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)

Taxpay	er's name	Social security nur	Social security number					
RAK	ESH REDDY PULICHINTHALA	853-78-49	54					
Spouse	's name	Spouse's social se	curity number					
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you are a	uthorizing.)					
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	108,730.					
2	Total tax	2	16,180.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	17,611.					
4	Amount you want refunded to you	4	1,431.					
5	Amount you owe	5						

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

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

				FBO firm name		Ę	í
	rauthorize	GLODAL	TAVES		to enter or generate my PIN	-	Ì
$\overline{\mathbf{v}}$	l authorize	CTORAT	TAVEC	TTC	to optor or gonorato my DIN	8	1

Ent	er fiv n't er	e di	gits,	but	as my
Q	Л	۵	5	Л	

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 signature >	Da	te 🕨	•									
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				60 er all z	-		7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
ERO Must Retain This Fo Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or sta	aple in this space.		
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.		
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number		
RAKESH F	REDD	Y	PUL	LICHINTHALA							78	4954		
		s first name and middle initial	Last r									security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
		DINE AVE										ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a		
AUBREY						TΣ		762		box bel	ow will	not change		
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_		
											∐ Yo	ou 🔄 Spouse		
Filing Status	; []	Single		l :)			Head of he	buseh	old (HOH)					
Check only		<ul> <li>☐ Married filing jointly (even if only one had income)</li> <li>☐ Married filing separately (MFS)</li> <li>☐ Qualifying surviving spouse (QSS)</li> </ul>												
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	name	of your s	nouse If voi	ı che					ld'e na	me if the		
		alifying person is a child but not you									10 3 110			
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-			ΠYe	es 🛛 No		
Standard		neone can claim: You as a de		· · · · · · · · · · · · · · · · · · ·			a dependent	i): (OC		113.)				
Deduction	_	Spouse itemizes on a separate return	•		•		•							
		: Were born before January 2, 1		Are b		ouse		n hofe	re January	2 1050		s blind		
Dependents			333					14				see instructions):		
-		irst name Last name		(2) :	Social security number		(3) Relationsh to you	ip (*	Child tax c			or other dependents		
lf more than four	(1)													
dependents,														
see instructions and check	s ——													
here	]													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions)					. 1a		114,894.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b				
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 1c	-			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)			. 1d				
1099-R if tax	е	Taxable dependent care benefits f			-			• •	· · ·	. <u>1e</u>	-			
was withheld.	f	Employer-provided adoption bene			,			• •		. 1f	-			
lf you did not get a Form	g L	Wages from Form 8919, line 6 .				• •		• •	· · ·	. 1g		0.		
W-2, see	h :	Other earned income (see instruction /	,	· · ·		• •	· · · · ·	· ·		. 1h		0.		
instructions.	i 7	Nontaxable combat pay election (s Add lines 1a through 1h		structions)		• •	· · []			. 1z		114,894.		
Attach Sch. B	z 2a	- 1	2a		· · · ·		axable interest	•••		. 12 . 2b		, _, ., .		
if required.	2a 3a		2a 3a				Ordinary divider			. 20 . 3b				
	4a		4a				axable amount			. 4b				
Standard Deduction for—	5a		5a				axable amount			. 5b				
<ul> <li>Single or</li> </ul>	6a		6a				axable amount			. 6b				
Married filing separately,	с	If you elect to use the lump-sum elect	lectior	method,	check here	(see	instructions)		[					
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	iired	, check here		[	7				
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8		-6,164.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	8. This is y	our total inc	omo	e			. 9		108,730.		
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 10				
household,	11	Subtract line 10 from line 9. This is	-							. 11	-	108,730.		
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12		13,850.		
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	5-A			. 13				
Deduction, see instructions.	14								. 14		13,850.			
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	ourt	taxable incom	е.		. 15		94,880.		

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	16,180.
Credits	17	Amount from Schedule 2, lir	ne3					17	
	18	Add lines 16 and 17						18	16,180.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	16,180.
	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	16,180.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 17	,611.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17,611.
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	m Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30		1	
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	17,611.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	1,431.
	35a	Amount of line 34 you want			is attached, che	ck here	. 🗆	35a	1,431.
Direct deposit?	b	Routing number 3 2 2	2 7 1 6	2 7	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 7 6 6	7 9 9 2	1 2					
	36	Amount of line 34 you want	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	? See			
Designee	ins	structions	· · · · ·			🗌 <b>Yes.</b> C	omplete b	elow.	🗙 No
		signee's		Phone			onal identif	ication	
<u></u>	na	ne der penalties of perjury, I declare ti	hat I have avaning	no.			ber (PIN)		
Sign		ief, they are true, correct, and com			1 2 0		,		, ,
Here		ur signature		Date	Your occupation				nt you an Identity
	10	ur signature			N, enter it here				
Joint return?					SOFTWARE	DEVELOPER	(see i	nst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Ident (see i		ection PIN, enter it here
,							,	1131.)	
		one no. (248) 946-902		Email address	RAKESH.REDD	V3590GMAIL.C			Chaoly if:
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAG	GAR GUPTA	04/11/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 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.

