Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpaye	er's name	Social secur	ity numb	er
ESW	ARI LAKSHMI KAVYA CHEDELLA	665-66	-2562	2
Spouse	's name	Spouse's so	cial secu	rity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	are aut	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	55,813.
2	Total tax		2	4,817.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,980.
4	Amount you want refunded to you		4	2,163.
5	Amount you owe		5	
Part	I Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cor	ov of v	our 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
------------	------	-------	-----	-----	------

lauthorize GLOBAL TAXES LLC X to enter or generate my PIN

Ent	er fiv i't er	ve dig nter a	gits, all ze	but	as my
6	2	5	6	2	

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

Ch.Kavya

Date 🕨	03/13/2024
--------	------------

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

		as my
nter fi		

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 I					 		
Practitioner PIN Method Returns Only—continu	e bel	ow						
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.

RO's signature ► Date ►										
ERO Must Retain This F Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	-0074	IRS Use C	nly—Do not	write or sta	aple in this space.
For the year Jan	. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	eparate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your s	ocial sec	curity number
ESWARI I	JAKSI	HMI KAVYA	CHE	DELLA						665	66	2562
		s first name and middle initial	Last r									I security number
										328	53	6490
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential Ele	ection Campaign
<u>1707 Mef</u>												/ou, or your
City, town, or p	ost offic	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode	· ·	•	jointly, want \$3 nd. Checking a
COLUMBIA	4					TN	1	384	01			not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal co	de your ta	IX or refu	_
											∐ Ye	ou Spouse
Filing Status	; [_	Single					Head of he	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)								
one box.		Married filing separately (MFS)					Qualifying		• •	. ,		
		you checked the MFS box, enter the						l or QS	SS box, ei	nter the ch	nild's na	me if the
	qu	alifying person is a child but not you	ir aepe	endent: H	HEMA MANOJ K	UMAR	VANKADARU					
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 s	services);	or (b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instruct	ions.)	Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are b	lind Sp	ouse	: 🗌 Was bor	n befo	re Januar	y 2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	/	(3) Relationshi	ip (4)	Check the	box if qua	lifies for	(see instructions):
If more		irst name Last name		(number		to you	ч. 	Child tax	credit	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	see instruc	ctions) .					. 1	a	66 , 783.
Attach Form(s)	b	Household employee wages not re	•		.,					. 1	b	
W-2 here. Also	С	Tip income not reported on line 1a								. 1		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,			• •		. 1		
1099-R if tax	e	Taxable dependent care benefits f			-			• •		. 1		
was withheld.	f	Employer-provided adoption bene			,			• •		. 1		
lf you did not get a Form	g L	Wages from Form 8919, line 6 .				• •		• •		. 1	-	0.
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (section (section (section))	,			• •	· · · · ·	· ·		. 1		0.
instructions.	z	Add lines 1a through 1h		siluctions)	• •	11			. 1	7	66,783.
Attach Sch. B	2a		2a		· · ·	 ь т	axable interest	· ·		. 2		153.
if required.	3a		3a				Ordinary divider			. 3		
	4a		4a				axable amount			. 4		
Standard	5a	-	5a				axable amount			. 5		
 Deduction for — Single or 	6a		6a				axable amount			. 6		
Married filing separately,	c	If you elect to use the lump-sum e		n method.	check here							
\$13,850	7	Capital gain or (loss). Attach Sche									,	
 Married filing jointly or 	8	Additional income from Schedule								. 8	3	-11,123.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9)	55,813.
\$27,700	10	Adjustments to income from Sche		-						. 1	0	
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross inco	me				. 1	1	55,813.
 \$20,800 If you checked Γ 	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	e A)				. 1	2	13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	1 899	5-A			. 1	3	
Deduction,	14	Add lines 12 and 13								. 1	4	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our 1	taxable incom	е.		. 1	5	41,963.

