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)

er's name	Social security number						
WANTH YARRAM	337-63-5664						
's name	Spouse's so	cial secu	urity number				
Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you a	are aut	thorizing.)				
whole dollars only on lines 1 through 5.							
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
Adjusted gross income		1	81,881.				
Total tax		2	10,273.				
Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,684.				
Amount you want refunded to you		4	2,411.				
		5					
	WANTH YARRAM I's name I's name	WANTH YARRAM 337-63 S's name Spouse's so I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a whole dollars only on lines 1 through 5. 2023 (Enter year you a whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income Adjusted gross income Image: Comparison of the second seco	WANTH YARRAM 337-63-566 Spouse's social sector Spouse's social sector I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are automodel) 2023 (Enter year you are automodel) whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 1 Total tax 2 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Amount you want refunded to you 4 Amount you owe 5				

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

Ent	as my				
3	5	6	6	4	

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

Y.Yaswanth

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

I authorize

to enter or generate my PIN	
to ontor or gonorato my r m	

Date > 01/10/2024

			as my
Ente don'			

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

ERO firm name

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 I										
Practitioner PIN Method Returns Only—continue below											
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					0 all zei		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 ► Date ►										
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Paperwork Reduction Act Notice, see your tax return in	structions. RAA	REV 12/21/23 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	_ast name						Your so	cial sec	urity number		
YASWANTH	I		YAR	RAM						337	63	5664		
		s first name and middle initial	Last r									security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
2838 SUN								2	14			ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a		
LAKE MAF	RΥ			FL 3				327	46			not change		
Foreign country	name			Foreign province/state/county Foreign postal code y						your tax		_		
											∐ Yo	ou Spouse		
Filing Status		Single					Head of he	ouseho	old (HOH)					
Check only		Married filing jointly (even if only or	ne hac	l income)										
one box.	L	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the												
					pouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	er the ch	ild's na	me if the		
	qu	alifying person is a child but not you	ur aepe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or s	services); or	(b) sell,				
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fir	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	<u> </u>	es 🛛 No		
Standard	Som	neone can claim: 🗌 You as a de	epende	nt 🗌	Your spouse	e as	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 bl	lind Spc	ouse	: 🗌 Was bor	n befc	re January	2, 1959		s blind		
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	Check the b	ox if qual	fies for ((see instructions):		
If more		irst name Last name		(_, <	number		to you		Child tax c	redit	Credit fo	or other dependents		
than four														
dependents,														
see instructions and check														
here 🗌														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		92,833.		
Attach Form(s)	b	Household employee wages not re	•		.,					. 1b)			
W-2 here. Also	С									. 10				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10				
1099-R if tax	e	Taxable dependent care benefits f		,				• •		. 1e				
was withheld.	f	Employer-provided adoption bene			,			• •		. <u>1</u> f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •	· · ·	. 1g		0.		
W-2, see	h	Other earned income (see instruct	,	· · ·		• •		· ·		. 1h		0.		
instructions.	i -	Nontaxable combat pay election (s	see ins	structions)		• •	1 i			1-		92,833.		
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	 	axable interest	· ·		. 1z . 2b	-	<i>J2</i> ,033.		
if required.	2a 3a		3a				Ordinary divider			. <u>26</u>	-			
	4a		4a				axable amount			. 4b	-			
Standard	5a		5a				axable amount			. 5b				
 Deduction for – Single or 	6a		6a				axable amount			. 6b	-			
Married filing separately,	с	If you elect to use the lump-sum e		method.					[
\$13,850	7	Capital gain or (loss). Attach Sche				`	,		[7				
 Married filing jointly or 	8	Additional income from Schedule		•						. 8		-10,952.		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									81,881.		
\$27,700	10	Adjustments to income from Sche		-						. 10				
 Head of household, 	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		81,881.		
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		13,850.		
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13				
Deduction,	14	Add lines 12 and 13								. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our	taxable incom	е.		. 15		68,031.		

