Form **8879**

(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

Socials security number 11.1 - 29 - 56 a Socials security number 11.1 - 29 - 56 a Socials a name Socials and security number 12.4 - 85 - 25 f Socials a name Socials security number 12.4 - 85 - 25 f 14.4 - 85 - 25 f 14	Submis	esion Identification Number (SID)				
Spouse's name Spouse's name Spouse's cold security number ANTIRITIPA BANDHAKAVI 144 - 85 - 251 18 144 - 85 - 251 18 144 - 85 - 251 18 18 18 18 18 18 18	Taxpaye	r's name	Social securi	ty numb	er	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Enter whole Gollars only on lines 1 through 5. Note: Form 1040-SS filters use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	VENK	TATA SUBBARAO POLURU	111-29	-0583	3	
Part II Tax Return Information — Tax Year Ending December 31, 2023 (Enter 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	Spouse's	name	Spouse's so	cial secu	rity numb	er
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	ANUR	UPA BANDHAKAVI	144-85	-251	6	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 1014 a. 2 9, 491. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 9, 163. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Amount you want refunded to you 2 Amount you want you want you want you you get and keep a copy of your return you knowledge and belief, it is true, correct, and complete. I hutter declare that the amounts in Part I above are the amounts from the income tax refund (riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (FRO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receiptor or reson for rejection of the resident into the IRS (a) an acknowledgement of receiptor or reson for rejection of the resident into the IRS (a) an acknowledgement of receiptor or reson for rejection of the resident into the IRS and to receive from the IRS (a) an acknowledgement of receiptor or reson for rejection of the resolution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization requests must be received no later than 2 business days prior to the payment, furnal contact the U.S. Treasury Financial Agent at 1-848-333-4357. Payment cancellation requests must be received no later than 2 business days prior to the payment (estitlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of the payment furnal payment, mus	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	are au	thorizing	g.)
Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution to debit institution and surprised Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution is debit and institution and country for two texts or receive confidential information necessary to answer inquiries and resolve issues related to the payment. If further acknowledge that the representation represents the surprised to the sext of the man and the processing of the electronic 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 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) is an now authorizing. I consent to allow my intermediate service provider, trasmritter, or the mount from the income tax return (original or amended) are more understanced. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account interiors the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into institution and the entry to this account. This authorization into the part of the text 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. I authorize GLOBAL TAXES LLC to enter or generate my PIN to enter the eligits, but dent enter all zeros	Enter v	hole dollars only on lines 1 through 5.				
2	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
A Amount you want refunded to you B Amount you want refunded to you A A Amount you want refunded to you B Amount you want refunded to you return to get and keep a copy of your return or fellon, and to receive manual to the best of my knowledge and belief, it is true, correct, and complete. If urther 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 all only my intermediate service provider, transmitter, or electronic return original or mended by any refunding the payment of respective or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the List. Steasury and its designated Financial Agent to the reservant of the transmission, (b) the reason for rejection of the transmission, (b) the reason for rejection of the transmission, (b) the reason for rejection or the ERS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection or the transmission, (b) the reason for rejection or the transmission, (b) the reason for rejection or the transmission, (b) the reason for rejection or the income tax return (primal institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary because the submission of the electronic institution to debit the entry to this account. If the payment is the	1	Adjusted gross income		1	11	4,624.
Amount you want refunded to you 5 Amount you owe 7 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 7 Amount you want refunded to your return) 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjun; 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, and to the best of my refund. If applicable, I authorize the U.S. Treasury and its designated financial Agent to intain an ACH electronic funds withdrawal (lider debt) enty to the financial institution account indication in the tax preparation software for any delay in processing the return or refund, and (g) the date of any refund. If applicable, I authorize the U.S. Treasury financial institution account indication software for any delay in processing the return or refund, and (g) the date of any refund. If applicable, I authorize the U.S. Treasury financial institution account indication software for any 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received not later than 2 business days prior to the payment (grancial agent in a fundament of the payment (grancial agent in a fundament of the financial institutions involved in the processing of the electronic payment of traces of the payment (grancial agent in a fundament of the payment (grancial agent in a fundament of the payment (grancial agent in a fundament of the payme	2	Total tax		2		9,491.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		9,163.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I cleate that I have examined a copy of the income tax return (original or amendad) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal personal) in the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the INS of the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the INS of the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the INS of the IT is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the INS of the IT is true to the IT is true. Further amounts IP Part I above are the amounts of the IT is true and the IT is true to the IT is true the IT is	4	Amount you want refunded to you		4		
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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. Your signature Date	return (or to send for any Agent to payment authorize payment business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate tt, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requisions of a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the particular information necessary to answer inquiries and resolve issues related to the particular indication number (PIN) below is my signature for the income tax return (original or amended) I are	tter, or electriction of the ties. Treasury a cated in the tien to debit the authorizates must be processing of ayment. I fur	onic ret ransmis and its c ax prep e entry t ation. T e receive f the elector	turn origingsion, (b) designated paration so to this according for revoke wed no lactronic planting when the property of the p	ator (ERO) the reason d Financial oftware for count. This (cancel) a tter than 2 payment of ge that the
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. Your signature Date			Γ.	Т.Т.		1
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 ▶ □ Date ▶ Spouse's PIN: check one box only □ I authorize GLOBAL TAXES LLC to enter or generate my PIN		•	nv PIN	0 5	5 8 3	as mv
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 ▶		ERO firm name	ř Er			
Spouse's PIN: check one box only Authorize GLOBAL TAXES LLC Ito enter or generate my PIN Ito enter five digits, but don't enter all zeros		if you are entering your own PIN and your return is filed using the Practitioner PIN meth				
Spouse's signature Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros	Your si	gnature ▶ Date ▶				
Spouse's signature Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Don't enter all zeros	Spalls	o'a DINi abaak ana bay aniy				
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. 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 ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate 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 nif you are entering your own PIN and your return is filed using the Practitioner PIN meth	Er do ow authoriz	iter five on't ente	digits, but r all zeros neck this	box only
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. 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 ▶	Spouse					
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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		Practitioner PIN Method Returns Only—continue below				
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	Part I	Certification and Authentication — Practitioner PIN Method Only				
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2				7 1
	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm	itting this ret	urn in a	accordanc	
	EDO'a	cianaturo N				
	LNU S	ERO Must Retain This Form — See Instructions				

