(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)				
Taxpayer's name	Social securi	ty numb	er	
ESHWAR VEMULAPALLY	358-93	-3090)	
Spouse's name	Spouse's soc			er
SARANYA MANIKANDAN	988-95	-9796	5	
Part I Tax Return Information — Tax Year Ending December 31, 2023	Enter year you a	re aut	horizino	a.)
Enter whole dollars only on lines 1 through 5.	<u> </u>			, , , , , , , , , , , , , , , , , , , ,
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1 Adjusted gross income		11	6	3,167.
2 Total tax		2		3,817.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		0,578.
4 Amount you want refunded to you		4		6,761.
5 Amount you owe		5		0,701.
Part II Taxpayer Declaration and Signature Authorization (Be sure you get	and keep a cop		our ret	urn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or ammy knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accouncy payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to tel payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatic business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amend Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only I authorize GLOBAL TAXES LLC to enter or gen ERO firm name signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filled using the Practitioner PIN below. Your signature ▶	I above are the ametransmitter, or electrofor rejection of the treath the U.S. Treasury a unt indicated in the treath the transitution to debit the rminate the authorization requests must be in the processing of the payment. I furted I am now authorization are many PIN Errate my PIN am now authorization method. The ERC	ounts fronic retransmissing its dax preperentry it ation. The received from the electron and the electron an	com the incurr origin sion, (b) esignated aration so this according to the control of the contro	ncome tax ator (ERO) the reason d Financial oftware for count. This (cancel) a ter than 2 payment of the that the icable, my as my
Outside DIN short and have about				
Spouse's PIN: check one box only	erate my PIN 5]
X I authorize GLOBAL TAXES LLC to enter or gen	5. a.c,			as my
signature on the income tax return (original or amended) I am now authorizing.			digits, but all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.				
Spouse's signature ▶ Dat	e ▶			
Practitioner PIN Method Returns Only—continue k	pelow			
Part III Certification 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 2 4 9 Don't ent	6 6 er all ze		8 9
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inc authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided	submitting this retu	ırn in a	ccordanc	
ERO's signature ▶ Dat	- →			
ERO Must Retain This Form — See Instruction				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20						See separate instructions.			
Your first name	and m	iddle initial								Your social security number		
ESHWAR			VEMU	JLAPALLY	358 93 3090							
	pouse's	s first name and middle initial	Last na							's social secu		
SARANYA			MAN]	IKANDAN					988	95 97	196	
	(numbe	er and street). If you have a P.O. box, see					Apt. no.			ential Election		
7490 BRO	OMPT	ON STREET					485		Check here if you, or your			
		ce. If you have a foreign address, also co	mplete s	spaces below.	Stat	е	ZIP code			if filing joint	•	
HOUSTON					ТX	:	77025			o this fund. C low will not c	•	
Foreign country	y name			Foreign province/state/o	county	y	Foreign posta	code	1	x or refund.	mango	
										You	Spouse	
Filing Status	s [Single				Head of ho	ousehold (H0	DH)	•			
Check only	_	Married filing jointly (even if only or	ne had	income)			·	ŕ				
one box.		Married filing separately (MFS)				Qualifying	surviving sp	ouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name (of your spouse. If you	u che	cked the HOH	or QSS box	, ente	er the ch	ild's name i	f the	
		alifying person is a child but not you		ndont.								
<u> </u>	^+	ti di 0000 did(-)	-: /									
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi									⊠ No	
							i): (See ilisti	uctioi	115.)			
Standard Deduction	_					a dependent						
Deduction	ш.	Spouse itemizes on a separate return	n or you	u were a dual-status	allen							
Age/Blindness	s You	: Were born before January 2, 19	959 [Are blind Spo	ouse:	☐ Was bor	n before Jan	uary 2	2, 1959	☐ Is blir	nd	
Dependents	s (see	instructions):		(2) Social security	,	(3) Relationsh	ip (4) Check	the b	ox if qual	ifies for (see i	nstructions):	
If more	(1) F	irst name Last name		number		to you	Child	tax c	redit	Credit for other	er dependents	
than four]	
dependents, see instructions	c]	
and check	. —]	
here L]	
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instructions)					. 1a	<u> 7</u>	9,943.	
