Internal Revenue Service

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

IRS e-file Signature Authorization

Submission Identification Number (SID)

Taxpay	er's name	Social secu	rity numb	er
AME	YA PINGULKAR	878-70	0-2868	3
Spouse	s's name	Spouse's so	ocial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you	are aut	horizing.)
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	146,709.
2	Total tax		2	25,286.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	28,766.
4	Amount you want refunded to you		4	3,480.
5	Amount you owe		5	
Par	11 Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	py of y	our 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	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN

			gits, all ze		as
0	2	8	6	8	

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 s	ignature D	ate 🖡					 		
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	 0 all zei	 2	7 1	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.

RO's signature ► Date ►								
ERO Must Retain This F Don't Submit This Form to the I								
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)					

For the year Jar	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, e	nding		, 20)	See ser	parate instructions.
Your first name			Last r		-		······			cial security number
	anum									70 2868
AMEYA	pouse's	s first name and middle initial	Lastr	GULKAR						s social security numb
n john rotarri, o	00000		Laor						openee	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt.	no.	Preside	ntial Election Campai
3 RICHA	RDSOI	N STREET					E6			nere if you, or your
		ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ate	ZIP code			if filing jointly, want \$
WAKEFIEI	D				M	A	01880			this fund. Checking a ow will not change
Foreign countr	/ name			Foreign province/state	e/coun	ity	Foreign po	ostal code		or refund.
										You Spou
Filing Status	; 🗵	Single				Head of h	ousehold	(HOH)		
Check only		Married filing jointly (even if only o	ne had	l income)		_				
one box.		Married filing separately (MFS)				Qualifying	0	•	· · ·	
		you checked the MFS box, enter the			ou ch	ecked the HOF	l or QSS I	box, ente	er the chi	ld's name if the
	qu	alifying person is a child but not you	ur aepe	endent:						
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, c	r pay	ment for prope	rty or serv	vices); or	(b) sell,	
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inte	erest i	n a digital asse	et)? (See in	nstructio	ns.)	🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spou	ise as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-statu	s alier	า				
Age/Blindnes	S You:	🛛 🗌 Were born before January 2, 1	959	Are blind S	oouse	: 🗌 Was bor	n before .	January 2	2, 1959	Is blind
Dependent	s (see	instructions):		(2) Social secur	tv	(3) Relationsh	ip (4) Ch	neck the b	ox if quali	fies for (see instruction
If more	•	irst name Last name		number	-)	to you		Child tax c	redit	Credit for other depender
than four										
dependents, see instruction										
and check	s 									
here 🗌										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	162,806
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2 .					. 1b	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)					. 1c	
attach Forms W-2G and	d	Medicaid waiver payments not rep		., .	instru	uctions)			. 1d	
1099-R if tax	е	Taxable dependent care benefits f							. 1e	
was withheld.	f	Employer-provided adoption bene							. 1f	
If you did not get a Form	g	e			• •			• •	. <u>1g</u>	
W-2, see	h	Other earned income (see instruct	,		• •			• •	. <u>1h</u>	0
instructions.	i	Nontaxable combat pay election (see ins	structions)	• •	1 i				162.906
	<u>z</u>	Add lines 1a through 1h		· · · · · ·	 ь т			• •	. <u>1z</u>	
Attach Sch. B if required.	2a 2a	· · -	2a			Taxable interes		• •	. 2b	
	<u>3a</u>		3a 4a			Drdinary divide Taxable amoun		• •	. 3b . 4b	
Standard	4a 5a		4a 5a			axable amoun		• •	. 40 . 5b	
Deduction for -	5a 6a		6a			axable amoun		• •	. 50 . 6b	
Single or Married filing	C	If you elect to use the lump-sum e		method check her				 Г		
separately, \$13,850	7	Capital gain or (loss). Attach Sche						· · L	7	
Married filing	8	Additional income from Schedule		•	•	·		· · L	. 8	-16,097
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							. 9	146,709
surviving spouse, \$27,700	10	Adjustments to income from Sche				• · · · ·			. <u> </u>	
Head of	11	Subtract line 10 from line 9. This is						• •	. 11	
household, \$20,800	12	Standard deduction or itemized							. 12	
If you checked any box under	13	Qualified business income deduct				95-A.			. 13	
Standard Deduction,	14								. 14	
see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	ie			
	-			,						,

