			0.	10,029.				10,029.
		, lines 1a, 1b, and 1c	0.	10,029.				
For Pa	aperwork Reduct	tion Act Notice, see instru	ictions.		REV 01/12	2/24 PRO		Form 8582 (2023)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

	Complete This Part Belo	re Part I, Lilles 2	a, 20,	anu zc. e	see instruc	stions.				
	Name of activity	Currer	nt year		Prior y	ears	Overall gain or loss			
	Name of activity	(a) Net income (line 2a)	(b)	Net loss ne 2b)	(c) Unall loss (lin		(d) Gain		(e) Loss	
			(0 20)				
Total Enter	on Part I, lines 2a, 2b, and 2c									
Part VI	Use This Part if an Amou	Int Is Shown on I	Part II	Line 9. S	l See instruc	ctions.				
		Form or schedule								
	Name of activity	and line number to be reported on (see instructions)	(a) Loss	(b) Ra	atio	(c) Special allowance		(d) Subtract column (c) from column (a).	
		E Ln 22		10,029.	1.0000	0000	10,02	9.	0.	
Total				10,029.	1.0	0	10,02	9	0.	
Part VII	Allocation of Unallowed	Losses. See instr	uction	<u>10,029.</u> IS.		•	1 10702			
		Form or sch	edule							
	Name of activity	and line nur to be reporte (see instruct	nber ed on	(a)	Loss		(b) Ratio	(c) Unallowed loss	
Total							1.00			
Part VIII	Allowed Losses. See inst									
		Form or sch	edule							
	Name of activity	and line nur to be reporte (see instruct	ed on	(a)	Loss	(b) Ur	nallowed loss	(c) Allowed loss	
								-		
Total										
				1		1		1		

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Form **8582** (2023)