Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

Талрау		Social Security number									
ROS	HAN KRISHNA SAI MADIREDDY	320-57-4771									
Spouse	's name	Spouse's social security number									
Part	Part I 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		1	63,484.							
2	Total tax		2	6,225.							
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,876.							
4	Amount you want refunded to you		4	4,651.							
5	Amount you owe		5								

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X	I authorize	GLOBAL TAX	ES LLC	to enter or generate my PIN	
			ERO firm name		

7	4	7	7	1	
Ent don	as 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 ►

Date 🕨

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

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 Method Returns Only—continue below							
Part III Certification and Authentication – Pra	ctitioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros						

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨							
ERO I Don't Submit	Do So							
For Denominary Deduction Act Nation and your to		Earm 8870 (Bay, 01 2021)						

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

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use C)nly—D	o not wi	rite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	S	ee sep	oarate i	nstructions.
Your first name	and m	iddle initial	Last r	name						Y	our so	cial sec	urity number
ROSHAN K	HNA SAI	IREDDY	7						320	57	4771		
	s first name and middle initial	name						S	pouse's		security numbe		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	P	resider	ntial Ele	ction Campaigr
12038 DI	JNSM	ORE GLEN XING, HOUSTON	J										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode				jointly, want \$3 nd. Checking a
HOUSTON						TΣ	K	770	89		0		not change
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal coo	de yo	our tax	or refu	_
												U Yo	u Spouse
Filing Status	; 🗵	Single					Head of he	ouseho	old (HOH)				
Check only		Married filing jointly (even if only or	ne hac	l income)									
one box.	L	Married filing separately (MFS)		ofvour	naviaa lf va		Qualifying		- ·		,	ld'a nam	ma if tha
	-	you checked the MFS box, enter the alifying person is a child but not you		-	pouse. Il yo			l or Qa	55 DOX, el	nter ti	ne chi	iu s nar	
			•										
Digital		ny time during 2023, did you: (a) rece											
Assets		nange, or otherwise dispose of a digi					-	t)? (Se	e instruct	tions.)	∐ Ye	es 🛛 No
Standard Deduction		neone can claim: Vou as a de	•				a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	bu were a	dual-status	allen	<u> </u>						
		: Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 📋 Was bor		re Januar				s blind
Dependents	•	(see instructions):			Social security number	/	(3) Relationsh	ip (4	Child tax cre				see instructions) r other dependents
If more	(1) F	(1) First name Last name			number		to you						
than four dependents,										<u>ן</u> ר			
see instructions	s ——							Ľ	1				
and check here										1			
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .						1a		73,540.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	с									1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26									1e		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
lf you did not get a Form	g	Wages from Form 8919, line 6							•	1g	_		
W-2, see	h	Other earned income (see instructi	,		· · · · · · · · · · · · · · · · · · ·					·	1h	-	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i						73,540.
	2	Add lines 1a through 1h Tax-exempt interest	2a		· · ·	 ьт	axable interest	•••		·	1z	-	/3,540.
Attach Sch. B if required.	2a 3a	· · -	2a 3a				Ordinary divider			·	2b 3b		
	<u>4a</u>		4a				axable amount		· · ·	•	4b		
Standard	5a		5a				axable amount				5b		
• Single or	6a		6a				axable amount				6b		
Married filing separately,	c	If you elect to use the lump-sum elect		n method.	check here								
\$13,850	7	Capital gain or (loss). Attach Sched									7		
 Married filing jointly or 	8	Additional income from Schedule		•							8		-10,056.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		63,484.
\$27,700	10	Adjustments to income from Sche									10		
 Head of household, 	11	Subtract line 10 from line 9. This is	s your	adjusted	gross inco	me					11		63,484.
 \$20,800 If you checked r 	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	e A)					12		13,850.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	n 899	95-A				13		
Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	е.			15		49,634.

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

Form **1040** (2023)

Form 1040 (2023	5)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form((s): 1 🗌 881	4 2 4972	3		16 6	,225.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17				L	18 6	,225.
	19	Child tax credit or credit for other dependent	s from Sched	ule 8812		L	19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20				2	21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			2	22 6	,225.
	23	Other taxes, including self-employment tax, f	from Schedule	e 2, line 21		2	23	0.
	24	Add lines 22 and 23. This is your total tax				2	24 6	,225.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a 10	,876.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c				2	5d 10	,876.
If you have a	26	2023 estimated tax payments and amount ap	oplied from 20	22 return		2	26	
qualifying child,	27	Earned income credit (EIC)		No	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863	, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 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. These are your to					33 10	,876.
Refund	34	If line 33 is more than line 24, subtract line 24	1 from line 33.	This is the amou	nt you overpaid		34 4	,651.
	35a	Amount of line 34 you want refunded to you	. If Form 8888	is attached, che	ck here	. 🗌 🛛	5 a 4	,651.
Direct deposit?	b	Routing number 1 1 1 0 0 0 0			Checking	Savings		
See instructions.	d	Account number 4 8 8 0 9 8 1	0 6 6 4	1 8				
	36	Amount of line 34 you want applied to your 2	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. This is the amo	unt you owe.					
You Owe		For details on how to pay, go to www.irs.gov	/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to disc	uss this retur	m with the IRS?				
Designee	ins	tructions			🗌 Yes. Co	mplete belo	ow. 🗙 No	
	De nai	signee's	Phone no.			nal identificat er (PIN)	ion	
0:000		der penalties of perjury, I declare that I have examined				. ,	est of my knowl	edge and
Sign		ief, they are true, correct, and complete. Declaration o						
Here	Yo	ur signature	Date	Your occupation		If the IRS	S sent you an Ide	entity
			Duio	rou occupation			on PIN, enter it h	
Joint return?				STUDENT		(see inst	.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion		S sent your spou	
your records.						(see inst	Protection PIN, e	nter it here
	b					,	·/	
		parer's name Preparer's signatu	Email address	MRUSHANKRISE	INA93@GMAIL.CO		Check if:	
Paid		······································		איי דדגים גיםכווס				mployed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA I	KAM SAGAR	GUPIA TALLAM	02/05/2024	P020827		
Use Only		n's name GLOBAL TAXES LLC	NOLIT OU M	T 0001C			o. (678)965	
		m's address 245 ROONEY CT E BRUI	NSWICK NO			Firm's E		71965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 01/27/24 PRO		Form 1	040 (2023)

