# **IRS e-file Signature Authorization**

Social accurity number

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

Internal Revenue Service

	631-59-5866						
NI JAIDI							
name	Spouse's social security number						
CHINTALAPALLY	990-96-5613						
Tax Return Information - Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)						
ole dollars only on lines 1 through 5.							
orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
djusted gross income	<b>1</b> 76,883						
otal tax	<b>2</b> 5,461						
ederal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,174						
mount you want refunded to you	<b>4</b> 4,713						
mount you owe							
	Tax Return Information — Tax Year Ending December 31, 2023 (Enternal to be compared by the comp						

## 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 TAXES	LLC	to enter or generate my PIN
			ERO firm name	

9	5	8	6	6	
Ent don	as my				

3

as mv

6 5

6 1

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 ►	Date ►								
Practitioner PIN Method Returns 0	Only—continue below								
Part III Certification and Authentication – Practitioner PIN M	Method Only								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-s	selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros								

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 🕨	
	Retain This Form — S Form to the IRS Unles	See Instructions ss Requested To Do So	
E. B. J. B. J. K. A. D. B. K. Market			Farma 9970 (Days 01 0001)

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

Date

to enter or generate my PIN

<b>1040</b>		artment of the Treasury—Internal Revenue Servin <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y−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	ling			, 20	See se	parate i	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SRAVANI			JAI	DI						631	59	5866
	pouse's	s first name and middle initial	Last r									security number
RAKESH			CHI	NTALAF	PALLY					990	96	5613
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ection Campaigr
5027 PEN	IROSI	E DR								Check I	here if y	ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	1 1	0.	jointly, want \$3
PRINCETO	N					TΣ	ζ	754	07			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	1	k or refu	•
											Yo	ou 🔄 Spouse
Filing Status	; [	] Single					Head of h	ouseh	old (HOH)			
Check only	X	Married filing jointly (even if only or	ne hac	d income)			_					
one box.		] Married filing separately (MFS)							ving spouse			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	nent for prope	rty or	services); o	r (b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	tal ass	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Standard		neone can claim: 🗌 You as a dep			•		a dependent					
Deduction		Spouse itemizes on a separate return		_			_					
		Were born before January 2, 1	959	Are bl	•	ouse		14	ore January			s blind see instructions):
Dependents		instructions): irst name Last name		(2) S	Social security number		(3) Relationsh to you	ip (4	Child tax o		· `	r other dependents
If more	(1) F				number					acait	orcuit io	
than four dependents,												
see instructions	s ——											
and check here	l ——											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	see instruc	tions)					. 1a		85,902.
	b	Household employee wages not re								. 1b	)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstruction	is)					. 10	;	
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	I		
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	rom F	orm 2441,	line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instructi	ons)							. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	:	85,902.
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes			. 2b		859.
if required.	3a		3a				Ordinary divide			. 3b		
Standard	4a		4a				axable amoun			. 4b	)	
Deduction for –	5a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	t		. 6b	)	
separately,	_c	If you elect to use the lump-sum el		-		•	,	• •				
<ul><li>\$13,850</li><li>Married filing</li></ul>	7	Capital gain or (loss). Attach Schee										0.070
jointly or Qualifying	8	Additional income from Schedule 1	-							. 8		-9,878.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		76,883.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Scher						• •		. 10		76 000
household, [ \$20,800	11	Subtract line 10 from line 9. This is	•	-	-					. 11	-	76,883.
• If you checked	12	Standard deduction or itemized				,	 	• •	· · ·	. 12		27,700.
any box under Standard	13 14	Qualified business income deducti			ออง or Form	099	ы-н	• •		. 13		27,700.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zero			 -0- Thie ie v		 tavahle incom	 		· 14		49,183.
	13				0 1115 15 Y			. 51		. 13		т <i>,</i> тоз.

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

Form **1040** (2023)

Form 1040 (2023	)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	10	<b>6</b> 5,461.
Credits	17	Amount from Schedule 2, lin	e3				1	7
	18	Add lines 16 and 17					18	<b>B</b> 5,461.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19	Э
	20	Amount from Schedule 3, lin	ie8				20	D
	21	Add lines 19 and 20					<b>2</b> '	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	<b>2</b> 5,461.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		23	<b>3</b> 0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				24	<b>4</b> 5,461.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				<b>25a</b> 10	,174.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	id 10,174.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		20	6
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit fror				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin	ie 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	2
	33	Add lines 25d, 26, and 32. T					3	<b>3</b> 10,174.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>	34	4 4,713.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗌 35	<b>ia</b> 4,713.
Direct deposit?	b	Routing number 0 6 5	4 0 0 1	3 7	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 9 8 6	1 2 8 0	0 4				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe				
You Owe		For details on how to pay, ge	o to <i>www.irs.go</i> u	//Payments or	see instructions .		37	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		
Designee	ins	tructions				<b>Yes.</b> Co	omplete belov	w. 🔀 No
	De: nar	signee's		Phone no.			onal identificatio per (PIN)	on
Ciana		der penalties of perjury, I declare th	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
							Protection	n PIN, enter it here
Joint return?					SOFTWARE H	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>k</b>	ooth must sign.	Date	Spouse's occupat	ion		sent your spouse an rotection PIN, enter it here
your records.					HOME MAKEI	0	(see inst.)	,
	Ph	one no. (816)282-407	ົ	Email address		∑ DI98@GMAIL.CC	)M	
		eparer's name $(010)202-407$	∠ Preparer's signat		DIAVANI.UAI	D198@GMAIL.CC	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270	
Preparer		n's name GLOBAL TAX		ITTU DAGAN	GOLIA IAUDAM	02/23/2024		. (678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN				Form <b>1040</b> (2023)
		noto initiatiuotions and the late	schnormation.		BAA	REV 02/16/24 PRO		1 0mm <b>10-TO</b> (2023)