Attach Form(s)	b	Household employee wages not re	ported	on Form(s) W-2 .					. 1b	,		
W-2 here. Also	С	Tip income not reported on line 1a	(see in	structions)					. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1		
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							. 16	,		
was withheld.	f	Employer-provided adoption bene-	fits fron	n Form 8839, line 29					. <u>1f</u>			
If you did not get a Form	g	Wages from Form 8919, line 6 .							. 19	,		
W-2, see	h	Other earned income (see instructi	,						. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>				4 _		
	Z	Add lines 1a through 1h							. 1z	<u>· 7</u>	9,943.	
Attach Sch. B	2a	'	2a			axable interest			. 2b			
if required.	3a		3a			rdinary divider			. 3b			
Standard	4a	IRA distributions	4a			axable amount			. 4b)		
Deduction for—	5a		5a			axable amount			. 5b			
Single or Married filing	6a	,	6a			axable amount	t	٠,	. 6b	,		
separately,	С	If you elect to use the lump-sum el		· ·	•	•		. L	╣ -			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						. L	 			
jointly or Qualifying	8	Additional income from Schedule 1							. 8		6,776.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•					. 9		3,167.	
\$27,700 • Head of	10	Adjustments to income from Sched						•	. 10	_	2 1 5 =	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-					. 11		3,167.	
If you checked	12	Standard deduction or itemized						•	. 12		7,700.	
any box under Standard	13	Qualified business income deducti			1 8995	р-A		•	. 13		7 700	
Deduction, see instructions.	14	Add lines 12 and 13						•	. 14		7,700.	
230 mondonono.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter -U This is y	our t a	axable incom	ie		. 15	3 ∣ ز	5,467.	

Form 1040 (2023	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌 _			16	3,817.	
Credits	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	3,817.	
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lin	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	3,817.	
	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	3,817.	
Payments	25	Federal income tax withheld	from:								
	а	Form(s) W-2				25a	10,	578.			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d	10,578.	
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return				26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable d	redits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	10,578.	
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you ov	erpaid		34	6,761.	
	35a								35a	6,761.	
Direct deposit?	b	Routing number 1 2 1				Checking	g 🗌 S	avings			
See instructions.	d	Account number 3 2 5	0 6 4 8	3 3 4 1	L 9						
-	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	_	-					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•								
Designee						. Ц	Yes. Co	•		⊠ No	
		esignee's Phone Personal ic ame no. number (Pl									
Sign		der penalties of perjury, I declare the	nat I have examined		accompanying sche	dules and s			the best	of my knowledge and	
_		lief, they are true, correct, and com								,	
Here	Yo	ur signature		Date	Your occupation			If the	e IRS se	nt you an Identity	
										IN, enter it here	
Joint return?					UI DEVELOR			`	inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on				nt your spouse an ection PIN, enter it here	
your records.					HOME MAKER	ł.			inst.)		
	——Ph	one no. (510)509-014	0	Email address	ESHWARVEMULA		(ATT ₁ , CO)	<u>'</u>			
		eparer's name	Preparer's signat			Date		PTIN		Check if:	
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI			P0247	0833	Self-employed	
Preparer									. (678)965–9522		
Use Only			Y CT E BRU	NSWICK N.	J 08816				ı's EIN	88-2145487	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	= = = = = = = = = = = = = = = = = = = =					1		70 21101	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security numbe
ESHWAR VEMULAPALLY & SARANYA MANIKANDAN	358-93	-3090

Par	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. Att	ach Schedule E .	5	-16,776.
