#### Department of the Treasury 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)

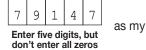
Тахрау	ver's name	Social sec	Social security number						
SOW	JANYA MARREDDI	758-3	37-9147						
Spouse	e's name	Spouse's s	social security number						
VIJ	AYA BHASKAR REDDY GUTTIKONDA	054-1	L3-3630						
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)									
Enter	whole dollars only on lines 1 through 5.								
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
1	Adjusted gross income		1 79,	994.					
2	Total tax		<b>2</b> 5,	833.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 7,	391.					
4	Amount you want refunded to you		4 1,	558.					
5	Amount you owe								

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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. 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

	1 authorize		1111110	ERO firm name	to enter or generate my r in	Er
X	l authorize	GLOBAL	TAXES	T.T.C	to enter or generate my PIN	



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

### Spouse's PIN: check one box only

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

Date

3 3 6 3 0 as mv Enter five digits, but don't enter all zeros

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—continue below										
Part III Certification and Authentication – Pra	actitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	bur 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.

ERO's signature 🕨	Date 🕨							
	ERO Must Retain This Form — S Don't Submit This Form to the IRS Unles							
For Donomwork Doduction Act	Notice can your tay return instructions		Earm 8870 (Day, 01 2021)					

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		rn	202	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not v	write or sta	aple in this space.
For the year Jar	. 1-Dec	a. 31, 2023, or other tax year beginning		I	, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last nam	ie						Your social security number		
SOWJANYA	1		EDDI						758	37	9147	
If joint return, s	pouse's	s first name and middle initial							-	security number		
VIJAYA E	BHASE	KAR REDDY	GUTTI	KONDA	Ą					054	13	3630
Home address	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.	Preside	ential Ele	ection Campaign
8400 SUG	GAR 1	MAPLE DR						2	204			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spa	aces belo	w.	Sta	te	ZIP c	ode			jointly, want \$3
MASON						OH	I	450	40			nd. Checking a not change
Foreign country	/ name		Fc	oreign pro	vince/state/o	count	ty	Foreig	n postal code	your ta	x or refu	ind.
											Yc	ou 🗌 Spouse
Filing Status	; [	Single					Head of ho	useh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne had ind	come)								
one box.		Married filing separately (MFS)					Qualifying :	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of	your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır depend	lent:								
Digital	Atar	ny time during 2023, did you: (a) rec	eive (as a	reward	award or	navn	ment for proper	tv or	services): o	r (b) sell		
Assets		ange, or otherwise dispose of a digi						•	,	.,	<b>□</b> Ye	es 🛛 No
Standard		eone can claim:  You as a de		·			a dependent	, ,		,		
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you v		•		•					
Age/Blindness	s You:	Were born before January 2, 1	959	Are blir	nd Spo	use	: 🗌 Was borr	n befo	ore January	2. 1959		s blind
Dependent		-		·	cial security		(3) Relationshi	1	-	box if qualifies for (see instruction		
If more		irst name Last name	number				to you		Child tax credit		Credit fo	or other dependents
than four												
dependents,												
see instructions and check	S ——											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	ions)					. 18	a 🛛	88,655.
	b	Household employee wages not re	eported o	n Form(	s) W-2..					. 11	<b>b</b>	
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									>	
attach Forms	d	Medicaid waiver payments not rep	orted on	Form(s)	W-2 (see in	nstru	ictions)			. 10	ł	
W-2G and 1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26       .								. 10	e	
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 1	f	
If you did not	g	Wages from Form 8919, line 6							. 19	9		
get a Form W-2, see	h	Other earned income (see instructions)								. 11	1	0.
instructions.	i	Nontaxable combat pay election (see instructions)										
	Z	- ° , , ,							. 12		88,655.	
Attach Sch. B	2a	'	2a				axable interest			. 21		
if required.	<u>3a</u>		3a				ordinary dividen					
Standard	4a		4a				axable amount			. 41	-	
Deduction for —	5a		5a				axable amount			. 51	-	
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amount	• •		. 61	<b>)</b>	
separately,	_c	If you elect to use the lump-sum e						• •	· · ·			
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche		•	•			• •				0 6 6 1
jointly or Qualifying	8	Additional income from Schedule								. 8		-8,661.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-				• •		. 9	_	79,994.
Head of	10	Adjustments to income from Sche						• •		. 10		70.004
household, [ \$20,800	11	Subtract line 10 from line 9. This is	-	-				• •		. 1		79,994.
If you checked	12	Standard deduction or itemized						• •		. 12		27,700.
any box under Standard	13	Qualified business income deduct						• •		. 1	_	27 700
Deduction, see instructions.	14 15									. 14	_	27,700.
	15	Subtract line 14 from line 11. If zer	o or less,	, enter -t	. This is y	ourt		θ.		. 1	וי	52,294.