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	s): 1 🗌 8814	4 2 4972	3	16	25,286.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	25,286.
	19	Child tax credit or credit for other dependents	s from Schedı	ule 8812		19	
	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, e	nter -0			22	25,286.
	23	Other taxes, including self-employment tax, fr	rom Schedule	2, line 21 .		23	0.
	24	Add lines 22 and 23. This is your total tax				24	25,286.
Payments	25	Federal income tax withheld from:					
-	а	Form(s) W-2			25a 28	,766.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				250	1 28,766.
If you have a	26	2023 estimated tax payments and amount ap	plied from 20	22 return .		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 t	total other pa	yments and refu	undable credits	32	
	33	Add lines 25d, 26, and 32. These are your tot	al payments			33	28,766.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amou	nt you overpaid	34	3,480.
	35a	Amount of line 34 you want refunded to you.	. If Form 8888	is attached, che	ck here	. 🗌 35a	3,480.
Direct deposit?	b	Routing number 0 2 1 0 0 0 0		_		avings	
See instructions.	d	Account number 2 0 5 6 0 3 2	3 3				
	36	Amount of line 34 you want applied to your 2	024 estimate	dtax	36		
Amount	37	Subtract line 33 from line 24. This is the amou	unt vou owe.				
You Owe		For details on how to pay, go to www.irs.gov/		see instructions		37	
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to discu	uss this retur	n with the IRS?	See		
Designee		tructions				mplete below	. 🗙 No
		signee's	Phone			nal identificatio	n
	nai		no.	·		er (PIN)	
Sign		der penalties of perjury, I declare that I have examined ief, they are true, correct, and complete. Declaration of		1 2 0		,	, ,
Here			、	Your occupation			ent you an Identity
	to	ur signature	Date	Your occupation			PIN, enter it here
Joint return?				SOFTWARE I	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion	If the IRS s	ent your spouse an
Keep a copy for your records.						-	otection PIN, enter it here
your records.						(see inst.)	
			Email address	AMEYA.PINGU	LKAR@GMAIL.CO		
Paid		parer's name Preparer's signatu			Date	PTIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA R	AM SAGAR	GUPTA TALLAM	01/30/2024	P02082703	
Use Only		n's name GLOBAL TAXES LLC				Phone no.	
		n's address 245 ROONEY CT E BRUN	ISWICK NO	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 01/21/24 PRO		Form 1040 (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 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number
AMEYA PINGULKA	R	878-70	-2868

Par	t 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):			
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	-16,097.
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			
	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	· · · · · · · · · · · · · · · · · · ·			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:			
•	Tatal athen in some Add lines Os through Os	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	-16,097.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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	government		
	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			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
لم			-	
d			-	
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	1/21/24 PRO	Schedule 1 (I	orm 1040) 202

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023
Attachment Sequence No. 13

