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.

Submission Identification Number (SID)

T.....

Тахрау	ver's name	Social securi	ity numb	er
MAN	JEERA MADDIRALA	133-17	-2228	3
Spouse	s's name	Spouse's so	cial secu	ırity number
Par	t Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you a	are aut	borizing)
	whole dollars only on lines 1 through 5.	ici yeai you e		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	53,411.
2	Total tax		2	4,529.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,910.
4	Amount you want refunded to you		4	3,381.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	d keep a cop	y 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

	I authorize	CTORAT	TAVEC	TTC	to optor or gonorate my DIN	/
^	raumonze	GLUBAL	IAVED		to enter or generate my PIN	-
				ERO firm name		Er

7	2	2	2	8	as my
Ent don	asiny				

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
ERO's EFIN/PIN. 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 🕨				
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So						
For Banamuark Baduation Act Nation and your tax	aturn instructions	DEV/ 02/07/24 DBO	Earm 8879 (Pay, 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		ırn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or staple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, endi	ing			, 20	See se	parate instructions.
Your first name	and mi	iddle initial	Last nan	ne						Your so	ocial security number
MANJEERA	1		MADD	IRALA						133	17 2228
		s first name and middle initial	Last nan							Spouse	's social security number
										660	60 4527
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	Apt. no.	Preside	ential Election Campaigr
_4720 WAT	ERF	ORD GLEN DR									here if you, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete sp	baces belo	w.	Sta	te	ZIP c	ode		o this fund. Checking a
CUMMING						GA	4	300	40		low will not change
Foreign country	name		F	oreign pro	ovince/state/c	ount	у	Foreig	n postal code	your tax	x or refund.
											You Spouse
Filing Status	; L	Single					Head of h	ouseh	old (HOH)		
Check only		Married filing jointly (even if only o	ne had in	ncome)			_				
one box.		Married filing separately (MFS)							ving spouse	. ,	
		you checked the MFS box, enter the						l or Q	SS box, ente	er the ch	ild's name if the
	qu	alifying person is a child but not you	ir depend		VINASH	BAC	HINA				
Digital		ny time during 2023, did you: (a) rece									
Assets	exch	hange, or otherwise dispose of a digi	ital asset	t (or a fina	ancial intere	est ir	n a digital asse	t)? (Se	ee instruction	ns.)	🗌 Yes 🛛 No
Standard	_	leone can claim: O You as a de	•		•		a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	were a d	lual-status a	alien					
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are blir	nd Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	Is blind
Dependents	s (see	instructions):		(2) So	ocial security		(3) Relationsh	ip (4) Check the b	ox if quali	ifies for (see instructions):
If more	(1) Fi	irst name Last name		number to you				Child tax ci	redit	Credit for other dependents	
than four											
dependents, see instructions	. —										
and check	·										
here 🗌											
Income	1a	Total amount from Form(s) W-2, be						• •		. <u>1a</u>	-
Attach Form(s)	b	Household employee wages not re						• •		. 1b	
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a (see instructions)					. <u>1</u> 0				
W-2G and	d			. ,		istru	ictions)	• •		. 1d	
1099-R if tax was withheld.	e f	Taxable dependent care benefits f Employer-provided adoption bene				•		• •		. <u>1e</u> . 1f	
lf you did not	r q	Wages from Form 8919, line 6 .				·		• •		· 19	
get a Form	9 h	Other earned income (see instructi		· ·		•		• •		· <u>'9</u> . 1h	
W-2, see instructions.	i	Nontaxable combat pay election (s					· · · · ·				
	z	Add lines 1a through 1h								. 1z	58,718.
Attach Sch. B	2a	-	2a			b Ta	axable interest	: .		. 2b	
if required.	3a		3a			b 0	rdinary divide	nds .		. 3b)
	4a	IRA distributions	4a				axable amoun			. 4b	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5b)
 Single or 	6a	Social security benefits	6a			b Ta	axable amoun	t		. 6b)
Married filing separately,	с	If you elect to use the lump-sum e	lection m	nethod, c	heck here (see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Schee	dule D if	required	. If not requ	ired,	, check here		[7	
Married filing jointly or	8	Additional income from Schedule	1, line 10)						. 8	-5,307.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8. T	This is yo	our total inc	ome)			. 9	53,411.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1, lii	ne 26						. 10)
household,	11	Subtract line 10 from line 9. This is	s your ad	ljusted g	ross incon	ne				. 11	, :
\$20,800 • If you checked _Г	12	Standard deduction or itemized		•		'		• •		. 12	- /
any box under Standard	13	Qualified business income deduction	ion from	Form 89	95 or Form	899	5-A	• •		. 13	
Deduction, see instructions.	14	Add lines 12 and 13				•		• •		. 14	
	15	Subtract line 14 from line 11. If zer	ro or less	s, enter -(0 This is ye	our t	axable incom	e.		. 15	39,561.