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

Form **1040** (2023)

Form 1040 (2023	)								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	5,833.
Credits	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	5,833.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20					[	21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			[	22	5,833.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21		[	23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>				[	24	5,833.
Payments	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 7	,391.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	)			25c			
	d	Add lines 25a through 25c					2	25d	7,391.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	022 return		[	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit fron				28			
	29	American opportunity credit				29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e15			31			
	32	Add lines 27, 28, 29, and 31.	These are vour	total other pa	avments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. Th						33	7,391.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid							1,558.
	35a	Amount of line 34 you want r					-	34 35a	1,558.
Direct deposit?	b	Routing number 0 6 1					Savings		
See instructions.	d	Account number 2 3 0	Ŭ						
	36	Amount of line 34 you want a		2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.	This is the <b>amo</b>	ount vou owe		1 1			
You Owe	•.	For details on how to pay, go						37	
	38	Estimated tax penalty (see in	-	-		38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				omplete bel	ow. 🗙	No
<b>J</b>	De	signee's		Phone			onal identifica	tion	
	nar			no.			oer (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and comp							
Here				I.	1				
	Yo	ur signature		Date	Your occupation				ou an Identity enter it here
Joint return?					QUALITY EN	IGINEER	(see ins	,	
See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupati		If the IR	S sent yo	our spouse an
Keep a copy for	opouse s signature. In a joint rotain, <b>sour</b> must sign.								on PIN, enter it here
your records.					HOME MAKER	۲	(see ins	í.)	
	Ph	one no. (470) 800-5616	5	Email address	SOWMA2017	GMAIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		eck if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/2024	P020827	03   C	Self-employed
Use Only	Firi	m's name GLOBAL TAX	KES LLC				Phone r	ю. (67	8)965-9522
	Firi	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's E	IN {	84-3171965
Go to www.irs.go	v/Forn	1040 for instructions and the lates	st information.		BAA	REV 01/12/24 PRO			Form <b>1040</b> (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 202 23

Department of the Treasury Internal Revenue Service	Attachment Sequence No. <b>01</b>		
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
S MARREDDI & V	GUTTIKONDA	758-37	-9147

Par	t 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. Attach	Schedule E .	5	-8,661.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	(	)	
b	Gambling	1		
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)		-	
	Section 951(a) inclusion (see instructions)		_	
0	Section 951A(a) inclusion (see instructions)		-	
р	Section 461(I) excess business loss adjustment		- 1	
q	Taxable distributions from an ABLE account (see instructions) 80		-	
r	Scholarship and fellowship grants not reported on Form W-2 8r		-	
S	Nontaxable amount of Medicaid waiver payments included on Form1040, line 1a or 1d8s	(		
	Pension or annuity from a nonqualifed deferred compensation plan or		4	
t	a nongovernmental section 457 plan			
	Wages earned while incarcerated		-	
u z	Other income. List type and amount:		-	
2	0-			
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 he			
	1040, 1040-SR, or 1040-NR, line 8		10	-8,661.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	· · ·	-	le 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gover	rnment		
	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:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m		-	
d	Reforestation amortization and expenses		-	
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		-	
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
İ	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			
;	Housing deduction from Form 2555		-	
ן א	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		-	
n	1041)			
7	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 <b>adjustments to income</b> . Enter here a	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/12/24 PR(	o i	· · · · ·	1 (Form 1040) 2023

		Supplementa				OMB No. 1545-0074					
(Form	1040)	(From r	ental real estate, royalties, partners	• •	•	etc.)	2023				
	nent of the Treasury		Attach to Form 1040,					formation		Attachm	nent 10
	Internal Revenue Service         Go to www.irs.gov/ScheduleE for instructions and the latest information.           Vame(s) shown on return         Yes										ce No. <b>13</b>
. ,	ame(s) shown on return       Your social       MARREDDI & V GUTTIKONDA     758-37										number
Part			From Rental Real Estate an	d Ro	valties			1	50 5		
- are	Note: If yo	ou are in th	e business of renting personal proper			C. See	instru	ctions. If you are	an indiv	/idual, rep	ort farm
			s from <b>Form 4835</b> on page 2, line 40.								57
	•		nts in 2023 that would require you		. ,						
									• •	. 🗌 Ye	s 🗌 No
1a	Physical addr	ress of ea	ch property (street, city, state, ZI	P code	e)						
Α	PEDA KAKA	NI MAN	DAL GUNTUR DISTRICT ANI	OHRA	PRADES	SH IN	522	509			
В											
C											
1b	Type of Prope		For each rental real estate prope				Fa			al Use	QJV
-	(from list below	N)	above, report the number of fair personal use days. Check the Q					Days	Da	-	
 	3		if you meet the requirements to f			A B		255		0	
- C			qualified joint venture. See instru	lictions	6.	C					
	of Property:					0					
	Single Family R	esidence	3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial		6 Roya			Other (describe	e)		
	, ,				,		_				
Incom						•		Properties B	:		С
Incom 3		4		3		<b>Α</b> 5	50.	D			C
4				4			50.				
Exper											
5				5							
6	-		tructions)	6							
7			nce	7		1,0	55.				
8	Commissions			8							
9	Insurance .			9							
10			sional fees	10							
11				11		1,1	69.				
12		•	to banks, etc. (see instructions)	12							
13				13			~ 7				
14				14		2,9					
15 16				15 16		2,6	12.				
17				17		1,3	8.8				
18			or depletion	18		-70					
19	Other (list)	•		19							
20	` ′		les 5 through 19	20		9,2	11.				
21	Subtract line 2	0 from li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
				21		-8,6	61.				
22			state loss after limitation, if any,								
		•	ructions)	22	(	8,66		•	)	(	
23a		•	ported on line 3 for all rental prope				23a		550.		
b		-	ported on line 4 for all royalty prop				23b				
c d		•	ported on line 12 for all properties ported on line 18 for all properties				23c 23d				
d e			ported on line 20 for all properties				230 23e	<u>م</u>	211.		
24		•	mounts shown on line 21. Do not				200		24		
25			es from line 21 and rental real estat		•		ຳter to	tal losses here	25	(	8,661.
26		• •	e and royalty income or (loss).								-,
			IV, and line 40 on page 2 do no								
			), line 5. Otherwise, include this ar						26		-8,661.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023