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 4,817.
Credits	17	Amount from Schedule 2, lin	e3				1	7
	18	Add lines 16 and 17					1	8 4,817.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ie8				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 4,817.
	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 4,817.
Payments	25							
	а	Form(s) W-2				25a 6	,980.	
	b	Form(s) 1099				25b		
	23 Other taxes, including self-employ 24 Add lines 22 and 23. This is your hents 25 Federal income tax withheld from a Form(s) W-2	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				25	5 d 6,980.
If you have a	26	0					2	
qualifying child,						27		
attach Sch. EIC.						28		
						29		
				·		30		
						31		
						-	3	2
			,	•	•			6
Refund							3	
neruna			-			, .	35	
Direct deposit?							Savings	
See instructions.							Caringo	
					ed tax	36		
Amount		· · · · · · · · · · · · · · · · · · ·						
You Owe	51						3	7
	38					38		•
Third Party			,					
Designee							omplete belov	w. 🗙 No
Deelghee	De	signee's		Phone			onal identification	
	nai			no.		num	per (PIN)	
Sign		der penalties of perjury, I declare the						
Here	Del	ief, they are true, correct, and com	piete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informatio		
	Yo	ur signature		Date	Your occupation			sent you an Identity
Joint return?		Ch.Kavya		03/13/2024		ION ENGINEE		n PIN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat			sent your spouse an
Keep a copy for	op	ouoo o olghataro. In a joint rotarn, i	our maar olgin.	Duto				rotection PIN, enter it here
your records.							(see inst.)	
	Ph	one no. (615) 397-498	9	Email address	KAVYA.CHEDEL	LA1993@GMAIL.CO	M	
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/14/2024	P0208270	3 Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phone no	. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	N 84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO		Form 1040 (2023)

REV 03/04/24 PRO

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

665-66-2562

Name(s) s	hown on Foi	m 1040,	1040-SR, or 1040-NR	
ESWARI	LAKSHMI	KAVYA	CHEDELLA	

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	-11,123.
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				
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:			
0	Total other income. Add lines 9a through 97		9	
9 10	Total other income. Add lines 8a through 8z	. 	9	
10	1040, 1040-SR, or 1040-NR, line 8	лш	10	-11,123.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			le 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u	 	-	
е		24e			
	Act of 1974	24e 24f		-	
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)	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				
-	tax law violations	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
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				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

SCHEDULE E		Supplemental Income and Loss								OMB No. 1545-0074		
(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								2023		
	ent of the Treasury		040-SR, 1040-NR, or 1041.						Attachment			
			r instru	tructions and the latest information.					Sequence No. 13			
Name(s) shown on return										ocial security number		
ESWARI LAKSHMI KAVYA CHEDELLA 665-66-2562												
Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm												
rental income or loss from Form 4835 on page 2, line 40.												
A D												
1a	Physical address of each property (street, city, state, ZIP code)											
	D NO:20-6-18 SUBBRAO STREET TENALI, GUNTUR, ANDHRA PRADESH IN 522201											
	B C											
 1b	Type of Property 2 For each rental real estate property listed Fair Rental Personal Use QJV											
di	(from list below) 2 For each rental real estate property above, report the number of fair							Days		Days		
Α	3 personal use days. Check the Q					Α	365		0			
B	if you meet the requirements to f				as a 🛛 🗖			505				
			qualified joint venture. See instru	uctions	s	C						
	of Property:					•						
1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental												
	2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)											
							Properties:				-	
Income:				3				В			С	
	3 Rents received				642.							
_4		ived		4								
Expen		-										
5	Advertising .	5 6										
6	Auto and travel (see instructions)					0.4	<u> </u>					
7	Cleaning and maintenance					2,4	2,468.					
8		8										
9	Insurance	9										
10	Legal and othe	10	0.150									
11	Management f	11	2,156.									
12		to banks, etc. (see instructions)	12 13									
13	Other interest	13	2 780									
14 15	Repairs	14	2,789. 1,832.									
15	Supplies .	15	1,052.									
16 17	Taxes Utilities	17	2,520.									
18		18		2, 3	20.							
19	Other (list)	•	or depletion	19								
20		s Add lin	es 5 through 19	20		11,7	65					
21	-		ne 3 (rents) and/or 4 (royalties). If			<u> </u>						
21		structions to find out if you must										
				21	-	- 11 , 1	23.					
22			state loss after limitation, if any,			,						
	on Form 8582 (see instructions)				(11,123.)(()	(
23a	Total of all am	22 erties			23a	\	642.	`				
b	Total of all am				23b							
C	Total of all am				23c							
d	Total of all am				23d							
e	Total of all am			23e	11	,765.						
24			mounts shown on line 21. Do not						. 24			
25			es from line 21 and rental real estat		-		nter to	tal losses her		(:	11,123.	
26			e and royalty income or (loss).									
	here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on											

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .