Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

T.....

тахрау	er siname	Social security number			
SRI	SHTI PRAMOD AVALAKKI	841-62-4424			
Spouse	's name	Spouse's social security number			
_					
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> 58,372.			
2	Total tax	<b>2</b> 5,123.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 11,033.			
4	Amount you want refunded to you	<b>4</b> 5,910.			
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 periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

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

X	l authorize	GLOBAL TAXES LL	to enter or generate my PIN
17 1	i uuunonzo	0200112 1111120 22	

	2	4	4	2	4		
Enter five digits, but don't enter all zeros							

my

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

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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 Metho	d Returns Only—continue below
Part III Certification and Authentication – Practit	ioner PIN Method Only
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your fi	ve-digit self-selected PIN. 2 2 2 4 9 6 0 8 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 🕨	
E Don't Su			
For Deperturely Deduction Act Nation and	vour tox roturn instructions	 DEV/ 01/27/24 DBO	Form 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/27/24 PRO

<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 Only	/—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, enc	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SRISHTI			PRA	MOD AV	/ALAKKI					841	62	4424
-	pouse's	s first name and middle initial	Last r							-		security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Ele	ection Campaigr
45 RIVER	R DR	IVE						2	2814		,	ou, or your
City, town, or p	City, town, or post office. If you have a foreign address, also complete			spaces be	low.	Sta	ate	ZIP c	ode		0	jointly, want \$3 nd. Checking a
JERSEY C	CITY					NJ	J	073	10			not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	gn postal code	your tax	k or refu	ind.
											Yo	ou 🔄 Spouse
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	l income)			_					
one box.		] Married filing separately (MFS)					, ,		ing spouse/	,		
		you checked the MFS box, enter the			pouse. If you	u 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	ment for prope	rty or	services); or	(b) sell,		
Assets		hange, or otherwise dispose of a digi									<b>Y</b>	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	ı					
Age/Blindness	s You	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents					Social security		(3) Relationsh	14	,			(see instructions):
If more		First name Last name		(2)				Child tax o	redit	Credit fo	or other dependents	
than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	72,388.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see i	nstru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene			,					. 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	,					· ·		. 1h	<u> </u>	0.
instructions.	i	Nontaxable combat pay election (see instructions)										
	<u>z</u>	Add lines 1a through 1h	· ·		· · ·	· ·				. 1z	-	72,388.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b	-	
	<u>3a</u>		3a				Ordinary divider			. 3b		
Standard	4a -		4a -				axable amoun			. 4b	-	
Deduction for –	5a		5a				axable amount		• • •	. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amount	t	· · ·	. 6b	)	
separately, \$13,850	c -	If you elect to use the lump-sum el				•	,	• •	l			
<ul> <li>Married filing</li> </ul>	7 0	Capital gain or (loss). Attach Scher		•				• •	!	7 . 8		-14,016.
jointly or Qualifying	8 9	Additional income from Schedule <sup>-</sup> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. <u>8</u> . 9		58,372.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche			our total ind			• •		· 9		JU, JIZ.
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is						• •		. 11		58,372.
household, [ \$20,800	12	Standard deduction or itemized	-	-	-			•••		. 12		13,850.
<ul> <li>If you checked any box under</li> </ul>	13	Qualified business income deducti						•••		. 13	-	±3,030.
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		ss. enter	-0 This is v	our 1	taxable incom	ie .				44,522.
				-,								, •

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	5,123.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,123.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,123.
	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	5,123.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 11	,033.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	11,033.
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)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				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		32	
	33	Add lines 25d, 26, and 32. T						33	11,033.
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	5,910.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆	35a	5,910.
Direct deposit?	b	Routing number         0         5         1         0         0         0         1         7         c Type:         X Checking         Savings							
See instructions.	d	Account number 4 3 5	0 4 5 1	3 6 3 0	5 8				
	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 <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	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				🗌 Yes. C	omplete b	elow.	× No
	De: nar	signee's		Phone no.			onal identifi ber (PIN)	cation	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche			e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
				P			Prote	ction P	IN, enter it here
Joint return?					ENGINEER			nst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see ii		ection PIN, enter it here
	Ph	one no. (757)632-297	6	Email address	<u> </u> מסדפטיידד אצ	KTOCMATI CC	` M		
		one no. (757)632-297 parer's name	o Preparer's signat	1	ALLINGTAG	KI@GMAIL.CC	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer		n's name GLOBAL TAX		TAUAG INA	GOFIA IAUUAM	02/00/2024			678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		84-3171965
Go to www.ire.cr		1040 for instructions and the late		TIDWICK IN					Form <b>1040</b> (2023)
		noro for manuallons and the late	st mornation.		BAA	REV 01/27/24 PRO			10m 10m (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 2 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. <b>01</b>	
Name(s) shown on Fo	Your soc	ial security number	
SRISHTI PRAMOD	-4424		

