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.....

Taxpayer's name	Social security number
SAI SRUJAN CHAVA	121-37-1684
Spouse's name	Spouse's social security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	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	1 120,528.
2 Total tax	2 19,003.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 25,431.
4 Amount you want refunded to you	4 6,428.
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

	raumonze	GLUBAL	IAVES	ERO firm name	to enter or generate my PIN	E
$\mathbf{\nabla}$	l authorize	CTODAT	TAVEC	TTC	to optor or gonorato my DIN	1

7	1	6	8	4	
Ent don	er fiv n't er	/e di nter a	gits, all ze	but ros	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

as mv

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—cont	inue be	low	,					
Part III Certification and Authentication – Practitioner PIN Method O	nly							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	J. 2	2	2		0 {	_	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 🕨	
	ust Retain This Form — Se his Form to the IRS Unless		
For Denominark Reduction Act Nation and your tax	roturn instructions	REV 02/07/24 RRO	Form 8879 (Pov. 01 2021)

For the year Jar	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, ei	nding	•	, 20		See ser	arate inst	ructions
Your first name			Last n							cial securit	
										37 1	-
SAI SRUU		s first name and middle initial	CHA Last n								curity numbe
n joint rotaini, o	poucoc		Laorn								
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.		Presider	tial Election	on Campaigr
1810 COC	HRAI	N ST								ere if you,	
		ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code				ntly, want \$3
IRVING					ТΣ	x	75062		•	this tuna. w will not	Checking a change
Foreign country	/ name			Foreign province/state	e/count	ty	Foreign posta	l code		or refund.	•
										You	Spouse
Filing Status	; 🛛	Single				Head of he	ousehold (H0	CH)			
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.		Married filing separately (MFS)				, , ,	surviving sp		· · /		
		rou checked the MFS box, enter the			ou che	ecked the HOF	l or QSS boy	k, ente	er the chil	d's name	if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, o	r payr	ment for prope	rty or service	es); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	et (or a financial inte	erest in	n a digital asse	t)? (See inst	ructio	ns.)	🗌 Yes	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-statu	s alien	า					
Age/Blindnes	S You:	Were born before January 2, 1	959	Are blind S	oouse	: 🗌 Was bor	n before Jar	uary 2	2, 1959	🗌 ls bl	ind
Dependent				(2) Social securi		(3) Relationsh	(A) Chaol			ies for (see	instructions)
If more	•	irst name Last name		number	cy.	to you		d tax ci	redit	Credit for otl	her dependent
than four										[
dependents,										[
see instruction and check	3									[
here										[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	13	35,687.
Attach Form(s)	b	Household employee wages not re	eporteo	d on Form(s) W-2.					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	•					•	. 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	efits fro	m Form 8839, line 2	9.			·	. 1f		
If you did not get a Form	g	0			• •			·	. <u>1g</u>		
W-2, see	h	Other earned income (see instruct	,		• •	· · · ·	\cdot · · ·	·	. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)	• •	1 i				1 1 -	DE 607
	z	Add lines 1a through 1h		· · · · · ·	· ·			·	. <u>1z</u>	1.	35,687.
Attach Sch. B if required.	2a	· · ·	2a			axable interest		·	. 2b		
	<u>3a</u>		3a			Ordinary divide		·	. <u>3b</u>		
standard	4a		4a			axable amoun		·	. 4b		
Deduction for -	5a		5a			axable amoun		·	. 5b		
Single or Married filing	6a	, _	6a	mathad abaak bar		axable amoun		г	. 6b		
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Sche						• L	7		
Married filing		Additional income from Schedule		•	•	-		• ٢	. 8		15,159.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						·	. <u>o</u> . 9		20,528.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche				e		·	. 9 . 10	+	10,020.
Head of	11	Subtract line 10 from line 9. This is						•	. 11	1 /	20,528.
household, \$20,800	12	Standard deduction or itemized						•	. 12		<u>20,528.</u> 13,850.
If you checked any box under	13	Qualified business income deduct				 95-А		•	· 12 · 13	+	,0_0.
Standard	14							•	. 14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 Ne	•			06,678.
			5 51 10		,001			•	. 15		<u>,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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 🗌	10	6 19,003.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					18	B 19,003.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				20	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 19,003.
	23	Other taxes, including self-e					2	
	24	Add lines 22 and 23. This is					24	
Payments	25	Federal income tax withheld						
. aj mente	а	Form(s) W-2				25a 25	,431.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				25	id 25,431.
	26	2023 estimated tax payment					2	
If you have a l 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		
	32	Add lines 27, 28, 29, and 31				-	3	0
	33	Add lines 25d, 26, and 32. T			•			05 404
Defined	34	If line 33 is more than line 24					3	
Refund	34 35a	Amount of line 34 you want				, ,		
Direct deposit?	b 35a	Routing number 0 8 2						oa 0,120.
See instructions.		Account number 4 8 7					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						_
rou Owe						1 1	· · 3	1
	38	Estimated tax penalty (see in				38		
Third Party		you want to allow another	•				omplete belov	w. 🔀 No
Designee							onal identification	
	nai	signee's ne		Phone no.			ber (PIN)	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the be	est of my knowledge and
-	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informatio	on of which prep	parer has any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
								n PIN, enter it here
Joint return?					SOFTWARE		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion		sent your spouse an rotection PIN, enter it here
your records.							(see inst.)	,
	Ph	one no. (870)565-551	6	Email address		N1997@GMAIL.CC)M	
		eparer's name	Preparer's signat		CILA VA. BRUUAL	Date		Check if:
Paid		M PRIYA RAM SAGAR GUPTA					P0208270	
Preparer		m's name GLOBAL TAX			JUNC OUF IA	05/20/2024		. (678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's Ell	
Co to union inc.				TIONICI IN				Form 1040 (2023)
GO IO WWW.IIS.go	JV/FOM	n1040 for instructions and the late	si mornation.		BAA	REV 03/07/24 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 3