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**

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR ROSHAN KRISHNA SAI MADIREDDY

ROSE	IAN KRISHNA SAI MADIREDDY		320-57-4	771							
Par	t I Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes		1								
2a	Alimony received										
b	Date of original divorce or separation agreement (see instructions):										
3	Business income or (loss). Attach Schedule C										
4	Other gains or (losses). Attach Form 4797										
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule	÷Ε. 5	-10,056.							
6	Farm income or (loss). Attach Schedule F										
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									
ĥ	Jury duty pay	8h									
i	Prizes and awards	8i									
j	Activity not engaged in for profit income	8j									
k	Stock options	8k									
1	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									
ο	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										
10	Combine lines 1 through 7 and 9. This is your additional income. Enter										
	1040, 1040-SR, or 1040-NR, line 8			-10,056.							
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Sched	ule 1 (Form 1040) 2023							

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			19a	
b	Recipient's SSN			
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			
h	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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/27/24 PRO		Schedule 1 (F	orm 1040) 202

	DULE E	al Income and Loss						OMB No. 1545-0074					
(Form	1040)	alties, partnersh	ships, S corporations, estates, trusts, REMICs, etc.)						2023				
	ent of the Treasury				1040-SR, 1040-NR, or 1041.						Attachment		
	Revenue Service		Go to www.irs.gov	r instructions and the latest information.						ial security number			
()													
Part			From Rental Re	al Estata an	d Do	voltion				320-5	7-4771		
Part	Note: If yo	ou are in th	b From Rental Re to business of renting s from Form 4835 on p	personal proper			c . See	instruc	ctions. If you	are an indi	/idual, rep	ort farm	
Α			nts in 2023 that wou	-	to file	Form(s) 1	099? 5	See ins	tructions .		. 🗌 Ye	s 🛛 No	
B li	f "Yes," did you	or will ye	ou file required Form	n(s) 1099?							. 🗌 Ye	s 🗌 No	
1a			ach property (street,										
Α	-		MAHANADU ROAI			, IN 520	007						
B		INAGAI	MAIMADO KOA	D VIONIAMA		111 520	007						
C													
	Type of Prope	rty 2	For each rental rea	l estate prope	rtv list	ed		Fai	ir Rental	Person	al Use		
	(from list below		above, report the r						Days	Da		QJV	
Α	3		personal use days.				Α		365		0		
В			if you meet the req qualified joint vent				В						
С			qualmed joint vent		Cliona		С						
	of Property:												
	Single Family R		3 Vacation/Sh	ort-Term Rent	tal	5 Land			Self-Rental				
2	Multi-Family Re	sidence	4 Commercia	I		6 Roya	alties	8	Other (desc	ribe)			
									Propert	ies:			
Incom	ie:						Α		В			С	
3	Rents received	1			3		5	00.					
4	Royalties rece	ved			4								
Expen													
5	Advertising				5								
6	Auto and trave	l (see ins	tructions)		6								
7	-		nce		7		1,2	00.					
8	Commissions				8								
9					9								
10	•		sional fees		10								
11	•				11		1,0	00.					
12	00	•	to banks, etc. (see i	nstructions)	12								
13	Other interest				13		0.0	0.7					
14					14		2,8						
15 16					15 16		1,7	62.					
17					17		3,6	07					
18			or depletion		18		5,0	97.					
19	Other (list)	-			19								
20		s. Add lin	es 5 through 19 .		20		10,5	56.					
21	•		ne 3 (rents) and/or 4				,-						
			structions to find ou										
	file Form 6198	-		-	21		-10,0	56.					
22	Deductible rer	tal real e	state loss after limit	tation, if any,									
	on Form 8582	(see inst	ructions)		22	(10,05	6.)()	(
23a			oorted on line 3 for a					23a		500.			
b			oorted on line 4 for a		erties			23b					
С			orted on line 12 for					23c					
d			orted on line 18 for					23d					
e			orted on line 20 for					23e	10),556.			
24			mounts shown on li			-				. 24	(10 056	
25			es from line 21 and r								(.	10,056.	
26			e and royalty incor IV, and line 40 on										

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 For Paperwork Reduction Act Notice, see the separate instructions. -10,056.

26

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