Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID) Tayspar's name ABITLASIR REDDY SALLARAM Souse's name Both State (Signature) For Whole dollars only on lines 1 through 5. Note: Form 10t0-SS lines use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 2 Total tax 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Amount you want refunded to you 7 State (Signature) 1 Total tax 1 Amount you want refunded to you 9 Tax Raturn Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) 1 Total tax 1 Adjusted gross income 1 1 112,120. 2 Total tax 2 17, 684. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 20,054. 4 Amount you want refunded to you 5 Amount you want refunded to you 6 Tax Raturn Information — Tax Year Ending December 31, 200,054. 5 Amount you want refunded to you 7 Tax Tax Tax Raturn Information — Tax Year Ending December 31, 200,054. 8 Featurn Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) 1 Tax						
Part I	Submiss	sion Identification Number (SID)				
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. Through 6.9 Siliers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income	Taxpayer's	name	Social securit	y number		
Part II 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	ABILA	SH REDDY SALLARAM	858-64-	7046		
Enter whole dollars only on lines 1 through 5. Note: Form 100-SS filers use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 3 20, 054, 4 4 Amount you want refunded to you 5 Amount you want refunded to you 5 Amount you want refunded to you 6 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 10 duder penalties of perjuy; 1 declare that have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of roary delay in grootessing the return or refund. and (c) the date of an amounts in Part I above are the another from the income tax return (original or amended) I am now authorizing, and to the best of roary delay in processing the return or refund. and (c) the date of any 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 Financial Agent to Indeed I amount of 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 Financial Agent to Indeed I amount of the Indeed I amount of Indeed I amount authorizing. Indeed I amount authorizing Indeed I amount 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 PIN: check one box only I will enter my PIN as my signature on the income tax return (original or amended) I am now authoriz	Spouse's r	name	Spouse's soci	al security	number	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re authoi	rizing.)	
1 Adjusted gross income 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 20, 054. 4 Amount you want refunded to you 4 2, 370. 5 Amount you own refunded to you 5 Amount you own refunded to you 6 Amount you want refunded to you 7 Amount you want refunded to you 8 Amount you want refunded to you 8 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 9 Amount you want refunded to you 1 Amount you want you 1 Amount you 1 Amount you want you 1 Amount you	Enter wh					
2 1.7, 684. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 20,054. 4 Amount you want refunded to you . 4 2, 370. 5 Amount you owe . 4 2, 370. 6 Amount you want refunded to you . 4 2, 370. 5 Amount you owe . 4 2, 370. 6 Amount you want refunded to you . 4 2, 370. 6 Spand and a search of the search of the search was a copy of the income tax return (original or amended) I am now authorizing, and to the best of your knowledge and belief, it is time, cornect, and complete. I further declare that the amounts in Part I above are the mounts from the income tax return (original or amended) I am now authorizing, and to the best of your 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 withdrawid (direct debit) entry to the financial institution account inclinate 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 withdrawid (direct debit) entry to the financial institution account inclinated 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 account inclinated in tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax. 6 and the financial institution of the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax. 6 and the financial institution of the tax preparation software for payment of my federal taxes owed on this return and/or a	Note: Fo	orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
Amount you want refunded to you	1 A	djusted gross income		1	112,1	L20.
Amount you want refunded to you 5 Amount you owe Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjun, 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 from 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 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 (FERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection 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 remind a ACH electronic bruds withdrawal (client cledel) entry to the financial institutions account indexions on software for authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1 seas 3-35 -4357. Payment cancellation requests must be received no laster 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 of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment and the personal identification number (PiN) below is my signature for 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. Che	2 T	otal tax		2	17,6	584.
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, 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, and to receive form the IRS 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 authorized in I and I a	3 F	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3	20,0)54.
Under penalties of perjury, I declare that if 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 an acknowledgement of recept or reason for rejection of the transmission, (g) the reason to rejection of the transmission, (g) the reason can be considered to the transmission, (g) the reason to rejection of the transmission, (g) the reason developed the provider transmission and the transmission of the transmission, (g) the reason developed the transmission of the transmission, (g) the reason transmission and the transmission of the transmission 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, if the transmission of the payment of the payment of the transmission of the payment of the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of tracks to receive confidential information necessary to answer inquiries and resolutions involved in the processing of the electronic payment of the personal identification number (PiN) below is my signature for the income tax return (original or amended) I am now authorizing. I further acknowledge that the personal identification number (PiN) below is 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	4 A	mount you want refunded to you		4	2,3	370.