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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan	. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	parate instructions.
Your first name	and m	niddle initial	Last na	ıme					Your so	cial security number
VENKATA	SIIR	BARAO	POLU	IRII					111	29 0583
		's first name and middle initial	Last na							s social security number
ANURUPA			BANI	HAKAVI					144	85 2516
	(numb	er and street). If you have a P.O. box, see					Apt. no.			ntial Election Campaig
3201 ORI	OLE	WAY					7		Check h	ere if you, or your
		fice. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP code			if filing jointly, want \$3
BLOOMING	TON	Í			II	_	61704		•	this fund. Checking a ow will not change
Foreign country	/ name	,		Foreign province/state/	coun	ty	Foreign postal of			or refund.
										You Spouse
Filing Status	; [Single	'			Head of ho	ousehold (HO	— Н)		
Check only		Married filing jointly (even if only or	ne had	income)						
one box.		☐ Married filing separately (MFS)				☐ Qualifying	surviving spo	use (0	QSS)	
	lf :	you checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	or QSS box,	enter	the chil	d's name if the
	qι	ualifying person is a child but not you	ır deper	ndent:						
Digital	Δta	ny time during 2023, did you: (a) rece	aiva (as	a reward award or	navr	ment for proper	ty or services	s). or (h) sell	
Digital Assets		hange, or otherwise dispose of a digi	,				•	,.	,	☐ Yes ☒ No
Standard		neone can claim: You as a de		<u></u>			, (,	
Deduction	_	Spouse itemizes on a separate return	•	•		•				
									1050	
		: Were born before January 2, 1	959 [Are blind Spo	ouse	: U Was bori	n before Janu			☐ Is blind
Dependents	•	•		(2) Social security number	/	(3) Relationshi	P I.	tne bo tax cre		fies for (see instructions) Credit for other dependent
If more	<u>``</u>	(1) First name Last name		1 11	7		Cilia		out !	
than four dependents,	AMC	OGH SRIKAR POLURU		938-99-268	/	Son		<u> </u>		X
see instructions	s —							<u> </u>		
and check here										
-	10	Total amount from Form(a) W 2 h	ov 1 (oc	o instructions)				<u> Ш</u>	10	135,755.
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	,	•					1a 1b	133,733.
Attach Form(s)	C	Tip income not reported on line 1a	•	` '					1c	
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•	•					1d	
W-2G and	e	Taxable dependent care benefits f		` ,	113111				1e	
1099-R if tax was withheld.	f	Employer-provided adoption bene		·					1f	
If you did not	g	Wages from Form 8919, line 6.			•				1g	
get a Form	h	Other earned income (see instructi							1h	0.
W-2, see instructions.	i.	Nontaxable combat pay election (s	,	ructions)		1i	1			1
	Z	Add lines 1a through 1h							1z	135,755.
Attach Sch. B	 2a	·	2a	j	ь Т	axable interest			2b	
if required.	3a		3a			Ordinary divider			3b	
	4a	·	4a			axable amount			4b	
Standard	5a	Pensions and annuities	5a		b T	axable amount			5b	
Deduction for— Single or	6a	Social security benefits	6a			axable amount			6b	
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here				. \square		
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired	, check here		. 🗆	7	
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					8	-21,131.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,							9	114,624.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					10	
Head of household,	11	Subtract line 10 from line 9. This is	s your a	djusted gross incor	me				11	114,624.
\$20,800 If you checked to	12	Standard deduction or itemized	deduct	ions (from Schedule	A)				12	27,700.
any box under	13	Qualified business income deducti	ion fron	n Form 8995 or Form	1 899	05-A			13	
Standard Deduction,	14	Add lines 12 and 13							14	27,700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or les	e enter -0- This is v	our :	tavahla incom	_		15	86 924

