#### 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)

Taxpayer's name	Social security number
VIJAY KUMAR JIDUGU	011-15-7071
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.	
<b>1</b> Adjusted gross income	<b>1</b> 70,298.
<b>2</b> Total tax	<b>2</b> 7,721.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 12,149.
4 Amount you want refunded to you	<b>4</b> 4,428.
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

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN ERO firm name

	er fiv i't er	as my			
5	7	0	7	1	

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 ► 1 Vijay Kumar

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 1/28/2024

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 >	Da	te 🕨					 		
Practitioner PIN Method Returns Only—con	tinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method O	nly								
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected Pl	N.	2	2	2		6 all zei	 9	8 9	Э

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 🕨	
Don't s	ERO Must Retain This F Submit This Form to the I		
For Denerwork Deduction Act Nation	o your toy roturn instructions	 REV 01/21/24 RRO	Earm 8879 (Pov. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> >		turn	202	3	OMB No. 1545	-0074	IRS Use On	y—Do not v	/rite or sta	aple in this space.
For the year Jar	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
VIJAY KU	JMAR		JID	UGU						011	15	7071
If joint return, s	pouse':	s first name and middle initial	Last r							Spouse	's socia	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				Α	pt. no.	Preside	ntial Ele	ection Campaigr
2811 AZA	ALEA	HILLS DR						_				/ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
Charlott	ce					NC	2	282	62			not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta	_	_
											Yo	ou 🔄 Spouse
Filing Status	; 🗵	Single					Head of h	ouseh	old (HOH)			
Check only	Ļ	Married filing jointly (even if only or	ne hao	d income)								
one box.		Married filing separately (MFS)										
		you checked the MFS box, enter the			pouse. If you	l che	ecked the HOF	H or QS	SS box, ent	er the ch	ild's na	ime if the
	qu	alifying person is a child but not you	ir dep	endent:								
Digital		ny time during 2023, did you: (a) rece	•									
Assets	-	nange, or otherwise dispose of a digi			nancial intere	est ir	n a digital asse	et)? (Se	e instruction	ons.)	<b>∐</b> Y	es 🛛 No
Standard	_	neone can claim: You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur		_		allen	_					
		Were born before January 2, 1	959	Are b	lind Spo	ouse		14	ore January			s blind
Dependents				(2) :	Social security number	,	(3) Relationsh to you	nip <b>(4</b>	Check the Child tax			(see instructions): or other dependents
If more	(1) -	irst name Last name			Папреі					orean		
than four dependents,												
see instruction	s —											
and check here	<u> </u>											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a		85,318.
	b	Household employee wages not re								. 1t	,	
Attach Form(s) W-2 here, Also	с	Tip income not reported on line 1a	(see i	instructior	ns)					. 10	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s						. 10	I	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441	, line 26					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	3839, line 29					. 11		
If you did not	g	Wages from Form 8919, line 6 .								. 10	ı 📃	
get a Form W-2, see	h	Other earned income (see instruction	ions)					· ·		. 11	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i	i				
	z	Add lines 1a through 1h	• •							. <b>1</b> z	:	85,318.
Attach Sch. B	2a	· -	2a				axable interes			. <b>2</b> t	)	
if required.	3a		3a				Ordinary divide			. 3t	-	
Standard	4a		4a				axable amoun			. <b>4</b> t	)	
Deduction for—	5a		5a				axable amoun			. 5k	_	
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	t		. 6t		
separately,	_c	If you elect to use the lump-sum e				`	,	• •				
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scher		•							_	15 000
jointly or Qualifying	8	Additional income from Schedule	-							. 8	_	-15,020.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				como	e			. 9		70,298.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche								. 10		70 000
household, [ \$20,800	11	Subtract line 10 from line 9. This is								. 11	-	70,298.
• If you checked	12	Standard deduction or itemized		•		,	 			. 12	_	13,850.
any box under Standard	13 14	Qualified business income deducti Add lines 12 and 13	IUII (ro	111 FUIM 8	Sec In Loru	099	ы-А		· · ·	. 13		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer	· ·	· · ·	 _0_ This is y		 tavahle incom	 10		. 14		56,448.
	15			ss, enter	0 1115 15 y	Jui		. 51		. 10	<u> </u>	50,440.