Under penalties of perjun, 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 retion of the transmission, (b) the reson for any delay in processing the return or refund, and (e) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termination 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 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 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 understance is not remain in full force and effect until I notify the U.S. Treasury Financial Agent to termination account indicated in the tax preparation software for payment. I must contact the U.S. Treasury in financial Agent at 1-888-353-4637. Payment cancellation requests must be received no later that 2 business days prior to the payment [settlement] date. I also authorize the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I truther acknowledge that the settlement is provided to the payment of the payment. Th	5 A			-		
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 (FRO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason (or rejection of the transmission, (b) the reason for any delay in processing the return or original, 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 referral taxes oved on this return and/or a payment of estimated tax, and the financial institution account indicated in the tax preparation software for payment of the control of the intendication in the tax preparation software for apparent of the payment of the control of the intendication in the tax preparation software for apparent of the payment of the intendication and the processing of the electronic funds and the payment of the payment of the intendication and the processing of the electronic payment of the paymen	Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	of you	r return)
I authorize GLOBAL TAXES LLC to enter or generate my PIN FIN ERRO 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 ▶ 02/17/2024 Spouse's PIN: check one box only Date ▶ 02/17/2024 Spouse's PIN: check one box only Date ▶ 02/17/2024 Spouse's PIN: check one box only Date ▶ 02/17/2024 Spouse's PIN: check one box only Date ▶ 02/17/2024 Spouse's PIN: check one box only Date ▶ 02/17/2024 Spouse's Spouse's 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 Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your 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.	return (or to send n for any de Agent to payment authorizar payment, business taxes to personal	iginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit by return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejectly in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indice of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution it in in full force and effect until I notify the U.S. Treasury Financial Agent to terminate I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requived days prior to the payment (settlement) date. I also authorize the financial institutions involved in the preceive confidential information necessary to answer inquiries and resolve issues related to the patientification number (PIN) below is my signature for the income tax return (original or amended) I and	tter, or electro ction of the trans. Treasury are cated in the tandent to debit the the authorizal ests must be processing of ayment. I furt	nic return ansmission and its design and preparate entry to the tion. To re received the electro her acknown	originator n, (b) the regnated Firstion softwards account evoke (care no later sonic paym wledge the	r (ERO) reason nancial vare for nt. This ncel) a than 2 nent of nat the
I authorize GLOBAL TAXES LLC to enter or generate my PIN the 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 ▶ 02/17/2024 Spouse's PIN: check one box only I authorize 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. 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 ▶ Practitioner PIN Method Returns Only—continue below 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 2 4 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.	Taxnava	er's PIN: check one box only				
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 ▶ 02/17/2024 Spouse's PIN: check one box only I authorize to enter or generate my PIN Enter five digits, but don't enter all zeros I will enter my PIN 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. Spouse's signature ▶ Practitioner PIN Method Returns Only—continue below 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. Date ▶ 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 ▶		I authorize GLOBAL TAXES LLC to enter or generate in ERO firm name	ny PIN └─ Ent	er five digit	s, but	as my
Spouse's PIN: check one box only		I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	od. The ERC	must co		
I authorize	Your sig	nature ► Date ► <u>0</u>	2/17/202	4		
I authorize	Spouse ³	s PIN: check one box only				
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 ▶ Practitioner PIN Method Returns Only—continue below 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. 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 ▶			nv PIN			as mv
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 — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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 firm name	Ent		s, but	10 111y
Practitioner PIN Method Returns Only—continue below 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. 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 ▶		if you are entering your own PIN and your return is filed using the Practitioner PIN method				
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. 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 ▶	Spouse's	s signature ▶ Date ▶				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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		Practitioner PIN Method Returns Only—continue below				
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	Part III	Certification and Authentication — Practitioner PIN Method Only				
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 <i>e-file</i> Providers of Individual Income Tax Returns. ERO's signature ▶ Date ▶	ERO's E	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.			2 7	1
	authorize	d to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	rn in acco	rdanće w	
	ERO's si	onature ▶ Date ▶				
		ERO Must Retain This Form — See Instructions				