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	9,991.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17						18	9,991.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, lin	-					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,491.
	23	Other taxes, including self-e	•					23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,491.
Payments	25	Federal income tax withheld							•
. ayınıcınıc	а	Form(s) W-2				25a 9	,163.		
	b	Form(s) 1099				25b	-		
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•					25d	9,163.
If you have a	26	2023 estimated tax payment						26	-
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit	from Form 8863	3, 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	indable credits		32	
	33	Add lines 25d, 26, and 32. T	-	=	=			33	9,163.
Refund	34	If line 33 is more than line 24						34	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, chec	ck here	. 🗆 1	35a	
Direct deposit?	b	Routing number X X X	X X X X	XX	c Type:	Checking S	Savings		
See instructions.	d	Account number X X X	X X X X	X X X Z	X X X X	XX			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	//Payments or	see instructions .			37	328.
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another	•						
Designee		structions					•		⊠ No
	De nai	signee's me		Phone no.			nal identifi er (PIN)	cation	
Sign	Un	der penalties of perjury, I declare the	nat I have examined	d this return and	accompanying sche	dules and statements	s, and to th	e best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (other	r than taxpayer) is ba	sed on all informatio	n of which	prepar	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation				nt you an Identity
							Proted (see in		IN, enter it here
Joint return? See instructions.				5.	SOFTWARE I		`		
Keep a copy for	Sp	ouse's signature. If a joint return, t	ootn must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.					SOFTWARE E	ENGINEER	(see ir	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Ph	one no. (309)825-335	4	Email address	SUBBU.POLU	RU@GMAIL.VO	M .		
Doid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	04/11/2024	P02082	703	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC						678)965-9522
Use Only	Fire	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

VENKATA SUBBARAO POLURU & ANURUPA BANDHAKAVI

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

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

	Sequence No. 01
Your soc	ial security number
111 20	000

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ch Schedule E .	5	-21,131.
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 ()	
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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-21,131.

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

Par	t II 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	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	,	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	Contributions to section 501(c)(18)(D) pension plans	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				
	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	e. Enter	here and on	26	
	·				

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.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

OMB No. 1545-0074

VENE	KATA SUBBARAO POLURU & ANURUPA BANDHAKA	VI					111	-29-0583	3		
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	nd Ro rty, use	yalties Schedule	e C. See	instru	ctions. If you a	ıre an i	ndividual, rep	oort farm		
Α	Did you make any payments in 2023 that would require you)	
	f "Yes," did you or will you file required Form(s) 1099? .								es 🗌 No		
1a	Physical address of each property (street, city, state, ZI										
Α	FLAT# 203, VERTEX PRIDE APT NIZAMPET RO	I DAC	HYDERAE	BAD,TI	ELAN	AGANA IN	5000	090			
В											
С											
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair	rental	and		Fa	ir Rental Days		sonal Use Days	, G1A		
Α	personal use days. Check the Q			Α		365		0			
В	if you meet the requirements to qualified joint venture. See instru			В							
С	quainieu joint venture. See iristit	JOHOH	5.	С							
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (descr					
				_		Properti	es:				
Incon				A 7	10.	В			С		
3 4	Rents received	3		/	10.						
Expe	Royalties received	4									
⊑xpei 5	Advertising	5									
6	Auto and travel (see instructions)	6		3	20.						
7	Cleaning and maintenance	7		1,8							
8	Commissions	8		1,0	70.						
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,4	60						
12	Mortgage interest paid to banks, etc. (see instructions)	12			00.						
13	Other interest	13									
14	Repairs	14		4,9	66.						
15	Supplies	15		5,2							
16	Taxes	16								_	
17	Utilities	17		4,5	00.						
18	Depreciation expense or depletion	18		3,4							
19	Other (list)	19									
20	Total expenses. Add lines 5 through 19	20		21,8	41.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-21,1	31.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		21,13		()(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		710	١.			
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b						
С	Total of all amounts reported on line 12 for all properties				23c						
d	Total of all amounts reported on line 18 for all properties				23d	3	,455				
е	Total of all amounts reported on line 20 for all properties				23e	21	,841				
24	Income. Add positive amounts shown on line 21. Do no	t inclu	de any lo	sses			. 2	4			
25	Losses. Add royalty losses from line 21 and rental real estat	te loss	es from lin	ne 22. Ei	nter to	tal losses her	e 2	25 (21,131.	.)	
26	Total rental real estate and royalty income or (loss).										
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this a							26	-21,131	1.	

