Internal Revenue Service

# **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name				ty numb	er
MAN	IDEEP PUPPALA		832-57-	-8713	3
Spouse	o's name	5	Spouse's soc	ial secu	ırity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (	=nter v	ear vou a	re aut	thorizing.)
	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	84,572.
2	Total tax			2	10,867.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	14,275.
4	Amount you want refunded to you			4	3,408.
5	<u>A</u> mount 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

X	l authorize	GLOBAL TAXES LLC	to enter or generate my P
	rautionze		

			gits, all ze		as my
7	8	7	1	3	

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.

ERO'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 02/11/24 PRO	Form 8879 (Rev. 01-2021)						

For the year Jar	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, e	nding		, 20		See se	oarate inst	ructions.
Your first name	and m	iddle initial	Last n							cial securit	
MANIDEEI				PALA					832		-
		s first name and middle initial	Last n								curity number
<b>,</b> , .											• • •
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. no.		Preside	ntial Election	on Campaigr
9001 HOP	RSE I	HERD DR								nere if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ate	ZIP code				tly, want \$3
FORT WOR	RTH				T	х	76123		•	ow will not	Checking a change
Foreign countr	/ name			Foreign province/state	e/coun	ty	Foreign posta	l code		or refund.	•
										You	Spouse
Filing Status	; 🗵	Single				Head of he	ousehold (H	OH)			
Check only		Married filing jointly (even if only o	ne had	income)		_					
one box.	L	Married filing separately (MFS)				, ,	surviving sp				
		you checked the MFS box, enter the			ou che	ecked the HOF	l or QSS box	k, ente	r the chi	ld's name	if the
	qu	alifying person is a child but not you	ir aepe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward, award, c	or payı	ment for prope	rty or service	es); 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	t)? (See inst	ructior	ıs.)	Ves 🗌	🗙 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌 Your spou	ise as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-statu	s alier	ו					
Age/Blindnes	S You:	: 🗌 Were born before January 2, 1	959	Are blind S	pouse	: 🗌 Was bor	n before Jar	uary 2	, 1959	🗌 ls bl	ind
Dependent	s (see	instructions):		(2) Social secur	itv	(3) Relationsh	ip (4) Checl	the bo	ox if quali	fies for (see	instructions):
If more	•	irst name Last name		number	,	to you		d tax cr	edit	Credit for ot	her dependents
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	9	96,499.
Attach Form(s)	b	Household employee wages not re	eported	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			e 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	<b>e</b>						• •	1g		
W-2, see	h	Other earned income (see instruct	,		• •			• •	. <u>1h</u>	-	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)	• •	<b>1</b> i			<b>1</b>		96,499.
	<u>z</u>	Add lines 1a through 1h	 <b>.</b> .	· · · · · ·	 ьт	axable interest		• •	. 1z		90,499.
Attach Sch. B if required.	2a 3a	•	2a 3a					• •	2b 3b		
	<u> </u>		3a 4a			Ordinary divider axable amount		• •	4b		
tandard	4a 5a		4a 5a			axable amount		• •	5b		
eduction for -	5a 6a		5a 6a			axable amount		• •	6b		
Single or Married filing	C	If you elect to use the lump-sum e		method check her				· ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche						· L	7		
Married filing	8	Additional income from Schedule		•	•			• ∟			11,927.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •	9		34,572.
surviving spouse, \$27,700	10	Adjustments to income from Sche				• · · · ·		• •	10		
Head of	11	Subtract line 10 from line 9. This is						• •	11	-	34,572.
household, \$20,800	12	Standard deduction or itemized							12		13,850.
If you checked any box under	13	Qualified business income deduct				95-A.			13		
Standard Deduction,	14								14	-	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer				taxable incom	 e				70,722.
	-			,							

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

Form **1040** (2023)

Form 1040 (2023	3)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	10,867.
Credits	17	Amount from Schedule 2, line 3				[	17	
	18	Add lines 16 and 17				[	18	10,867.
	19	Child tax credit or credit for other depender	ts from Sched	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,	enter -0				22	10,867.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .		[	23	0.
	24	Add lines 22 and 23. This is your total tax				[	24	10,867.
Payments	25	Federal income tax withheld from:						
2	а	Form(s) W-2			<b>25a</b> 14	,275.		
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	14,275.
If you have a	26	2023 estimated tax payments and amount a	applied 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	2		28			
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your to	otal payments			[	33	14,275.
Refund	34	If line 33 is more than line 24, subtract line 2	24 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,408.
	35a	Amount of line 34 you want refunded to yo	<b>u</b> . If Form 8888	3 is attached, che	ck here	. 🗆 🛛	35a	3,408.
Direct deposit?	b	Routing number         0         7         2         0         0         3	2 6	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 3 2 1 0 1 2 7	3 1					
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe					
You Owe		For details on how to pay, go to www.irs.go	v/Payments or	see instructions			37	
	38	Estimated tax penalty (see instructions) .			38	[		
Third Party	Do	you want to allow another person to dis	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions			🗌 <b>Yes.</b> Co	omplete be	low.	🗙 No
		signee's	Phone			onal identific	ation	
<u>.</u>	na	der penalties of perjury, I declare that I have examine	no.			per (PIN)	- boot (	
Sign		ief, they are true, correct, and complete. Declaration		1 2 0		,		, 0
Here	Yo	ur signature	Date	Your occupation		If the I	RS ser	nt you an Identity
	10		Duic					N, enter it here
Joint return?				VALIDATIO	N ENGINEER	(see in	st.)	
See instructions.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.						Identit (see in		ection PIN, enter it here
,			<b></b>			(500 11		
		pone no. (810)213-5738 eparer's name Preparer's signa	Email address	Mani2495@0		DTIN	—	Check if:
Paid				011DE3	Date	PTIN		_
Preparer		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA	KAM SAGAR	GUPTA TALLAM	02/21/2024	P02082		Self-employed
Use Only		n's name GLOBAL TAXES LLC		T 00016		Phone		678)965-9522
		n's address 245 ROONEY CT E BRU	JNSWICK N			Firm's	EIN	84-3171965
Go to www.irs.go	ov/Forn	1040 for instructions and the latest information.		BAA	REV 02/11/24 PRO			Form <b>1040</b> (2023)