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number RAKESH REDDY PULICHINTHALA 853-78-4954

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		5	-14,973.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b		8b		
с	Cancellation of debt	8c		
d		8d (		
е	Income from Form 8853	8e		
f		8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j		8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
		8m		
n		8n		
ο		80		
р		8p		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	•	8t		
u		8u		
Z	Other income. List type and amount:			
_	Nonemployee compensation from 1099-NEC 8,809.	8z 8,809.		
9	Total other income. Add lines 8a through 8z		9	8,809.
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter			C 1 C 4
	1040, 1040-SR, or 1040-NR, line 8	· · · · · · · ·	10	-6,164.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
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 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 <b>adjustments to income</b> . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

	EDULE E				Supplementa							OMB	No. 1	545-0074
(Form	1040)	(Fro	om re	ntal real esta	te, royalties, partners	ships, S	corporat	ions, es	states,	trusts, REMICs	s, etc.)	2	$\bigcirc$	23
	ent of the Treasury				Attach to Form 1040							Attac	hmen	
Internal	Revenue Service			Go to www	.irs.gov/ScheduleE fo	or instru	uctions ar	nd the la	itest ir	formation.		Sequ	ence	No. <b>13</b>
Name(s)	shown on return									Y	our soci	al securi	ty nur	nber
RAKE	SH REDDY	PUL	ICHI	NTHALA							853-7	8-495	4	
Part	l Income	or L	oss	From Ren	tal Real Estate a	nd Ro	yalties			·				
	Note: If yo	ou are	in the	e business of	renting personal prope	erty, use	Schedule	e <b>C</b> . See	instru	ctions. If you are	an indiv	vidual, r	eport	farm
					<b>335</b> on page 2, line 40.			10000 0						
					at would require you									_
B					d Form(s) 1099?				• •			· 🗆 '	res	No
1a	Physical add	ress o	of ead	ch property (	street, city, state, Z	IP code	e)							
Α	H.NO: 1-11	L, PE	DDA	NAGARAM	NARSIMHULAPETA	(MAN	DAL MAH	IBUBAE	BAD (	(DISTRICT),	TELAN	IGANA	IN	506324
В		,								<u> </u>				
C														
1b														
10	(from list belo				rt the number of fair				10	Days	Da			QJV
Α	3				e days. Check the G			Α		310		0	+	
B					the requirements to			B				0		
<u> </u>		_		qualified joir	nt venture. See instr	uctions	6.	C						
	of Property:							U						
	Single Family R	locida	anco	3 Vaca	tion/Short-Term Rer	atal	5 Land	4	7	Self-Rental				
	Multi-Family Re			4 Com		παι	6 Roya							
2	Multi-Family ne	sidei	nce	4 0011	mercial		U HUYa	aities	0	Other (describ				
										Properties	s:			
Incom	ne:							Α		В			С	
3	Rents received	d.				3		7	20.					
4	Royalties rece	ived				4								
Exper														
5	Advertising					5								
6	-					6								
7						7		8	90.					
8						8								
9						9								
10						10								
11	•					11		1,8	45.					
12	-				. (see instructions)	12		-,.						
13						13								
14						14		3.7	54.					
15						15		4,1						
16						16								
17						17		1,7	45					
18						18			09.					
19	<b>O 1</b>			-		10		5,5	0.5.					
20		e Ad	ld line	s 5 through	19	20		15,6	03					
				•				10,0	95.					
21					nd/or 4 (royalties). If find out if you must									
						21		-14,9	73					
22						21		14,5	13.					
22					er limitation, if any,	00	(	1/ 0-	12 \	(	١	1		
00-						<b>22</b>		14,97			) 720.	(		
23a			-		3 for all rental prop				23a		120.			
b					4 for all royalty prop				23b					
C					12 for all properties				23c	2	200			
d					18 for all properties				23d		309.			
e			-		20 for all properties		· · ·		23e		693.			
24		-			vn on line 21. <b>Do no</b>		-				24	1		0.7.0
25					1 and rental real esta						25	(	14	<b>,</b> 973.
26	Total rental r	eal e	state	and royalt	y income or (loss).	Comb	ine lines	24 and	25. E	inter the result				

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 . NPA For Paperwork Reduction Act Notice, see the separate instructions.

\_ - - - -

26

-14,973.

-14,973.