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		
ı	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)	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 (<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
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 . Ente			16 756
	1040, 1040-SR, or 1040-NR, line 8		10	-16,776.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income					
11	Educator expenses			. 11	1	_
12	Certain business expenses of reservists, performing artists, and fee-					
	officials. Attach Form 2106			. 12	2	
13	Health savings account deduction. Attach Form 8889			. 13	3	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			. 14	4	
15	Deductible part of self-employment tax. Attach Schedule SE				5	
16	Self-employed SEP, SIMPLE, and qualified plans			. 16	6	
17	Self-employed health insurance deduction			. 17	7	
18	Penalty on early withdrawal of savings				3	
19a	Alimony paid				a	
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				_	
21	Student loan interest deduction					_
22	Reserved for future use					
23	Archer MSA deduction			. 23	3	
24	Other adjustments:					
а	,	24a				
b	Deductible expenses related to income reported on line 8l from the					
	, , , , , , , , , , , , , , , , , , , ,	24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	· · · · · · · · · · · · · · · · · · ·	24c				
d		24d		_		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e				
f		24f				
g		24g				
h	Attorney fees and court costs for actions involving certain unlawful					
	discrimination claims (see instructions)	24h				
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					
	-	24i				
j	•	24j				
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
		24k				
Z	Other adjustments. List type and amount:					
		24z				
25	Total other adjustments. Add lines 24a through 24z				5	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26		
	1 OHH 1070, 1070-011, 01 1070-1111, IIIIC 10			. 20	י ע	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

	snown on return								ai security				
ESHW	HWAR VEMULAPALLY & SARANYA MANIKANDAN							358-93-3090					
Part	Income or	Loss From Rental Real Estate an	d Ro	yalties									
	Note: If you a	re in the business of renting personal proper or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you are	e an indiv	vidual, rep	ort farm			
Α [ayments in 2023 that would require you	to file	Form(s) 1	0002	Soo inc	structions		□ Vc	e X No			
		will you file required Form(s) 1099?											
			• •		,5 <u> </u> 1	_							
1a	Physical address	of each property (street, city, state, ZII	P code	e)									
Α	BACHUPALLY H	HYDERABAD TELANGANA IN 500	090										
В													
С										ı			
1b	Type of Property					Fa	ir Rental	Person		QJV			
	(from list below)	above, report the number of fair personal use days. Check the Q					Days	Da					
_ <u>A</u>	3	if you meet the requirements to f			_ <u>A</u> _		365		0				
В		qualified joint venture. See instru			B C								
С	- (D				C								
	of Property: Single Family Resid	dence 3 Vacation/Short-Term Ren	+ol	Eland		7	Self-Rental						
	Multi-Family Resid		ııaı	5 Land 6 Roya				ha)					
	Multi-Family Reside	erice 4 Commercial		о ноуа	illes	0	Other (descri	be)					
							Propertie	s:					
ncon	ne:				Α		В			С			
3			3		4	80.							
4		<u>1 </u>	4										
Exper													
5			5										
6	•	ee instructions)	6										
7		ntenance	7		1,6	82.							
8			8										
9			9										
10		rofessional fees	10										
11			11		1,2	50.							
12		paid to banks, etc. (see instructions)	12										
13			13		4 0	Г.С							
14			14			56.							
15 16			15 16		4,4	56.							
17			17		5 0	12.							
18		ense or depletion	18		3,0	12.							
19	.		19										
20	Total expenses A	dd lines 5 through 19	20		17,2	56.							
21		rom line 3 (rents) and/or 4 (royalties). If			- 1 7 2	30.							
-1		see instructions to find out if you must											
			21	_	-16,7	76.							
22		real estate loss after limitation, if any,			<u> </u>								
		e instructions)	22	(16,77	76.)	()	()		
23a	Total of all amoun	ts reported on line 3 for all rental prope				23a		480.	<u> </u>				
b		ts reported on line 4 for all royalty prop				23b							
С		ts reported on line 12 for all properties				23c							
d		ts reported on line 18 for all properties				23d							
е		ts reported on line 20 for all properties				23e	17,	256.					
24		itive amounts shown on line 21. Do not		de any los	sses			24					
25	Losses. Add royalt	ty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses here	25	(16,776)		
26		estate and royalty income or (loss).											
	here. If Parts II, II	I, and IV, and line 40 on page 2 do no	t appl	ly to you,	also e	nter tl	nis amount or						
	Schedule 1 (Form	1040), line 5. Otherwise, include this ar	mount	t in the tot	al on li	ne 41	on page 2 .	26		-16,770	6.		