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

r 1040-NR. nd the latest information. Your social security number

 
 Department of the Treasury Internal Revenue Service
 Go to www.irs.gov/Fo

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

MANI	DEEP PUPPALA		832-57	7-871	3
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	еЕ. 🗌	5	-11,927.
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			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
1	Income from the rental of personal property if you engaged in the rental				
	for profit but were not in the business of renting such property	81			
m	Olympic and Paralympic medals and USOC prize money (see				
	instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8р			
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	<b>8s</b> (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
Z	Other income. List type and amount:				
		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8	r here and or	• Form	10	-11,927.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		S	chedule	1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
<b>U</b>	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

SCHEDULE I	
(Form 1040)	

## **Supplemental Income and Loss**

OMB No. 1545-0074

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tc.)	2023				
	Attachment Sequence No. <b>13</b>				
social security number					

Name(s) shown on return				
	Name(s)	shown	on	return

(Form	1040)	(From r	ental real estate, royal	ties, partners	hips, S	corporati	ions, es	states,	trusts, REM	Cs, etc.)	えん	<b>93</b>
Department of the Treasury Attach to Form 1040,						,	,			Attachm		
Internal Revenue Service Go to www.irs.gov/ScheduleE fo					or instructions and the latest information						Sequence No. 13	
.,	shown on return						Your social security number					
									832-5	7-8713		
Part							<b>C</b> Co	inates	ationa If you	ara an indi	vidual room	aut fauna
	rental inco	ome or los	he business of renting p is from <b>Form 4835</b> on p	ersonal proper age 2, line 40.	τy, use	Schedule	e <b>C</b> . See	Instru	ctions. If you	are an indi	viduai, repo	ort tarm
A		e any payments in 2023 that would require you to file Form(s) 1099? See instructions										
B li	f "Yes," did you	bu or will you file required Form(s) 1099?								. 🗌 Ye	s 🗌 No	
1a			ach property (street, o									
A			HYDERABAD TEL			,						
 	BAGHLINGA	МРАЦЦІ	HIDERADAD IEL	ANGANA II	1 500	044						
C												
 1b	Type of Prope	ertv 2	For each rental real	estate prope	nty liet	ted.		Ea	ir Pontal	Porsor		
10	(from list below		above, report the n				Fair Rental Days			Personal Use Days		QJV
Α	3	,	personal use days.	Check the Q	JV bo>	k only	/ A		365	0		
В			if you meet the requ				B					
С			qualified joint ventu	re. See instru	ictions	5.	С					$\square$
Туре	of Property:	1						1		1	1	
1	Single Family R	esidence	e 3 Vacation/Sho	ort-Term Ren	tal	5 Land	I	7	Self-Rental			
2	Multi-Family Re	sidence	4 Commercial			6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom							Α		B	.165.		С
3		4			3			50.	D			0
4					4			50.				
Expen		iveu										
5					5							
6			structions)		6							
7					7		1 1	25.				
8					8		- , -	23.				
9					9							
10			sional fees		10							
11	-				11		1.0	00.				
12	0		to banks, etc. (see in		12		± / 0					
13					13							
14					14		3,2	75.				
15					15			93.				
16					16							
17					17		3,9	84.				
18			or depletion		18							
19	Other (list)		·		19							
20	Total expense	s. Add lir	nes 5 through 19 .		20		12,4	77.				
21	Subtract line 2	0 from li	ne 3 (rents) and/or 4	(royalties). If								
			structions to find out									
					21	-	-11,9	27.				
22			estate loss after limita									
			tructions)		22	(	11,92	-	(	)	(	
<b>23</b> a			ported on line 3 for al					23a		550.		
b			ported on line 4 for al					23b				
С			ported on line 12 for a					23c				
d			ported on line 18 for a					23d				
е			ported on line 20 for a					23e		2,477.		
24			amounts shown on lir			-		• •				1 0 0 - 1
25			ses from line 21 and re								( 1	L1,927.
26	Total rental re	eal estat	te and royalty incon	ne or (loss).	Comb	ine lines t	24 and	125. E	nter the res	ult		

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.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

-11,927.

26

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