Par	t 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	ach Schedule E .	5	-14,016.
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	_	
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81	-	
m	Olympic and Paralympic medals and USOC prize money (see	0		
	instructions)	8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p 8q	-	
q	Scholarship and fellowship grants not reported on Form W-2	8r	-	
r s	Nontaxable amount of Medicaid waiver payments included on Form		-	
5	1040, line 1a or 1d	8s (		
+	Pension or annuity from a nonqualifed deferred compensation plan or			
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	<u>ou</u>	-	
~		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			
	1040, 1040-SR, or 1040-NR, line 8		10	-14,016.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gover	nment		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans	16		
17	Self-employed health insurance deduction	17		
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
с	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here a	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/27/24 PRC	)	Schedule 1 (I	Form 1040) 202

(Form 1040)		(From ren	ital real estate, royalties, partners	ships, S	corporat	tions, es	states,	trusts, REMI	Cs, etc.)	20	93	
	nent of the Treasury	, Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.							Attachm	nent		
	Revenue Service	or instru	uctions ar	nd the la	itest in	formation.	1		ce No. <b>13</b>			
	) shown on return					Your social security number						
	HTI PRAMOD								841-6	2-4424		
Part			From Rental Real Estate an				inctru	ations If you	aro an indi	vidual rop	ort form	
	<b>Note:</b> If you are in the business of renting personal property, use <b>Schedule C</b> . See instructions. If you are an individual, report farm rental income or loss from <b>Form 4835</b> on page 2, line 40.											
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions											
Bİ	f "Yes," did you or will you file required Form(s) 1099?											
<b>1</b> a	Physical address of each property (street, city, state, ZIP code)											
Α	287,1ST CROSS,SRINIDHI LAY VIDYARANYAPURA BANGLORE,KARNATAKA IN 560097											
В												
С												
1b		ype of Property 2 For each rental real estate property listed Fa								nal Use	QJV	
	(from list below		above, report the number of fair		JV box only			Days	Da	ays		
	3		personal use days. Check the C f you meet the requirements to				365		0			
			qualified joint venture. See instr			В						
C	of Dronowhy					C						
	<b>of Property:</b> Single Family R	asidanca	3 Vacation/Short-Term Re	ntal	5 Lano	4	7	Self-Rental				
	Multi-Family Re		4 Commercial	intai	6 Roya			Other (desc	ribe)			
						antioo	0					
_								Propert	ies:			
Incom						A	0.0	В			С	
3				3		5	90.					
4 Expor		ived		4								
Exper 5				5								
5 6	-	stissing         5           and travel (see instructions)         6										
7				7			50. 20.					
8				8		±,,						
9				9								
10			onal fees	10								
11	Management f	11		1,3	65.							
12	Mortgage inter	rest paid to	b banks, etc. (see instructions)	12								
13	Other interest			13								
14	Repairs			14			66.					
15				15		3,4	84.					
16				16			0.1					
17				17		3,8	21.					
18	<b>O</b> 11 (11 1)	-	depletion	18 19								
19 20			s 5 through 19	20		14,6	06					
20			e 3 (rents) and/or 4 (royalties). If			14,0	00.					
21			ructions to find out if you must									
				21		-14,0	16.					
22	Deductible rental real estate loss after limitation, if any,											
	on Form 8582	22	(	14,01	L6.)	(	)	(				
23a	Total of all am	erties			23a		590.					
b	Total of all am	ounts repo	rted on line 4 for all royalty pro	perties			23b					
С			rted on line 12 for all properties				23c					
d			rted on line 18 for all properties				23d					
е			rted on line 20 for all properties				23e	14	1,606.			
24			nounts shown on line 21. Do no		-				. 24			
25	Losses. Add ro	oyalty losses	s from line 21 and rental real esta	te losse	es trom lir	1e 22. E	nter to	tal losses he	re <b>25</b>	(	14,016.	

**Supplemental Income and Loss** 

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here
 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

26 -14,016. Schedule E (Form 1040) 2023

OMB No. 1545-0074

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SCHEDULE E