#### Department of the Treasury Internal Revenue Service

# **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

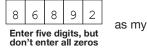
Taxpaye	er s name	Social security number
ASH	OK KUMAR REDDY MANDLEM	742-98-6892
Spouse'	s name	Spouse's social security number
MOUI	NIKA SUDIREDDY	987-96-3361
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are authorizing.)
Enter	whole dollars only on lines 1 through 5.	
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1	Adjusted gross income	<b>1</b> 88,178.
2	Total tax	<b>2</b> 6,817.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 13,709.
4	Amount you want refunded to you	<b>4</b> 6,892.
5	Amount you owe	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

$\frown$	raumonze	GIODAL	CUVUI	ERO firm name	to enter or generate my PIN	En
$\mathbf{V}$	I authorize	CLOBAL /	TAYES	LLC	to optor or gonorato my PIN	8



6 3

3

Enter five digits, but don't enter all zeros

6 | 1

as mv

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.

Date

Your signature

### Spouse's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

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—continue	belo	w							
Part III Certification and Authentication – P	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 ze	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 Fo Don't Submit This Form to the I										
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/08/24 PRO	Form 8879 (Rev. 01-2021)							

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not w	vrite or sta	ple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20	See se	parate i	nstructions.	
Your first name	and m	iddle initial	Last n	ame						Your so	cial sec	urity number	
ASHOK KU	JMAR	REDDY	DLEM						742	98	6892		
		s first name and middle initial	ame								security number		
MOUNIKA			SUD	IREDDY	7					987	96	3361	
	(numbe	er and street). If you have a P.O. box, see			-			A	pt. no.			ction Campaign	
35200 DF	AKES	SHIRE IN						1	.03			ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				ointly, want \$3	
FARMINGI						МІ	r	483	35			nd. Checking a not change	
Foreign country				Foreign p	rovince/state/				n postal coc		ow will r	0	
							-				Yo	_	
Filing Status		] Single					Head of he	ouseho	old (HOH)				
-		Married filing jointly (even if only o	ne had	income)				000011					
Check only one box.		] Married filing separately (MFS)					Qualifying	surviv	ina spous	e (QSS)			
one box.	lf v		name	of vour s	pouse. If voi	u che					ild's nar	ne if the	
		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 qualifying person is a child but not your dependent:											
	-												
Digital		ny time during 2023, did you: (a) rec						-			⊡v-		
Assets		hange, or otherwise dispose of a dig		· _				t)? (Se	e instruct	ions.)	∐ Ye	es 🛛 No	
Standard	_	eone can claim: 🗌 You as a de	•				a dependent						
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status	alien	1						
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	re Januar	y 2, 1959	🗌 Is	blind	
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the	box if qual	fies for (s	see instructions):	
- If more		irst name Last name			number		to you		Child tax	credit	Credit for	r other dependents	
than four										]			
dependents,													
see instructions and check	s ——									]			
here										]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		100,000.	
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	1		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see ii	nstructior	is)					. 10	:		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from Fo	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	1		
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (	see ins	tructions)			1i						
	z	Add lines 1a through 1h								. 1z		100,000.	
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.		. 2b	1		
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b	)		
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b	1		
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	1		
Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b	1		
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here			7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule								. 8		-11,822.	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		88,178.	
\$27,700	10	Adjustments to income from Sche								. 10	)		
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is								. 11		88,178.	
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.	
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deduct					5-A			. 13	;		
Standard Deduction,	14 Add lines 12 and 13							. 14		27,700.			
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is v	our f	taxable incom	ie.				60,478.	
		-	-	· ·	<b>,</b>								

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

Form **1040** (2023)

Form 1040 (2023	3)								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 🗌		16	6,817.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	6,817.
	19	Child tax credit or credit for	other dependent	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	6,817.
	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 <b>total tax</b>				[	24	6,817.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				<b>25a</b> 13	,709.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	13 <b>,</b> 709.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31		32					
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments			[	33	13,709.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	6,892.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 🗍	35a	6,892.
Direct deposit?	b	Routing number 1 2 1				Checking	Savings		
See instructions.	d	Account number 3 2 5	0 5 5 8	4 6 5 4	4   1				
	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 amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	/Payments or	see instructions			37	1
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes. C	omplete be	ow.	× No
	De nai	signee's		Phone no.			onal identifica oer (PIN)	ation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	hest (	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Your signature Date Your occupation If the								nt you an Identity
		Pro							IN, enter it here
Joint return?		SOFTWARE ENGINEER						st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.	HOME MAKER (see in								cuon Fin, enter it here
	Ph	one no. (510) 366-945	5	Email address		Y60GMAIL.CC	`		
		eparer's name	9 Preparer's signat		ASIIONCIERK		PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P020827	102	Self-employed
Preparer		n's name GLOBAL TAX		INTI DAGAR	GOLIA IALLAM	01/12/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATCI/ IN			1 1111 5	_11 1	Form <b>1040</b> (2023)
		in the instructions and the late	scanornation.		BAA	REV 01/08/24 PRO			1 0mm <b>1 0-to</b> (2023)

REV 01/08/24 PRO

SCHEDULE	1
(Form 1040)	

# **Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ASHOK KUMAR REDDY MANDLEM & MOUNIKA SUDIREDDY 742-98-6892 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -11,822. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: а Net operating loss 8a 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f 8q g 8h h i Prizes and awards 8i 8i i 8k L 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 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nongualifed deferred compensation plan or t

a nongovernmental section 457 plan 8t Wages earned while incarcerated . . . . . . . . . . . . . 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -11,822.