SCHEDULE 8812 (Form 1040)

Credits for Qualifying Children and Other Dependents

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

OMB No. 1545-0074

Attachment Sequence No. 47

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Your social security number VENKATA SUBBARAO POLURU & ANURUPA BANDHAKAVI 111-29-0583

Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	114,624.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555		
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	114,624.
4	Number of qualifying children under age 17 with the required social security number 4 0		
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident		
	alien. Also, do not include anyone you included on line 4.		
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 \(\)	9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	500.
	☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit.		
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	13	9,991.
14	Enter the smaller of line 12 or line 13. This is your child tax credit and credit for other dependents	14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the additional cl		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR thr	ough	line 27
	(also complete Schedule 3, line 11) before completing Part II-A		

(also complete Schedule 3, line 11) before completing Part II-A.

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	e 27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result $\dots \dots \dots \dots \dots \dots \dots \dots \dots \dots$	20	
	Next. On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	_	
24	1040 and		
	1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
Dort	Next, enter the smaller of line 17 or line 26 on line 27. II-C Additional Child Tax Credit		
		27	
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	21	

(Rev. November 2023)

Department of the Treasury Internal Revenue Service

Taxpayer name(s) shown on return

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074 For tax year 20 23 Attachment

Sequence No. 70

Taxpayer identification number

VENE	KATA SUBBARAO POLURU & ANURUPA BANDHAKAVI	111-29-058	3		
Prepare	r's name	Preparer tax identifica	tion numl	oer	
SYAN	M PRIYA RAM SAGAR GUPTA	P02082703			
Part	Due Diligence Requirements				
	check the appropriate box for the credit(s) and/or HOH filing status claimed on the retubenefit(s) claimed (check all that apply).		the rel		arts I–V HOH
1	Did you complete the return based on information for the applicable tax year provided by	by the taxpayer	Yes	No	N/A
	or reasonably obtained by you?		×		
2	If credits are claimed on the return, did you complete the applicable EIC and/or C worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedi 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions worksheet(s) that provides the same information, and all related forms and schedules claimed?	ule 8812 (Form s, or your own	×		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you meet the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.				
	• Review information to determine that the taxpayer is eligible to claim the credit(s) and status and to figure the amount(s) of any credit(s)		X		
4	Did any information provided by the taxpayer or a third party for use in preparing information reasonably known to you, appear to be incorrect, incomplete, or inconsist answer questions 4a and 4b. If " No ," go to question 5.)	tent? (If " Yes ,"		×	
а	Did you make reasonable inquiries to determine the correct, complete, and consistent inf	ormation? .			
b	Did you contemporaneously document your inquiries? (Documentation should include you asked, whom you asked, when you asked, the information that was provided, and information had on your preparation of the return.)	the impact the			
5	Did you satisfy the record retention requirement? To meet the record retention requirement keep a copy of your documentation referenced in question 4b, a copy of this Form 8867 applicable worksheet(s), a record of how, when, and from whom the information used to 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) p taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing sta	nent, you must , a copy of any o prepare Form rovided by the			
	the amount(s) of the credit(s) $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$		×		
	List those documents provided by the taxpayer, if any, that you relied on:				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate e	ligibility for the			
U	credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return is selected for audit?	eturn if his/her	×		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous		X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	•			
а	Did you complete the required recertification Form 8862?				
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a				
	correct Schedule C (Form 1040)?				

orm 88	367 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	Yes	No	N/A
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
С	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			
Part	Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not or ODC, go to Part IV.)	claim C	CTC, A	CTC,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	Yes	No	N/A
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			∖ Part \	//
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu tuition and related expenses for the claimed AOTC?	alified	Yes	No
Part	V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s an to	∟ <u> </u>	VI)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax and provided more than half of the cost of keeping up a home for the year for a qualifying person?		Yes	No
Part				
·	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(status and to figure the amount(s) of the credit(s);	nses on s) and/o	the retor HOH	urn or filing
	 B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checkled credit(s) claimed and HOH filing status, if claimed; 	list for a	ıny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	r's eligib	ility for	the
	A record of how, when, and from whom the information used to prepare this form and the applica obtained.	ble wor	ksheet(s) was
	A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount	payer's ınt(s) of	respon the cre	ses, to dit(s).
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	:h failur).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct complete?	t, and	Yes	No
	,	Form 88		11-2023