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space

For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 2	0	5	See se	parate in	nstructions.
Your first name	and m	iddle initial	Last na	ame					١	our so	cial secu	rity number
ABILASH	REDI	DY	SALI	LARAM						858	64	7046
		s first name and middle initial	Last na	ame					5	Spouse'	s social s	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt.	no.	F	Preside	ntial Elec	ction Campaign
7088 DUG	CKET	TS LN					20:	3				u, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code	;				ointly, want \$3 d. Checking a
ELKRIDGE	C				MD)	21075	5		•		ot change
Foreign country	y name			Foreign province/state/o	count	y	Foreign p	ostal c	ode y	our tax	or refun	
											You	ı Spouse
Filing Status	, X	Single				☐ Head of ho	ousehold	(HOF	l)			
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	ງ spoເ	ıse (Q	(SS)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	or QSS	box,	enter	the chi	ld's nam	ne if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	nent for prope	rtv or ser	vices'	: or (h	n) sell.		
Assets		nange, or otherwise dispose of a digi									☐ Yes	s 🛛 No
Standard	Som	neone can claim: You as a de	penden	t Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate return		•	alien	·						
Ago/Plindnoo		More born before lenuery 2.1	050 [Are blind Cna		. \(\text{Was bar}	n hoforo	lonu		1050		blind
	_	Were born before January 2, 19	909 [T -	ouse:		(4) 0		_			blind ee instructions):
Dependents		instructions): irst name Last name		(2) Social security number	′	(3) Relationsh to you	ib I.,	Child ta			,	other dependents
If more	(1) [irst ridine Last ridine		number		to you		7		ait	Orcall for	
than four dependents,									_			-
see instruction	s —								╡			
and check here	1 —								_			
-	1a	Total amount from Form(s) W-2, bo	ov 1 (se	e instructions)						1a	Τ.	 118,764.
Income	b	Household employee wages not re	•	•				•		1b		110,701.
Attach Form(s)	C	Tip income not reported on line 1a	•	, ,				•		10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep		•				•		1d		
W-2G and	e	Taxable dependent care benefits for		. ,				·		1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene		·				•		1f		
If you did not	g	Wages from Form 8919, line 6.								1g	_	
get a Form	h	Other earned income (see instructi								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i						-
	z	A statition and a thousands of the								1z	.] :	118,764.
Attach Sch. B	2a	<u> </u>	2a		b Ta	axable interest	t			2b	,	
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds			3b	,	
	4a	IRA distributions	4a			axable amount				4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b		6,978.
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)			. \square			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	, check here			. \square	7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0						8		-13,622.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is your total inc	come					9		112,120.
\$27,700	10	Adjustments to income from Schee	dule 1,	line 26						10		
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11		112,120.
\$20,800 If you checked 1	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12	.	13,850.
any box under Standard	13	Qualified business income deducti	ion fron	n Form 8995 or Form	899	5-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 les	s, enter -0 This is y	our t	axable incom	ie			15		98,270.

Form 1040 (202)	3)									Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	3 🗌			16	16,986.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	16,986.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19		
	20	Amount from Schedule 3, lir	ne 8						20		
	21	Add lines 19 and 20							21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					22	16,986.	
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .				23	698.	
	24	Add lines 22 and 23. This is	your total tax						24	17,684.	
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2				25a	18	,658			
	b	Form(s) 1099				25b	1	,396			
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	20,054.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return				26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27					
attach Sch. ElC.	28	Additional child tax credit fro	m Schedule 8812	2		28					
	29	American opportunity credit	from Form 8863	B, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	20,054.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	ınt you	overpaid		34	2,370.	
	35a	Amount of line 34 you want			3 is attached, che	ck here			35a	2,370.	
Direct deposit?	b	Routing number 0 1 1				Check	king 🗌	Savings	3		
See instructions.	d	Account number 3 9 4	0 0 7 2	0 6 9 :	1 1						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, g	_	-					37		
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another	•								
Designee		nstructions						•		⊠ No	
		Designee's Phone Personal i name no. number (F									
Sign	Un	der penalties of perjury, I declare t	hat I have examined	d this return and	accompanying sche	edules ar	nd statemen	ts, and to	the best	of my knowledge and	
Here	be	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on	all informati	on of whi	ch prepar	er has any knowledge.	
Here	Yo	ur signature		Date	Your occupation					nt you an Identity	
					DEGLEM DA	~ = > = = =	10		otection P e inst.)	PIN, enter it here	
Joint return? See instructions.		ouso's signature. If a joint roturn	hath must sign	DESIGN ENGINEER			- 1		nt vour enques an		
Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation				lde	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Ph	one no. (617)784-544	5	Email address	S.ABILASHRED	DY1994	@GMAIL.C	MC			
Doid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:	
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/1	8/2024	P020	82703	Self-employed	
Preparer	Fin	m's name GLOBAL TA	XES LLC					Ph	one no. ((678)965-9522	
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816			Fir	m's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

