IRS e-file Signature Authorization

OMB No. 1545-0074

Social coourity number

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID)

Taxpayor'a pama

Taxpayer's name	Social security number						
ANIL MOUTAM	024-95-459	8					
Spouse's name		Spouse's social sec	curity number				
SUSHMA NELLI	874-07-802	21					
Part I Tax Return Information – Tax Year Ending December 31,	2023 (Enter	year you are au	uthorizing.)				
Enter whole dollars only on lines 1 through 5.	1.7						
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1	131,559.				
2 Total tax		2	13,459.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	24,631.				
4 Amount you want refunded to you		4	11,172.				
5 Amount you owe		5					

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

				ERO firm name		E	r
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN)

5 4 5 9 8 Enter five digits, but don't enter all zeros											
	F	л	5	0	0						

1

Enter five digits, but don't enter all zeros

as mv

7 8 0 2 my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature 🕨	Date 🕨												
	IN Method Returns Only—continue	bel	ow										
Part III Certification and Authentication -	– Practitioner PIN Method Only												
ERO's EFIN/PIN. Enter your six-digit EFIN followed	by your five-digit self-selected PIN.	2	2				6 nter a			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 🕨									
Dor	ERO Must Retain This F n't Submit This Form to the I									
For Denemicarly Deduction Act Nation			DEV 02/11/21 DDO	Earm 8879 (Bay, 01 2021)						

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

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—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, end	ling			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
ANIL			MOU	TAM						024	95	4598
	pouse's	s first name and middle initial	Last r									security number
SUSHMA			NEL	.т.т						874	07	8021
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.	-	• •	ction Campaign
		ROW DRIVE							25	1		ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c		spouse	if filing j	jointly, want \$3
HOUSTON				•		TΣ	x	770				nd. Checking a
Foreign country	/ name			Foreign p	rovince/state/				n postal code	your tax		not change nd.
0,									•	,	Yo	
Filing Status		Single					Head of h	ouseh	old (HOH)			
-		Married filing jointly (even if only o	ne hac	1 income)				ousen				
Check only		Married filing separately (MFS)	ne nae	i inconic,			Qualifying	surviv	ina snouse	(OSS)		
one box.	L If v	ou checked the MFS box, enter the	namo	of your s	nouse If voi	ı cha					ild's na	me if the
		alifying person is a child but not you			pouse. If you				50 507, 6110			
Digital		ny time during 2023, did you: (a) rec						-				_
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	×Υε	es 🗌 No
Standard	Som	leone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	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 b	lind Spc	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	_{iip} (4) Check the b	ox if quali	fies for (see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	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	see instru	ctions) .					. 1a		145,934.
Attach Form(s)	b	Household employee wages not re	eporte	d on Forn	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see ir	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441	, line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	8839, 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		0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		1 i					
	z	Add lines 1a through 1h								. 1z		145,934.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		
if required.	3a	Qualified dividends	3a		63.	b C	Ordinary divide	nds .		. 3b		64.
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b		
Single or	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lection	n method,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	l, check here		[7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		-14,439.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		131,559.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		131,559.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12		27,700.
 If you checked any box under 	13	Qualified business income deduct)5-A			. 13	-	
Standard	14	Add lines 12 and 13								. 14		27,700.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter	-0 This is v	· ·	taxable incom			. 15		103,859.
			2 01 10	55, 61101	5 y	- 01			· · ·	. 10		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	13,459.
Credits	17	Amount from Schedule 2, lin	e3				-	17	
	18	Add lines 16 and 17						18	13,459.
	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	13,459.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	13,459.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 2	4,631.		
	b	Form(s) 1099				25b	•	-	
	С	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	24,631.
	26	2023 estimated tax payment						26	
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		4	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	-		• •	33	24,631.
Defined	34	If line 33 is more than line 24						34	11,172.
Refund	34 35a	Amount of line 34 you want				, .		34 35a	11,172.
Direct deposit?	b 35a	Routing number 0 2 1				Checking		358	±±,±,2.
See instructions.		Account number 3 8 1			sii i		Savings		
	d								
	36	Amount of line 34 you want a				36		-	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				Complete	bolow	🗙 No
Designee							•		INO NO
	nai	signee's me		Phone no.			sonal identi 1ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	dules and stateme	nts, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informat	ion of whic	h prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
									IN, enter it here
Joint return?						K ENGINEER	(inst.)	
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 ection PIN, enter it here
your records.					HOME MAKEI		inst.)	ection i ini, enter it here	
	Ph	one no. (732) 491-184	7	Email address		SM@GMAIL.C			
		eparer's name	Preparer's signat		THTTTTAU . V	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM	-1				P0208	2702	Self-employed
Preparer		m's name GLOBAL TAX		ITTLI DAGAN	GOLIN INDIAM	02/21/2024			
Use Only			Y CT E BRU	NGWICK N	J 08816			ne no. (n's EIN	(678) 965-9522
Co to warming		n1040 for instructions and the late		NOWICK N				5 EIIN	84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	wrom	and the late	st mornation.		BAA	REV 02/11/24 PRO			Form IUHU (2023)