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

Namole	shown on return	moure					Your soci		number	-	
	A PINGULKAR		Your social security numbe 878-70-2868								
Part		d Po	valties				070-7	0-2000			
Fait	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you	are an indiv	/idual, rep	ort farm	I	
	Did you make any payments in 2023 that would require you	s in 2023 that would require you to file Form(s) 1099? See instructions							No No		
 1a	Physical address of each property (street, city, state, ZIF										
A	KOHEDA HYDERABAD TELANGANA IN 501511										
B											
C											
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair				Fa	ir Rental Days	Personal Use Days		QJ	QJV	
Α	personal use days. Check the Q.					365		0		1	
В	if you meet the requirements to f			В						<u> </u>	
С	qualified joint venture. See instru	ICTIONS	S.	С]	
Туре	of Property:										
	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	tal	5 Land 6 Royal	ties	-	Self-Rental Other (desc	ribe)				
						Propert					
Incon	ie:			A		В			С		
3	Rents received	3		6	00.						
4	Royalties received	4									
Exper											
5	Advertising	5									
6	Auto and travel (see instructions)	6									
7	Cleaning and maintenance	7		1,4	18.						
8	Commissions	8									
9	Insurance	9									
10	Legal and other professional fees	10									
11	Management fees	11		1,2	00.						
12	Mortgage interest paid to banks, etc. (see instructions)	12									
13	Other interest	13 14		3,8	07						
14 15	Repairs . </td <td>14</td> <td></td> <td>2,4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	14		2,4							
16		16		2,7	13.						
17	Utilities	17		4,7	32						
18	Depreciation expense or depletion	18		2,9							
19		19		1-							
20	Total expenses. Add lines 5 through 19	20		16,6	97.						
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		16,0	97.						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(1	.6,09	7.)	()	()	
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		600.				
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 2 2 977.										
е	Total of all amounts reported on line 20 for all properties 23e 16,697.										
24		d positive amounts shown on line 21. Do not include any losses							<u>, </u>		
25	Losses. Add royalty losses from line 21 and rental real estate							(16,09	1.)	
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 ar						· 26		-16,0	97.	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

3			
	Attach	to your t	ax return.

202 Attachment

Depar	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.					Attachment Sequence No. 179			
	ame(s) shown on return Business or activity to which this form relates				ifying number				
	EYA PINGULKAR Sch E KOHEDA				878-70-2868				
	Part I Election To Expense Certain Property Under Section 179								
			ed property, comple			omplete Part I.			
1	Maximum amount (1	1,160,000.	
2			placed in service (see				2	, ,	
3						ions)	3	2,890,000.	
4	Reduction in limitati	ion. Subtract li	ne 3 from line 2. If zer	o or less, ent	er-0		4		
5	Dollar limitation for	tax year. Su	btract line 4 from lir	e 1. If zero	or less, ent	er -0 If married filing			
	separately, see instr	ructions .					5		
6	(a) De	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost			
								-	
								-	
			from line 29						
-						d7	8		
9							9		
10	-		-				10		
11				· ·	,	or line 5. See instructions	11		
12	-						12		
13			to 2024. Add lines 9			13			
			for listed property. Ir			nclude listed property	<u> </u>	instructions)	
_				-					
14						erty) placed in service	14		
15	• •						14		
	Other depreciation (.,.	,				16		
Par			on't include listed						
i ai				Section A		10.7			
17	MACRS deductions	for assets pla	ced in service in tax v		na before 20	23	17		
						to one or more general			
	asset accounts, che			-	-				
	Section B	-Assets Plac	ed in Service During	g 2023 Tax Y	ear Using th	e General Depreciation	Syst	em	
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventio	on (f) Method	(g) Depreciation deduction		
19a	3-year property								
b	5-year property								
	7-year property								
d	10-year property								
e	15-year property								
	20-year property								
	25-year property			25 yrs.		S/L			
h	Residential rental	01/23	85,421.	27.5 yrs.	MM	S/L	<u> </u>	2,977.	
	property			27.5 yrs.	MM	S/L	<u> </u>		
i	Nonresidential real			39 yrs.	MM	S/L	<u> </u>		
	property				MM	S/L			
	Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System								
	Class life			4.0		S/L	—		
	12-year			12 yrs.		S/L	—		
-	30-year			30 yrs.	MM	S/L	—		
	40-year			40 yrs.	MM	S/L			
_	Part IV Summary (See instructions.)								
	Listed property. Ent						21		
22						n (g), and line 21. Enter			
	nere and on the app	propriate lines	of your return. Partne	rsnips and S	corporations	-see instructions .	22	2,977.	

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . 23

For Paperwork Reduction Act Notice, see separate instructions.