ABILASH REDDY SALLARAM

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

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

	Sequence No. 01
Your soci	ial security number
858-64	-7046

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):			
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	-13,622.
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	4	
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 (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or	0.		
	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		9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Ente		9	
10	1040, 1040-SR, or 1040-NR, line 8	nere and on rollin	10	-13,622.
			10	,

Page **2** 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	e-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	Alimony paid			19a	
b	Recipient's SSN	· <u> </u>			
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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
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)	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				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
05		24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10			06	
				26	1 4 (5 4040) 2222
	BAA	REV 02/	11/24 PRO	Scnedu	ile 1 (Form 1040) 2023

SCHEDULE 2 (Form 1040)

16

Department of the Treasury Internal Revenue Service

Additional Taxes

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. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ABILASH REDDY SALLARAM 858-64-7046 Part I Tax 1 Alternative minimum tax. Attach Form 6251 1 2 2 Excess advance premium tax credit repayment, Attach Form 8962 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17... 3 Part II **Other Taxes** 4 Self-employment tax. Attach Schedule SE 4 5 Social security and Medicare tax on unreported tip income. 5 Attach Form 4137 Uncollected social security and Medicare tax on wages. Attach 6 6 Total additional social security and Medicare tax. Add lines 5 and 6 . . . 7 7 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. 8 8 698. 9 9 Repayment of first-time homebuyer credit. Attach Form 5405 if required 10 10 11 11 12 Net investment income tax. Attach Form 8960 12 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life 13 Interest on tax due on installment income from the sale of certain residential lots 14 14 Interest on the deferred tax on gain from certain installment sales with a sales price 15 15

Recapture of low-income housing credit. Attach Form 8611

(continued on page 2)

16

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

Schedule 2 (Form 1040) 2023

Schedule 2 (Form 1040) 2023 Page **2**

Part II Other Taxes (continued)

17	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a	_	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
С	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
I	Tax on accumulation distribution of trusts	17I		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 0		
р	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
Z	Any other taxes. List type and amount:			
		17z		
18	Total additional taxes. Add lines 17a through 17z		 . 18	
19	Reserved for future use		 . 19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . $$		l l	698.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041,

Attachment

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return Your social security number ABILASH REDDY SALLARAM 858-64-7046 Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) VIJAYAPURI COLONY SECUNDERABAD TELANGANA IN 500017 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 3 600. Rents received . 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,864. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,440. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 2,124. 14 Repairs 2,643. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,315. 18 3,836. 18 Depreciation expense or depletion 19 19 Other (list) 20 20 14,222. Total expenses. Add lines 5 through 19 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 -13,622. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 13,622.) 600. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,836. 23d Total of all amounts reported on line 18 for all properties 14,222. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 13,622. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-13,622.

Form **8889**

Department of the Treasury

Internal Revenue Service

Health Savings Accounts (HSAs)

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. 52

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

ABILASH REDDY SALLARAM

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

858-64-7046

Befor	re you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	f requ	iired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of every month during 2023, you were, or were considered, an eligible individual with the same coverage, enter \$3,850 (\$7,750 for family coverage). All others , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,400.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,450.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	HSA Distributions. If you are filing jointly and both you and your spouse each have separate Part II for each spouse.	arate	HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		
	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruction completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	