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	10,273.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17						18	10,273.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	10,273.
	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	10,273.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 12	,684.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,684.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No	27			
attach Sch. ElC.	28	Additional child tax credit from	n 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, lin							
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,684.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	2,411.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🗋	35a	2,411.
Direct deposit?	b	Routing number 0 2 1				Checking	Savings		
See instructions.	d	Account number 3 8 1	0 5 8 5	4 7 7 3	3 9				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24							
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	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 be		× No
	De nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	best	of my knowledge and
Sign Here		ief, they are true, correct, and com							
nere	Yo	ur signature		Date	Your occupation		If the IF	RS ser	nt you an Identity
		-							N, enter it here
Joint return?					PROGRAMME		(see ins	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an action PIN, enter it here
your records.						(see ins			
	Ph	one no. (660) 528-049	4	Email address	YERRAMYASWA	ANTH@GMAIL.CO)M		
		eparer's name	Preparer's signat		101000111110W	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRTYA	RAM SAGAR	GUPTA TALLAM	01/10/2024	P020827	703	Self-employed
Preparer		m's name GLOBAL TAX				1 , - 9 , - 0 - 1			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.or		n1040 for instructions and the late			BAA	REV 12/21/23 PRO			Form 1040 (2023)
					DAA	NEV 12/21/23 FRU			

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number YASWANTH YARRAM 337-63-5664

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	-10,952.
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)	_	
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
e.	8z		l.
9	Total other income. Add lines 8a through 8z		
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Fo		_10 050
For Pa	1040, 1040-SR, or 1040-NR, line 8	. 10	-10,952.

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis governme	nent		
	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 and	lon		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	
	BAA REV 12/21/23 PRO	s	chedule 1	1 (Form 1040) 2023

	DULE E				Supplementa	al Inc	ome an	d Los	SS			OMB No	o. 1545-0074	
(Form	1040)	(From	rent	al real estate	e, royalties, partners	ships, S	corporati	ons, es	states,	trusts, REMI	Cs, etc.)	20 7 3		
Departm	ent of the Treasury				Attach to Form 1040							ی کے Attachn		
	Revenue Service			Go to www.i	rs.gov/ScheduleE fo	or instru	uctions an	d the la	itest in	formation.		Sequen	ce No. 13	
Name(s)	shown on return											al security	number	
-	ANTH YARRAI										337-6	3-5664		
Part					al Real Estate a			•				1.1 I		
	rental inco	ou are in ome or le	the b ss fro	om Form 483	enting personal prope 35 on page 2, line 40.	erty, use	Schedule	C. See	einstru	ctions. If you a	are an indiv	/idual, rep	ort farm	
A D					t would require you		Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No	_
1a	Physical addr	ess of	each	property (s	treet, city, state, Z									_
Α	-				K GUNTUR AND		•	TN	5225	03				-
B	<u> </u>								5225	0.5				-
C														-
1b	Type of Prope	rty 2	F	or each rent	al real estate prop	ertv list	ted		Fa	ir Rental	Person	al Use		-
	(from list below		at	ove, report	the number of fair	rental	and			Days	Da		QJV	
Α	3				days. Check the C			Α		365		0		_
В					ne requirements to venture. See instr			В						_
С			99		venture. dee mat	uctions	5.	С						
	of Property:													
	Single Family R				on/Short-Term Rei	ntal	5 Land			Self-Rental				
2	Multi-Family Re	sidenc	е	4 Comm	nercial		6 Roya	lties	8	Other (desc	ribe)			
										Properti	es:			_
Incom	ie:							Α		В			С	
3	Rents received	1				3		7	69.					
4	Royalties recei	ived .				4								
Expen	ises:													
5	•					5								
6						6								
7						7		2,5	41.					
8						8								
9						9 10								
10 11						11		1 0	80.					_
12					(see instructions)	12		1,9	00.					-
13						13								-
14	Repairs					14		2,7	90.					-
15	Supplies					15			30.					-
16						16								
17	Utilities					17		2,3	80.					_
18						18								
19	Other (list)					19								
20	•			0	9	20		11,7	21.					
21					d/or 4 (royalties). If									
	```				nd out if you must			10 0	E 0					
00	file Form 6198				· · · · · ·	21		-10,9	52.					
22					r limitation, if any,	22	(	10,95	32 1	(	1	(		١
23a				-	for all rental prop		<u> </u>	±0,90	23a	(	769.	(		/
20a					for all royalty prop			:	23b					
c					12 for all properties				23c					
d					8 for all properties				23d					
е					20 for all properties				23e	11	,721.			
24					n on line 21. <b>Do no</b>		de any los	sses			. 24			
25	Losses. Add ro	yalty lo	sses	from line 21	and rental real esta	te losse	es from lin	e 22. E	nter to	tal losses her	e <b>25</b>	(	10,952.	)
26	Total rental re	eal est	ate a	and royalty	income or (loss).	Comb	ine lines 2	24 and	25. E	inter the resu	ılt			

SCHEDULE E

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

Schedule E (Form 1040) 2023

-10,952.

OMB No. 1545-0074

26

-10,952.