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	ial security number
SAI SRUJAN CHA	VA	121-37	-1684

Par	t Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a		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. Attach Schedule E .	5	-15,159.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 . . 8d)	
е	Income from Form 8853		
f	Income from Form 8889	_	
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards 8i	_	
j	Activity not engaged in for profit income	_	
k	Stock options	_	
	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)	-	
	Section 951(a) inclusion (see instructions)	-	
0	Section 951A(a) inclusion (see instructions)	-	
p	Section 461(I) excess business loss adjustment 6 Taxable distributions from an ABLE account (see instructions) 8	-	
q	Taxable distributions from an ABLE account (see instructions)8qScholarship and fellowship grants not reported on Form W-28r	-	
r	Nontaxable amount of Medicaid waiver payments included on Form	-	
S	1040, line 1a or 1d		
t	Pension or annuity from a nonqualifed deferred compensation plan or	4	
Ľ	a nongovernmental section 457 plan		
u	Wages earned while incarcerated	-	
z	Other income. List type and amount:	-	
2			
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	10	-15,159.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	le 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

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.							Attachment Sequence No. 13			
Name(s) shown on return Your soci							Your socia	-	numbe	r
1	SRUJAN CHAVA						121-37	7-1684		
Part		and Ro	yalties	• • • • •	:					
	Note: If you are in the business of renting personal pro rental income or loss from Form 4835 on page 2, line 4	perty, use 40.	Schedule	e C. See	Instru	ctions. If you	are an indiv	idual, repo	ort far	m
Α	Did you make any payments in 2023 that would require y		Form(s)	1099? 5	See ins	structions .		. 🗌 Ye	s 🗵	No
B	f "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🗌	No
1a	Physical address of each property (street, city, state,									
Α	NARSAPUR, MEDAK HYDERABAD TELANGANA I		,							
B		LIN 502.	515							
1b	Type of Property 2 For each rental real estate pro	operty lis	ted		Fa	ir Rental	Person	al Use	-	
	(from list below) above, report the number of f	air rental	and		Days		Days		QJV	
Α	3 personal use days. Check the			Α		365		0	[
В	if you meet the requirements qualified joint venture. See ins			В					[
С	quained joint venture. See int	Struction	5.	С					[
	of Property:									
	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Lanc	-		Self-Rental				
2	Multi-Family Residence 4 Commercial		6 Roya	alties	8	Other (desc	ribe)			
						Propert	ies:			
Incom	ne:			Α		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		1,6	81.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees			1,1	00.					
12	Mortgage interest paid to banks, etc. (see instructions									
13	Other interest	13		0.0	4 🗖					
14		14			47.					
15	Supplies	15		3,9	//.					
16 17	Taxes	16 17		2,8	10					
18	Depreciation expense or depletion			3,3						
19				5,5	<u> </u>					
20	Other (list) Total expenses. Add lines 5 through 19	20		15,7	59					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).			/						
- 1	result is a (loss), see instructions to find out if you mu									
	file Form 6198	21		-15,1	59.					
22	Deductible rental real estate loss after limitation, if an	ıy,								
	on Form 8582 (see instructions)	22	(15,15	59.)	()(·)
23 a	Total of all amounts reported on line 3 for all rental pro				23a		600.			
b	Total of all amounts reported on line 4 for all royalty p	-			23b					
С	Total of all amounts reported on line 12 for all properti				23c					
d	Total of all amounts reported on line 18 for all properti				23d		3,314.			
е	Total of all amounts reported on line 20 for all properti				23e	1:	5,759.			
24	Income. Add positive amounts shown on line 21. Do				• •		. 24			
25	Losses. Add royalty losses from line 21 and rental real es	state loss	es trom lir	ne 22. E	nter to	tal losses he	re 25 (. 1	.5,1	59.)

25	Losses. Add royalty losses from line 21 and rental real estate los	sses from line 22. Enter t	otal losses here	Э
26	Total rental real estate and royalty income or (loss). Con	nbine lines 24 and 25.	Enter the resu	lt
	here. If Parts II, III, and IV, and line 40 on page 2 do not ap	oply to you, also enter	this amount o	n
	Schedule 1 (Form 1040), line 5. Otherwise, include this amount	int in the total on line 4	1 on page 2	
For Pa	perwork Reduction Act Notice, see the separate instructions.	NPA	-15,159	

-15,159.

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SCHEDULE E (Form 1040)

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

202	3
Attachment	12

OMB No. 1545-0074