or for fiscal year ending	/	'
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Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A			
ANU 320 BLO	L-29-0583 1979 144-85-2516 1984 KKATA SUBBARAO POLURU JRUPA BANDHAKAVI O ONIOLE WAY 7 DOMINGTON IL 61704 MCLEAN SUBBU. POLURU@GMAIL. VOM ling status: Single Married filing jointly Married filing separately Widowed Head of line of the ck If someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You		
	neck the box if this applies to you during 2023: Nonresident - Attach Sch. NR Part-year resident -	-	ob ND
			ole dollars only)
1 2 3 4	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11. Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. Other additions. Attach Schedule M. Total income. Add Lines 1 through 3.	1 2 3 4	114,624.00 .00 .00 114,624.00
5	Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. Other subtractions. Attach Schedule M. Add Lines 5, 6, and 7. This is the total of your subtractions. Illinois base income. Subtract Line 8 from Line 4.		.00 114,624.00
66 St	ep 4: Exemptions - See instructions for income limitations		
Staple W-2 and 1099 forms here	a Enter the exemption amount for yourself and your spouse. See instructions. b Check if 65 or older: You + Spouse # of checkboxes X \$1,000 = b c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = c d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1.	.00 .00 .00 .00	7,275.00
is St	ep 5: Net Income and Tax		
11 12 13 13	Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR. Recapture of investment tax credits. Attach Schedule 4255.	NR.11 12 13 14	107,349.00 5,314.00 .00 5,314.00
% St	ep 6: Tax After Nonrefundable Credits		
check and IL-1 16 17 18 19	Income tax paid to another state while an Illinois resident. Attach Schedule CR. Property tax, K-12 education expense, and volunteer emergency worker credit amount from Schedule ICR. Attach Schedule ICR. Credit amount from Schedule 1299-C. Attach Schedule 1299-C. Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	.00 .00 .00 18 19	0.00 5,314.00
	Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	20 21 22 23	.00 0.00 .00 5,314.00

IL-1040 Front (R-12/23) Printed by authority of the state of Illinois. Electronic only, one copy.





							5 044
	al tax from Page 1, Line 23					24	5,314.00
Step 8:	Payments and Refunda	able Credit					
	is Income Tax withheld. Att				25 4	,858 _{.00}	
	nated payments from Form						
inclu	.00						
	s-through withholding. Attac				27		
	s-through entity tax credit. A				28	.00	
	ed Income Credit from Scho				. 29	.00	4 050
30 Tota	l payments and refundab	le credit. Add Lines	25 through	29.		30	4,858.00
Step 9:	Total						
31 If Lin	e 30 is greater than Line 24,	subtract Line 24 from	m Line 30.			31	.00
32 If Lin	e 24 is greater than Line 30,	subtract Line 30 fro	m Line 24.			32	456.00
Step 10	: Underpayment of Est	imated Tax Pena	alty and Do	nations			
	-payment penalty for under		•		33	.00	
	Check if at least two-thirds			s from farming.			
	Check if you or your spou			•	g home.		
_	Check if your income was		-	-	-	on Form IL-221	0.
_	Attach Form IL-2210.	·		•	•		
d □	Check if you were not req	uired to file an Illino	is Individual	Income Tax return in	the previous tax	year.	
	ntary charitable donations.				34	.00	
35 Tota	I penalty and donations.	Add Lines 33 and 3	4.			35	.00
Step 11	: Refund or Amount yo	ou owe					
-	u have an amount on Line 3		is greater th	an Line 35. subtract	Line 35 from Line	31.	
-	is your overpayment .	o . aa a	9	a <u>-</u>		36	.00
	unt from Line 36 you want r	efunded to vou. Cl	neck one bo	x on Line 38. See inst	ructions.	37	
	pose to receive my refund b	-					
	direct deposit - Complete	•	low if you ch	ack this hov			
a <u>_</u>			low ii you ci	IECK IIIIS DOX.			
	You may also contribute to college savings funds	Routing number			Checkir	ng or Savin	ıgs
	here. See instructions!	Account number					
	_						
	paper check.						
39 Amo	unt to be credited forward.	Subtract Line 37 fro	om Line 36.	See instructions.		39	.00
40 If yo	u have an amount on Lin	e 32 , add Lines 32	and 35. If yo	ou have an amount o	on Line 31, and the	nis amount	
is les	ss than Line 35, subtract Lir	ne 31 from Line 35.	If Lines 31	and 32 are blank (ze	ero), enter the am	ount	
from	Line 35. This is the amour	nt you owe. See ins	structions.			40	456.00
Stop 12). Haalth Ingurange Ch	aakhay and Sigr	oturo				
	2: Health Insurance Ch	•		IDOD	:		
	Check this box and include agencies in order to determ						
	agenoies in order to determ	inic your enginity is	oi ricaitii iiis	dianec penents. Occ	mandonona ioi m	ore information	1.
Signatu	ire - Note: If this is a joint ref	turn, both you and ve	our spouse m	nust sign below.			
	enalties of perjury, I state t				ny knowledge, it	is true, correct	, and complete.
				·	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
Sign	Your signature	Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)	Daytime phone	number
Here						(309) 825	5-3354
	Print/Type paid preparer's nan	ne	Paid prepare	r's signature	Date (mm/dd/yyyy)	<u> </u>	Paid Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAR			A RAM SAGAR GUPTA	04/11/2024		P02082703
Preparer			NITH TRAIL	I KAN DAGAK GUFTA			
Use Only	Firm's name GLOBA	L TAXES LLC			Firm's FEIN	84317196	
			BRUNSWIC	KNJ 08816	Firm's phone	(678) 965	-9522
Third	Designee's name (please prin	it)		Designee's phone nun	nber	_	e Department may
Party				()			turn with the third
Designee				<u> </u>			e shown in this step.
	Refer to the 20	23 IL-1040 Ins	struction	s for the addre	ss to mail yo	our return.	