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	4,529.
Credits	17	Amount from Schedule 2, lir	ne3				🗆	17	
	18	Add lines 16 and 17						18	4,529.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	4,529.
	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 total tax				[24	4,529.
Payments	25	Federal income tax withheld	from:						
•	а	Form(s) W-2				25a 7	,910.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c					2	25d	7,910.
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)				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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T						33	7,910.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	3,381.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆 🖪	85a	3,381.
Direct deposit?	b	Routing number 0 6 1	0 9 2 3	8 7	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 6 0 1	1 9 0 1	7 3					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//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. Co	omplete belo	ow.	× No
	De nai	signee's		Phone no.			onal identifica ber (PIN)	tion	
0:		der penalties of perjury, I declare tl	nat I have examined		accompanying sch			host c	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S sen	nt you an Identity
				Duito			Protecti	on Pll	N, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			t your spouse an
your records.							(see inst		ection PIN, enter it here
	Dh	(400) = (400) = (400)	7	Email address			,	-,	
		one no. (409)554-104 eparer's name	/ Preparer's signat	Email address	BACHINA.US	APP@GMAIL.CC	PTIN		Check if:
Paid					גיייריזי) סגי				Self-employed
Preparer					P020827				
Use Only		n's name GLOBAL TAX			T 00016				678)965-9522
			Y CT E BRU	INSWICK N			Firm's E	.11N	84-3171965 Form 1040 (2023)
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form IU4U (2023)

REV 03/07/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service		Attachment Sequence No. 01		
Name(s) shown on Fo	Your social security number			
MANJEERA MADDI	133-17	-2228		
	••			

Par	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	-5,307.
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 \ldots	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:			
•	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	-5,307.
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	s 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	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										20	23	
Department of the Treasury Attach to Form 104									Attachm	ient				
Internal Revenue Service Go to www.irs.gov/ScheduleE for						or instru	uctions ar	nd the la	atest i	nformation.			ce No. 13	
Name(s) shown on return												our social security number		
											133-1	7-2228		
Part					I Real Estate an nting personal prope				inotri	uctiona If you	ara an indi	vidual rop	ort form	
	rental inco	me or lo	ss from	Form 483	5 on page 2, line 40.		Schedule	e C . See	+ mstrt	ictions. If you	are an mu	viduai, repo		
Α [Did you make an	iy paym	ents in	2023 that	would require you	u to file	Form(s)	1099? \$	See in	structions .		. 🗌 Ye	s 🛛 No	
B	f "Yes," did you	or will	you file	required	Form(s) 1099?							. 🗌 Ye	s 🗌 No	
1a					reet, city, state, Z									
Α	11TH LINE	, SAMA	THA N	AGAR	ONGOLE, PRA	KASAN	M ANDI	HRA P	RADE	SH IN 5	23002			
В		-												
С														
1b	b Type of Property 2 For each rental real estate property listed Fair Rental										Persor	0.11/		
	(from list below		abov	above, report the number of fair			and		Days		Days		QJV	
Α	3		personal use days. Check the Qair if you meet the requirements to f					Α	320		0			
В							В							
C qualified joint venture. See instru						uctions	5.	С						
Туре	of Property:													
1	Single Family R	esidenc	ce C	3 Vacatic	n/Short-Term Rei	ntal	5 Lanc	k		Self-Rental				
2	Multi-Family Re	4 Comme	ercial		6 Roya	alties	8	3 Other (describe)						
										Propert				
Income:								A E					С	
3 Rents received						3		527.					•	
4					<u></u>	4								
Exper														
5						5								
6	•					6								
7	Auto and travel (see instructions)							1.0	24.					
8	Commissions													
9														
10						9 10								
11	Legal and other professional fees							8	00.					
12	Mortgage interest paid to banks, etc. (see instructions)													
13	Other interest													
14	Repairs							1,647.						
15	Supplies						1,126.							
16	Taxes	16												
17	Utilities	17		1,2	37.									
18	Depreciation e	xpense	or dep	letion .		18								
19	Other (list)					19								
20	Total expenses. Add lines 5 through 19							5,8	34.					
21	Subtract line 2	0 from	line 3 (r	ents) and	/or 4 (royalties). If									
					d out if you must									
	file Form 6198					21	-5,307.							
22					limitation, if any,									
	on Form 8582			-		22	(5,30)7.)	()	()	
23a	Total of all amo				23a		527.							
b	Total of all amo				23b									
									23c					
d							23d							
e									23e		5,834.			
24							-			• • • •	. 24	/		
25 26					and rental real esta							(5,307.)	
-76	I OTOL PONTOL PO	120 100	hac ond	rovoltv i	ncomo or (loco)	1 omb	ing lines	2/1 and	L	-ntor tho roo				

Supplemental Income and Loss

SCHEDULE E

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 .

For Paperwork Reduction Act Notice, see the separate instructions.

26

-5,307.

OMB No. 1545-0074