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ANTI MOUTAM & SUSHMA NELLT 024-95-4598

111111			024)	5 452	70
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):		Ī	-	
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. Att			5	-14,439.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:		Ī		
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				
	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					
		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	r here and on	Form		
	1040, 1040-SR, or 1040-NR, line 8	<u></u> .		10	-14,439.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			chedule	1 (Form 1040) 2023
					- -

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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				
		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.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

				Supplementa							OMB No	. 1545-0074
(Form	1040)	(Fr	om re	ental real estate, royalties, partners	ships, S	corporat	ions, e	states,	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury Revenue Service			Attach to Form 1040 Go to www.irs.gov/ScheduleE fo					nformation.		Attachm	nent ce No. 13
Name(s)	shown on return									Your soc	ial security	number
ANIL	MOUTAM &	SUS	HMA	NELLI						024-9	5-4598	
Part				From Rental Real Estate and e business of renting personal prope			C Se	o instru	ctions If you	are an indi	vidual rep	ort farm
	rental inco	ome c	or loss	s from Form 4835 on page 2, line 40.		ocheduk	0.00		ctions. If you a		muuai, rep	ontiann
A C	id you make ar	iy pa	aymer	nts in 2023 that would require you	u to file	Form(s)	1099?	See in	structions .		. 🗌 Ye	s 🛛 No
											. 🗌 Ye	s 🗌 No
1a				ch property (street, city, state, Z		,	1011031	,			7 110 7 11 7	TN F00011
	H NO:1-29-4	40 14	IAHA	MATAJI NAGAR, BHAVANA COL	JONY,	NEW BOV	VENPA	JLI,	SECUNDERAL	SAD, TEL.	ANGANA .	IN SUUUII
B C												
	Turne of Drame		•			ha al			in Danstal	David		
1b	Type of Prope (from list below		2	For each rental real estate prop above, report the number of fair				Fa	air Rental Days		nal Use ays	QJV
Α	3	<i>,</i>		personal use days. Check the C	JV bo	c only	Α		310		0	
B				if you meet the requirements to			B		010			
С				qualified joint venture. See instr	uctions	6.	С					
	of Property:						-			I		
	Single Family R	esid	ence	3 Vacation/Short-Term Rei	ntal	5 Land	ł	7	Self-Rental			
	Multi-Family Re			4 Commercial		6 Roya	alties	8	Other (desc	ribe)		
	, ,					, 						
Incom	~						•		Propert B	les:		С
Incom 3		4			3		A	710.	D			0
3 4					4			/10.				
Expen		iveu										
5					5							
6	•			tructions)	6							
7					7		5	350.				
8					8							
9					9							
10				ional fees	10							
11					11		1.	748.				
12				to banks, etc. (see instructions)	12		-,	10.				
13	00				13							
14	Repairs				14		3,3	L59.				
15					15			512.				
16	Taxes				16							
17	Utilities				17		1,	785.				
18	Depreciation e	exper	nse o	r depletion	18		3,0)95.				
19	Other (list)				19							
20	Total expense			es 5 through 19	20		15,1	L49.				
21	Subtract line 2	0 frc	om lir	ne 3 (rents) and/or 4 (royalties). If								
				structions to find out if you must								
					21		-14,4	139.				
22				state loss after limitation, if any,								
				ructions)	22	(14,4	-	()	()
23a				orted on line 3 for all rental prop			•	23a		710.	_	
b			-	orted on line 4 for all royalty prop				23b			-	
C				orted on line 12 for all properties				23c			-	
d				orted on line 18 for all properties				23d		B,095.	-	
e				orted on line 20 for all properties				23e		5,149.		
24 05				mounts shown on line 21. Do no					••••••••••••••••••••••••••••••••••••••		/	14 400
25				es from line 21 and rental real esta							(14,439.)
26				e and royalty income or (loss). IV, and line 40 on page 2 do no								
), line 5. Otherwise, include this a						· 26		-14,439.
Ear Do				tice, see the separate instructions			PA		-14,439			orm 1040) 2023

Schedule E (Form 1040) 2023