REV 02/16/24 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

631-59-5866

Name(s) shown on Form 1040, 1040-SR, or 1040-NR SRAVANI JAIDI & RAKESH CHINTALAPALLY

Par	t 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. Atta	ach Schedule E .	5	-9,878.
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	_	
	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 Nontaxable amount of Medicaid waiver payments included on Form	8r		
S	1040, line 1a or 1d	8s (		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (	4	
t	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u z	Other income. List type and amount:			
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-9,878.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 1 (Form 1040) 2023

Par	t II Adjustments to Income			·
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
	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)	1a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	1b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	1c		
d	Reforestation amortization and expenses	1d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	1e		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	1g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	4h		
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	4i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	1k		
z	Other adjustments. List type and amount:			
	24	4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u> .	26	<u></u>
	BAA	REV 02/16/24 PRO	Schedule 1 (	(Form 1040) 202

	CHEDULE E Supplemental Income and Loss							OMB No. 1545-0074				
(Form	1040)	(Fr	rom rental real estate, royalties, part						trusts, REMICs	, etc.)	20	23
	ent of the Treasury Revenue Service		Attach to Form <sup>•</sup> Go to <i>www.irs.gov/Schedule</i>						formation		Attachm	nent 12
	shown on return		Go to www.iis.gov/Schedule		suu			iesi ii			al security	ce No. <b>13</b>
. ,		ਜੁ	RAKESH CHINTALAPALLY								9-5866	number
-	Part I Income or Loss From Rental Real Estate and Royalties											
T urt	Note: If yo	ou ar	re in the business of renting personal p or loss from <b>Form 4835</b> on page 2, line	property, u			C. See	instru	ctions. If you are	an indiv	vidual, rep	ort farm
			ayments in 2023 that would require									s 🛛 No
B I	f "Yes," did you	or	will you file required Form(s) 1099?	?							. 🗌 Ye	s 🗌 No
1a			of each property (street, city, state									
Α	TAKRANPAL	T.Y	HYDERABAD TELANGANA IN	50317	15	,						
B				00011								
C												
1b	Type of Prope	rtv	2 For each rental real estate p	property	list	ed		Fa	ir Rental	Person	al Use	0.11/
	(from list below		above, report the number of	f fair rent	tal	and			Days	Da		QJV
Α	3		personal use days. Check the				Α		365		0	
В			if you meet the requirements qualified joint venture. See it				В					
С			quaimed joint venture. See h	nstructio	5113		С					
	of Property:											
	Single Family R			Rental		5 Land			Self-Rental			
2	Multi-Family Re	eside	ence 4 Commercial			6 Roya	lties	8	Other (describ	e)		
									Properties	5:		
Incom	ie:						Α		B			С
3	Rents received	. k		. 3	3		5	50.				
4	Royalties recei	ived		. 4	4							
Expen												
5	Advertising .			. 5	5							
6	Auto and trave	el (se	ee instructions)	. 6	6							
7	•		ntenance		7		1,0	75.				
8					-							
9					-							
10			rofessional fees									
11							8	00.				
12			paid to banks, etc. (see instruction									
13					-		2 0	20				
14 15	<b>a</b>						2,8					
16							2,7	19.				
17							3,2	36.				
18			ense or depletion				0,1					
19	Other (liet)	•	·····									
20			dd lines 5 through 19		0		10,4	28.				
21	Subtract line 2	20 fro	om line 3 (rents) and/or 4 (royalties	s). If								
			ee instructions to find out if you m									
	file <b>Form 6198</b>	3.		. 2	1		-9,8	78.				
22			real estate loss after limitation, if a e instructions)		2	(	9,87	8.)	(	)	(	)
23a	Total of all amo	ount	ts reported on line 3 for all rental p	properties	s			23a		550.		,
b			ts reported on line 4 for all royalty					23b				
с			ts reported on line 12 for all proper					23c				
d			ts reported on line 18 for all prope					23d				
е			ts reported on line 20 for all prope					23e	10,	428.		
24			tive amounts shown on line 21. Do			-				24		
25			y losses from line 21 and rental real							25	(	9,878.)
26			estate and royalty income or (lo									
			I, and IV, and line 40 on page 2 d 1040), line 5. Otherwise, include th							26		-9,878.

Schedule E (Form 1040) 2023