IL-1040 Back (R-12/23) DR______ AP____ RR DC IR ID ID: 3WM REV 02/14/24 PRO





Illinois Department of Revenue

2023 Schedule IL-E/EIC Illinois Exemption and Earned Income Tax Credit

Attach to your Form IL-1040

IL Attachment No. 30

Read this information first

Complete this schedule only if you are claiming

- · dependents (Step 2) or
- the Illinois Earned Income Tax Credit (EITC) (Step 3).

New for 2023! Taxpayers who did not qualify for the federal EITC or qualified for a smaller amount, but did meet federal income guidelines, now qualify for the Illinois EITC if the taxpayer is filing

- with an Individual Taxpayer Identification Number (ITIN), or
- without a qualifying child and is at least age 18 or older (including taxpayers over ages 65).

The Illinois Expanded EITC Worksheet on Page 3 was added to determine the federal EITC calculation on which the Illinois EITC amount is figured.

Note: The total amount of Illinois EITC may exceed the amount of tax.

Attach: If claiming the Illinois EITC, you must attach a copy of pages 1 and 2 of your federal Form 1040 or 1040-SR to this schedule.

Warning: If you fraudulently claim the EITC, you may not be allowed to claim the credit for up to ten years. You also may have to pay penalties.

Step 1: Provide the following information

V POLURU & A BANDHAKAVI	1_	1_	1	_2_	_ 9	_ 0	_ 5	8	_3
Your name as shown on your Form IL-1040	Your So	cial Secu	urity num	ber					

Illinois Dependent Exemption Allowance Step 2: Dependent information

Complete the table for each person you are claiming as a dependent. **Note:** If you are claiming more than ten dependents, complete and attach additional Dependent information tables.

Depende nai	ent's first me	Dependent's last name	Social Security number or Individual Taxpayer Identification number	Dependent's relationship to you	Dependent's date of birth (mm/dd/yyyy)	Full time student	Person with disability	Number of months living with you	Eligible for Earned Income Credit
AMOGH	SRIKAR	POLURU	938-99-2687	Son	02/12/2010			12	

1 Multiply the total number of dependents you are claiming by \$2,4251 X \$2,425.		
Enter the result here and on Form IL-1040, Line 10d.	1	2,425.00

Continue to Page 2 to calculate Illinois Earned Income Tax Credit







Child's date of

Number

Illinois Earned Income Tax Credit

Complete this section **only** if you qualify for the Illinois EITC. **New for 2023**, even if you did not qualify for the federal EITC, you may be able to qualify for the Illinois EITC. See instructions to find out if you qualify. **Note:** You must complete the table in Step 3 **only** if you are claiming a qualifying child not included in Step 2. **Attach:** a copy of federal Form 1040 or 1040-SR, Pages 1 and 2.

Child's

Remember: Intentionally submitting false information is a crime under Section 1301 of the Illinois Income Tax Act.

Step 3: Qualifying Child Information

Complete the table for qualifying children that are **not** included in Step 2.

		Child's first name	Child's last name	number or Individual Taxpayer Identification number	relationship to you	birth (mm/dd/yyyy)	time student	with disability	living with you	
1	Ente	er your wages, salarie	es and tips from your feder	al Form 1040 or 104	0-SR, Line 1z.		1			.00
2		•	come or (loss) from your							
	If yo	ou report an amou	nt on Line 2, you must	answer the quest	ion in Line 2a l	oelow.	2			.00
28	a Doe	s your occupation re	quire a city, state, or cour	nty issued profession	al license, registi	ration, or certificat	ion? 2a	Yes	No [
3	-	• •	23 federal return as marri separately, enter your fed		• •					
		•	eral Form 1040 or 1040-	, ,	111001110 (7101) 11	om your	3			.00
3a	a If yo	ou entered an amou	ınt on Line 3, enter your	spouse's Social Se	ecurity number f	rom your				
	mar	ried filing jointly fed	eral return.				3a			
4	Is th	e statutory employee	box marked on your W-2	, Wage and Tax State	ement, Box 13?		4	Yes	No 🗆]
Si	tep	4: Figure yo	our Illinois EIT	С						
5	-	•	leral EITC, go to Line 6.	•	•	•	ıalify			
			eck this box and comple	·		ksheet on	_			
_	_		ng to Line 6. See instruc	•		1010.00	5	Ш		
6			leral Earned Income Tax from the Illinois Expand	•		0 or 1040-SR,	6			.00
7			Line 6 by 20% (0.2).	ed EITO Worksnee	t, Lille 25.		7			.00
		ois residents: Ent	, ,				-			
Ü			t-year residents: Ente	r the decimal from S	Schedule NR. Li	ne 48.	8	•		
9		•	ecimal on Line 8. This i				3			
•			and on your Form IL-10	-	•		9			.00
			•	•						



Illinois Expanded EITC Worksheet - Complete only if you checked the box on Step 4, Line 5.

