IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Submission Identification Number (SID)

T.....

Тахрауе	er's name	Social secur	ity numb	per				
VEN	KAT MANNAM	201-29	201-29-2099					
Spouse	's name	Spouse's so	cial secu	urity number				
Dort	Toy Deturn Information Tay Year Ending December 21 0000 (Ent			thorizing)				
Part		er year you a	are au	unonzing.)				
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	131,944.				
2	Total tax		2	21,743.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	29,638.				
4	Amount you want refunded to you		4	7,895.				
5			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

	l autnorize	GLUBAL	IAKES	ERO firm name	to enter or generate my PIN	Е
$\mathbf{\nabla}$	l authorize	CTOPAT	TAVEC	TTC	to optor or gonorato my DIN	2

9	2	0	9	9	
Ent don	er fiv i't er	ve di Iter a	gits, all ze	but ros	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.

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 ►	Date 🕨
Practitioner PIN Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur 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 Th Don't Submit This Form to th									
For Paperwork Reduction Act Notice, see your tax return instructio	ons. BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)						

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use On	y—Do not v	/rite or sta	aple in this space.	
For the year Jan	. 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	
VENKAT			MAN	INAM						201	29	2099	
If joint return, spouse's first name and middle initial Last r										Spouse	's socia	I security numbe	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
1821 S M	AILP:	ITAS BLVD						4	48			ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a	
MILPITAS	3					CZ	J	950	35			not change	
Foreign country name					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		Married filing jointly (even if only o	ne hao	d income)			_						
one box.	L	Married filing separately (MFS)							ing spouse				
		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the											
	qu	alifying person is a child but not you	ır aep	endent:									
Digital		ny time during 2023, did you: (a) rece	•						, · ·				
Assets	exch	hange, or otherwise dispose of a digi	ital as	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ons.)	Y	es 🛛 No	
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	۱						
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bo	rn befc	ore January	2, 1959		s blind	
Dependents	s (see	instructions):		(2) Social security (3) Relation			(3) Relationsh	onship (4) Check the bo			fies for	(see instructions):	
If more	(1) F	irst name Last name			number		to you		Child tax of	credit	Credit fo	or other dependents	
than four													
dependents, see instructions	s ——												
and check	,												
here													
Income	1a	Total amount from Form(s) W-2, be			-					. <u>1</u> a	-	152,183.	
Attach Form(s)	b	Household employee wages not re								. 1b	_		
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)								. 10	_		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	_		
1099-R if tax	e	Taxable dependent care benefits f								. 1e	_		
was withheld. If you did not	f	Employer-provided adoption bene Wages from Form 8919, line 6.			-			• •		. <u>1</u> f	_		
get a Form	y h	Other earned income (see instructi				• •		• •		· 1g		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,	· · ·	· · · ·	• •		· ·		. "		0.	
instructions.	z	Add lines 1a through 1h	500 111	500000	,	•••				. 1z	,	152,183.	
Attach Sch. B	2a	Ŭ I	2a				axable interes	•••		. 2b	-	- ,	
if required.	3a	· ·	 3a				Ordinary divide			. 3b	-		
	4a	IRA distributions	4a				axable amoun			. 4b	,		
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b)		
 Single or 	6a	Social security benefits	6a			bТ	axable amoun	t		. 6b			
Married filing separately,	с	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here			7			
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-20,239.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	com	e			. 9		131,944.	
\$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	s your	adjusted	gross incor	ne				. 11	_	131,944.	
\$20,800 • If you checked T	12	Standard deduction or itemized		•		'				. 12	2	13,850.	
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	95-A			. 13	<u> </u>		
Deduction,	14	Add lines 12 and 13	• •							. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our	taxable incon	ne .		. 15	j	118,094.	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	21,743.
Credits	17	Amount from Schedule 2, lin	ne3				[17	
	18	Add lines 16 and 17					[18	21,743.
	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	21,743.
	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 total tax				[24	21,743.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 29	,638.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	29,638.
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)				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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T					[33	29,638.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	7,895.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						35a	7,895.
Direct deposit?	b	Routing number $\begin{vmatrix} 3 & 2 & 2 & 2 & 2 & 1 & 6 & 2 & 7 & c Type: \mathbf{X} Checking \Box Savings$							
See instructions.	d	Account number 6 9 9	5 7 5 5	3 3					
	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 amo	ount you owe					
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions							
	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	tructions				🗌 Yes. C	omplete be	low.	🗙 No
	De: nar	signee's		Phone no.			onal identific ber (PIN)	ation	
Ciana		der penalties of perjury, I declare tl	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 I	RS ser	nt you an Identity
		C C							IN, enter it here
Joint return?					CASHIER A		(see in		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in	,	schon Fin, enter it here
	Ph	one no. (682)227-471	Δ	Email address		AM3@GMAIL.CO)M		
		parer's name	Preparer's signat		A THAT A LINEARAN	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	703	Self-employed
Preparer		n's name GLOBAL TA		TATH DAGAN	COLTA TADDAM	01/01/2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN			1 1 11 11 5		Form 1040 (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 01/21/24 PRO			10m 10m (2023)