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	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	7,721.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	7,721.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,721.
	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 <b>total tax</b>				[	24	7,721.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 12	,149.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	12,149.
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)			No	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, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. T					[	33	12,149.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	4,428.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 💽	35a	4,428.
Direct deposit?	b	Routing number 0 6 1				Checking	Savings		
See instructions.	d	Account number 3 3 4	0 7 2 9	3 4 4 2	1 7				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	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	structions				🗌 <b>Yes.</b> Co	omplete bel	ow.	X No
	De nai	signee's		Phone no.			onal identifica oer (PIN)	tion	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	hest (	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S ser	nt you an Identity
							Protecti	on Pl	N, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see ins	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an
your records.							(see ins		ection PIN, enter it here
	Ph	one no. (814)790-623	ຳ	Email address			``		
		one no. (814)790-623 eparer's name	∠ Preparer's signat		VIUAINGUY.	L@GMAIL.COM	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			IAR DUDIPALLI		P024708	22	Self-employed
Preparer		n's name GLOBAL TAX		TAVAN KUM	NU DOTLUTI				678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's E		88-2145487
Go to www.ire.cr		1040 for instructions and the late		TIONICI IN					Form <b>1040</b> (2023)
		in the instructions and the late	scinomation.		BAA	REV 01/21/24 PRO			10m 10+0 (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 )2 23

Department of the Treasury Internal Revenue Service	' Co to unum ire dov/Earm10/0 for instructions and the latest information							
Name(s) shown on Fo	Your social security number							
VIJAY KUMAR JIDUGU 011-15-								
	••							

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1		
2a	Alimony received	. <b>2</b> a	1	
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			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			-15,020.
6	Farm income or (loss). Attach Schedule F.			
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	_		
j	Activity not engaged in for profit income	_		
k	Stock options	_		
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)	_		
n	Section 951(a) inclusion (see instructions)	_		
0	Section 951A(a) inclusion (see instructions)	_		
р	Section 461(I) excess business loss adjustment	_		
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			
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	-		
u	Wages earned while incarcerated   8u	_		
Z	Other income. List type and amount:			
0	Tatal other income. Add lines %a through %7	. 9		
9 10	Total other income. Add lines 8a through 8z		+	
10	1040, 1040-SR, or 1040-NR, line 8			-15,020.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			1 (Form 1040) 2023
		oone	aute	1 (1 0111 10+0) 2020

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a			19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2-7 a	Jury duty pay (see instructions)			
a b	Deductible expenses related to income reported on line 8l from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
لم			-	
d			-	
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		-	
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g			
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
_	tax law violations		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 0	1/21/24 PRO	Schedule 1 (I	orm 1040) 202

SCHEDULE	Е
(Form 1040)	

### Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

)	2023
	Attachment Sequence No. <b>13</b>

Name(s) shown on return							Your social security number			
VIJAY KUMAR JIDUGU							011-15-7071			
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			<b>C</b> . See	instru	ctions. If you	are an indi	vidual, rep	ort farm	1
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .         "Yes," did you or will you file required Form(s) 1099?							. 🗌 Ye	s 🛛 I	No
B							🗌 Yes 🗌 No			
1a	Physical address of each property (street, city, state, ZIF									
Α	IBRAHIMPATNAM VIJAYAWADA ANDHRA PRADE	CSH I	IN 5212	41						
В										
С										
1b	ype of Property2For each rental real estate property listed above, report the number of fair rental and				Fa	ir Rental Days		Personal Use QJV Days		
Α	3 personal use days. Check the Q			Α		365		0		
В	if you meet the requirements to f			B		505				1
C	qualified joint venture. See instru	ictions	S							1
-	of Property:			•						<u></u>
1	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
ncon	ne:			A		В			С	
3	Rents received	3		520.						
4	Royalties received	4								
Expe	ises:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7								
8		8		1,9	60.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees			1,3	80.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		4,0	90.					
15	Supplies			3,9	60.					
16	Тахев									
17	Utilities	17		4,150.						
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		15,5	40.					
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 <b>Form 6198</b>	21		-15,0	20					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	21		15,020.)(			)	(		)
23a	Total of all amounts reported on line 3 for all rental prope		·		23a		520.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
с	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
е	Total of all amounts reported on line 20 for all properties				23e	1	5,540.			
24	Income. Add positive amounts shown on line 21. Do not		de any los	ses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses he		(	15,02	. )
26	Total rental real estate and royalty income or (loss).	Comb	ine lines 2	24 and	25. E	nter the res	ult			
	here. If Parts II, III, and IV, and line 40 on page 2 do no	t app	ly to you,	also e	nter tl	nis amount (	on			

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2