Part 1 Your Earned Income - See instructions.

- 1 Enter the amount from federal Form 1040 or 1040-SR, Line 1z.
- 2 Enter the amount from Line 1 that is from medicaid waiver payments that you don't choose to include in earned income (federal Form 1040 or 1040-SR, Line 1d).
- 3 Subtract Line 2 from Line 1 and enter the result.
- 4 Enter all of your nontaxable combat pay from federal Form 1040 or 1040-SR, Line 1i, if you elect to include it in earned income.
- **5** Add Lines 3 and 4 and enter the result. If you were not self-employed and did not have to file federal Schedule SE, go to Line 15. Otherwise, continue to Line 6.
- 6 Enter the amount from federal Schedule SE, Part I, Line 3.
- 7 Enter the amount from federal Schedule SE, Part I, Line 4b and Line 5a.
- 8 Add Lines 6 and 7 and enter the result.
- 9 Enter the amount from federal Schedule SE, Part I, Line 13.
- 10 Subtract Line 9 from Line 8 and enter the result.
- **11** Enter any net farm profit or (loss) from federal Schedule F, Line 34; and from farm partnerships, federal Schedule K-1 (federal Form 1065), Box 14, Code A.
- **12** Enter any net profit or (loss) from federal Schedule C, Line 31; and federal Schedule K-1 (federal Form 1065), Box 14, Code A (other than farming).
- 13 Enter the amount from federal Schedule C, Line 1, that you are filing as a statutory employee.
- **14** Add Lines 10, 11, 12, and 13 and enter the total.
- **15** Add Lines 5 and 14 and enter the total. If Line 14 is blank, enter the amount from Line 5. If the total is zero or negative, enter "0" zero.
- **16** Is the amount on Line 15 equal to or less than the amount in Table 1 (below) for your filing status and number of qualifying children?

If yes, continue to Part 2. If No, STOP; you do not qualify for the Illinois EITC.

Table 1 Federal EITC Income Limits

Qualifying Children Claimed	Filing as Single, Head of Household, or Widowed	Filing as Married Filing Jointly
Zero	\$17,640	\$24,210
One	\$46,560	\$53,120
Two	\$52,918	\$59,478
Three	\$56,838	\$63,398

Part 2 Your Federal EITC Calculation

- 17 Enter your total earned income from Part 1, Line 15.
- 18 Look up the amount on Line 17 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit amount. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 19 Enter the amount from federal Form 1040 or 1040-SR, Line 11 (AGI).
- 20 Are the amounts on Lines 17 and 19 the same?
 - If Yes, skip Lines 21 and 22, and enter the amount from Line 18 on Line 23. If No, go to Line 21.
- 21 If you have:
 - No qualifying children, is the amount on Line 19 less than \$9,800 (\$16,370 if married filing jointly)?
 - 1 or more qualifying children, is the amount on Line 19 less than \$21,560 (\$28,120 if married filing jointly)?
- 22 If Line 21 is Yes, leave Line 22 blank and enter the amount from Line 18 on Line 23. If Line 21 is No, look up the amount on Line 19 in the federal Form 1040 Instructions for Line 27, EIC Table, to find the credit. Be sure you use the correct column for your filing status and the correct number of qualifying children. Enter the credit amount here.
- 23 If you have an amount on Line 22, compare the amounts on Lines 18 and 22, and enter the smaller amount. This is your federal EITC calculation. Enter this amount on Page 2, Step 4, Line 6.