REV 01/21/24 PRO

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 VENKAT MANNAM 201-29-2099

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-20,239.
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			
		8m	-	
n	Section 951(a) inclusion (see instructions)	8n	-	
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	80 (
		8s (4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
u 7	Other income. List type and amount:	ou	-	
z		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-20,239.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			ł
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi	s 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	IRA deduction		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 8I 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	01/21/24 PRO	Schedule 1 (Form 1040) 202

	CHEDULE E Supplemental Income and Loss								OMB No	o. 1545-0074			
(Form	1040)	(Fr	om re	ental real est	ate, royalties, partner	ships, S	corporat	ions, es	states,	trusts, REMI	Cs, etc.)	20	23
	ent of the Treasury			•	Attach to Form 104							Attachn	nent
	Revenue Service			Go to www	v.irs.gov/ScheduleE f	or instru	uctions an	d the la	atest in	nformation.			ce No. 13
. ,	shown on return											al security	
Part	AT MANNAM	a r I			tal Deal Estate a	nd Do	voltino				201-2	9-2099	
Paru	Note: If yo	ou are	e in th	ne business of	ntal Real Estate a frenting personal properties from the second properties of the second page 2, line 40	erty, use		c . See	e instru	ctions. If you a	are an indi	vidual, rep	ort farm
A [hat would require yo		Form(s) 1	099? 5	See in	structions .		. 🗌 Ye	s 🛛 No
					ed Form(s) 1099?								es 🗌 No
1a					(street, city, state, Z								
Α	59A-8/5-7	/1.	PT-O'	T NO:96	PATAMATA,VIJAY	AWADA	A ANDHE	A PR	ADES	H TN 5200	008		
B		/ - /	1 10	1 110 90			1 1110111			11 110 520			
C													
1b	Type of Prope	rtv	2	For each re	ental real estate prop	ertv lis	ted		Fa	air Rental	Persor	nal Use	0.11/
	(from list below			above, rep	ort the number of fai	r rental	and			Days		iys	QJV
Α	3				se days. Check the C			Α		365		0	
В					the requirements to the venture. See instr			В					
С				quantoa jo		uotioni		С					
	of Property:												
	Single Family R				ation/Short-Term Re	ntal	5 Lanc			Self-Rental	、		
2	Multi-Family Re	side	nce	4 Con	nmercial		6 Roya	alties	8	Other (desc	ribe)		
										Propert	ies:		
Incom	ie:							Α		В			С
3						3		6	40.				
4		ived				4							
Exper						_							
5						5							
6						6			60.				
7	-					7		∠,⊥	42.				
8 9						8							
9 10						10							
11	-					11		1 5	20.				
12	-				c. (see instructions)	12			20.				
13						13							
14	Repairs					14		4,9	63.				
15	a					15		5,6	10.				
16	Taxes					16							
17	Utilities					17		5,8	84.				
18	•	xper	nse c	or depletion		18							
19	Other (list)												
20				0	n 19	20		20,8	79.				
21					and/or 4 (royalties). If								
	(<i>, , ,</i>			find out if you must	21		-20,2	30				
22					fter limitation, if any,	-		20,2	57.				
"						22	(20,23	39.1	()	(,
23a				-	e 3 for all rental prop				23a	\ 	640.		
b					e 4 for all royalty pro				23b				
С					e 12 for all properties				23c				
d	Total of all amo	ount	s rep	orted on line	e 18 for all properties	s			23d				
е					e 20 for all properties				23e	20),879.		
24					wn on line 21. Do no						. 24		
25					21 and rental real esta							(20,239.
26					ty income or (loss) e 40 on page 2 do n								
		·, ···,	,			app	., .e yeu,	2.00 0		amount (

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

Schedule E (Form 1040) 2023

26

-20,239.

-20,239.