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

Schedule 1 (Form 1040) 2023

Part	Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				19a	
b	Recipient's SSN				
	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:		 • •		
		24a			
	Deductible expenses related to income reported on line 81 from the	2-10			
Ň		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals	210			
Ŭ	and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade	2-14			
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
	Contributions by certain chaplains to section 403(b) plans	24g	 	-	
	Attorney fees and court costs for actions involving certain unlawful	2 <b>7</b> 9		-	
		24h			
:		2411		-	
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			
:	Housing deduction from Form 2555	241 24j		-	
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j	 		
K		24k			
_		24K		-	
z	Other adjustments. List type and amount:	24z			
05				OF	
25	Total other adjustments. Add lines 24a through 24z		• •	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	1 (Form 1040) 2

	HEDULE E Supplemental Income and Loss								OMB No. 1545-0074			
(Form	1040)	(From	m re	ntal real estate, royalties, partners	hips, S	corpora	tions, es	states,	trusts, REMICs	, etc.)	20	23
	ent of the Treasury			Attach to Form 1040,							Attachm	nent
	Revenue Service			Go to www.irs.gov/ScheduleE fo	r instru	uctions a	nd the la	atest in				ce No. <b>13</b>
	shown on return										al security	number
_				IDLEM & MOUNIKA SUDIRE					7	742-9	8-6892	
Part				From Rental Real Estate an			• • •	incture	tione If you are	on indi	بنطبيما برميم	out forms
	rental inco	ome or	loss	e business of renting personal proper from <b>Form 4835</b> on page 2, line 40.	rty, use	Schedul	e C. See	instruc	ctions. If you are	an indiv	ndual, rep	ontiann
A D				ts in 2023 that would require you		Form(s)	1099? 5	See ins	structions		. 🗌 Ye	s 🛛 No
				u file required Form(s) 1099?								
1a				ch property (street, city, state, ZII								
Α				M VILLAGE KURNOOL DIS		,	RA PR		H TN 51840	5		
B	1 10, 1111		0101						<u>II IN 51040</u>	5		
C												
	Type of Prope	rtv	2	For each rental real estate prope	ortv list	ted		Fa	ir Rental	Person	al Use	
	(from list below			above, report the number of fair				''	Days	Da		QJV
Α	3	<u> </u>		personal use days. Check the Q			Α		365		0	
В				if you meet the requirements to the supplified is introduced to the supplicit to the suppli			В					
С				qualified joint venture. See instru	JCTIONS	<b>.</b>	С					
Туре	of Property:											
1 :	Single Family R	esider	nce	3 Vacation/Short-Term Ren	ntal	5 Lano	b		Self-Rental			
2	Multi-Family Re	siden	ice	4 Commercial		6 Roy	alties	8	Other (describ	e)		
									Properties			
Incom	e:						Α		В			С
3		1			3			64.				-
4	Royalties recei	ived.			4							
Expen												
5	Advertising .				5							
6				ructions)	6							
7	Cleaning and r	nainte	enar	ice	7		2,7	41.				
8	Commissions				8							
9	Insurance				9							
10				onal fees	10							
11	Management f	ees .			11		1,9	63.				
12				o banks, etc. (see instructions)	12							
13	Other interest				13							
14	Repairs				14			96.				
15					15		2,5	14.				
16					16							
17					17		2,3	72.				
18		xpens	se oi	depletion	18 19							
19 20	Other (list)			es 5 through 19	20		12,4	06				
	•			•	20		12,4	00.				
21				e 3 (rents) and/or 4 (royalties). If tructions to find out if you must								
					21		-11,8	22.				
22				state loss after limitation, if any,			, -					
				uctions)	22	(	11,82	22.)	(	)	(	)
23a			orted on line 3 for all rental prope			•	23a		, 664.		,	
b			-	orted on line 4 for all royalty prop				23b				
с	Total of all am	ounts	repo	orted on line 12 for all properties				23c				
d			-	orted on line 18 for all properties				23d				
е				orted on line 20 for all properties				23e	12,	486.		
24				mounts shown on line 21. <b>Do no</b> t						24		
25				es from line 21 and rental real estat						25	( 1	11,822.)
26				and royalty income or (loss).								
				IV, and line 40 on page 2 do no								11 000
			,	, line 5. Otherwise, include this a				ine 41	on page 2 . -11,822.	26		-11,822.
For Pa	perwork Reduct	ion Ac	ct No	tice, see the separate instructions		N.	PA		-ii,022.	Scl	hedule E (F	orm 1040) 2023

- - - - -