•	1	
•	2	
•	4	
	5	
•	7	
	8	
♦	9	
♦	11	
♦	12	
•	13	
	14	
S	15	

♦ 1	7		

16 Yes

♦ 18 _		

20	Yes	П	No	

19_

21	Yes	Nο	

\$ 22	

•	•	23	





Illinois Department of Revenue

2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	В
1099-MISC	М	1099-K	K
1099-OID	0	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	NKATA SUBBAR			1 1 3	1	<u> 2 9 _ 0</u>	5	8 3				
Υοι	ır name as shown	on Form IL-1040		Your Social Se	Your Social Security number							
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross is, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gross ns, Compensation, etc	i III	Column E linois Income Tax Withheld				
1	W	26-1624496 000	_ \$	48,781 <u>•00</u>	\$	48,781 .00	\$	2,415 .0	0			
2			_ \$	•00	\$	•00	\$	•00	0			
3			_ \$	•00	\$	•00	\$	•00	<u>)</u>			
4			_ \$	•00	\$	•00	\$	• <u>0(</u>	<u>)</u>			
5			_ \$	•00	\$	<u>•00</u>	\$	•00	<u>)</u>			
Ste ing	•	spouse's withholding re	cords (inc				nois	withhold-				
	URUPA BANDHAI	KAVI as shown on Form IL-1040		1 4 4 Vour apouso's	4	8 5 _ 2 rity number	5	1 6	_			
TOL	ir spouse's name a	as shown on Form ic-1040		four spouse's v	Social Secul	ity number						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wa	Column C ges, Winnings, Gross s, Compensation, etc.	Illinois Wa	Column D ges, Winnings, Gross ns, Compensation, etc	i III	Column E linois Income Fax Withheld				

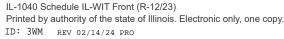
6	W	77-0476629	\$ 7,600 .00	\$_	7,600 .00	\$ 376 .00
7	W	46-1318097	\$ 41,760 <u>•00</u>	\$_	41,760 <u>•00</u>	\$ 2,067 .00
8			\$ •00	\$_	•00	\$ •00
9			\$ •00	\$_	•00	\$ •00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

11 \$ 4,858_{•00}







Illinois Department of Revenue

					_								_							L
Submission ID																				

8	}			less it is requested for review.)
Step	1: Provide taxpayer informatio	n		
	VENKATA SUBBARAO ANURUPA			
Print	First name and middle initial Spouse's first 3201 ORIOLE WAY 7	name (and last name if differen	ent) Last name	,
OI	Mailing address			
type	BLOOMINGTON	IL	61704	(309) 825-3354
	City	State	ZIP	Daytime phone number
Step	2: Complete information from	tax return	Choose one: 🗙	IL-1040 IL-1040-X
•	Net income from Form IL-1040 or IL-1		<u> </u>	1107,349 00
	ax from Form IL-1040 or IL-1040-X, I	•		2 5,314 00
3	llinois Income Tax withheld from Forn	n IL-1040 or IL-1040-X,	Line 25 only (enter "0" if	none) 3 4,858 00
	Overpayment from Form IL-1040, Line			4
	otal amount due from Form IL-1040,			5 <u>456</u> 1 <u>00</u>
6 F	iling status: Single 🗶 Married	filing jointly Marrie	ed filing separately W	idowed Head of household
within 7 F 8 A 9 T 10 E		d by international funds. Savings ly withdrawn:/_/		.g., debit, deposit) with financial institutions locate ot be accepted and refunds will be via paper checl — ——
12 N	lame on account:			
Step	4: Taxpayer declaration and sig	nature (Sign only af	ter completing Step 2	and, if applicable, Step 3.)
	correct. If I have filed a joint return, I authorize the Illinois Department withdrawal as designated in the elec	this is an irrevocable a of Revenue (IDOR) and ctronic portion of my 202 processing of an electr	ppointment of the other sp its designated financial a 3 Illinois Original or Amen onic overpayment of taxe	lare the information on Lines 7 through 9 is couse as an agent to receive the refund. gent to initiate an ACH electronic funds ded Individual Income Tax return. I authorize the sto receive confidential information
×	I do not want direct deposit of my r	efund, or an electronic t	unds withdrawal (direct de	ebit) of my balance due.
return and a	originator (ERO) are identical. To the baccompanying information may be sent accepted or rejected. If rejected, I authorized	pest of my knowledge, m to IDOR by my ERO. I au	y return is true, correct, and uthorize IDOR to inform my	and the information I provided to my electronic I complete. I consent that my return, this declaration ERO and/or the transmitter when my return has ay be corrected and retransmitted if possible.
	Your signature	Date	Spouse's signature	(if joint return, both must sign) Date
l decl inforn	nation. I have followed all requiremen yer's return and accompanying inforr	er's electronic Form IL-1 its of this program and c	040 or IL-1040-X, the info declare, under penalties of and complete. 04/11/2024	signature ormation on this Form IL-8453, and accompanying f perjury, that to the best of my knowledge the Check if paid preparer: (See instructions.)
	ERO's signature		Date	
ERO	GLOBAL TAXES LLC Firm's name or your name if self-employed			$\frac{P}{Y_{OUT}} \frac{0}{PTIN} \frac{2}{Q} \frac{0}{N} \frac{8}{N} \frac{2}{N} \frac{7}{N} \frac{0}{N} \frac{3}{N}$
use	245 ROONEY CT			
only	Mailing address			8 4 - 3 1 7 1 9 6 5 Federal employer identification number (FEIN)
	E BRUNSWICK	NJ	08816	(678) 965-9522
	City	State	7IP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

