Form	88	<b>37</b>	<b>'9</b>	
(Rev.	Januar	y 202	21)	
-			-	

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)

Taxpay	er's name	Social security	y number
BHA	NU PRAKASH MIDDE	735-56-	2784
Spouse	o's name	Spouse's soci	al security number
Part	t I Tax Return Information — Tax Year Ending December 31, 2023 (Ent	er year you ar	re 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		<b>1</b> 78,378.
2	Total tax		<b>2</b> 9,503.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		<b>3</b> 12,326.
4	Amount you want refunded to you		<b>4</b> 2,823.
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

×	I authorize	GLOBAL 7	FAXES		to enter or generate my PIN	E
				ERO firm name		

6	2	7	8	4	
Ent don	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

Enter five digits, but don't enter all zeros

as mv

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.

RO's signature Date Date					
ERO Must Retain Th Don't Submit This Form to t					
For Paperwork Reduction Act Notice, see your tax return instruction	ons. BAA	REV 01/27/24 PRO	Form <b>8879</b> (Rev. 01-2021)		

<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 Only	–Do not w	vrite or sta	aple in this space.
For the year Jan	. 1–Dec	2. 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	urity number
BHANU PF	RAKA	SH	MID	DE						735	56	2784
		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
10135 GA	TE.	PKWY N						1	.016			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co			0	jointly, want \$3
JACKSON	/ILL	E				FI	J	322	46			nd. Checking a not change
Foreign country				Foreign p	rovince/state/	count	ty		n postal code	your tax		•
											🗌 Yo	ou 🗌 Spouse
Filing Status		] Single					Head of h	ouseh	old (HOH)			
-		] Married filing jointly (even if only o	ne hac	l income)					<b>、</b> γ			
Check only one box.		] Married filing separately (MFS)		,			Qualifying	surviv	ring spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOF	l or QS	SS box, ente	er the ch	ild's na	me if the
		alifying person is a child but not you										
<u></u>	<u>^+</u>											
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi										es 🛛 No
								i): (36		115.)		
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•				a dependent					
Deduction		Spouse hernizes on a separate retur	II OF y		uuai-status	allei	I					
Age/Blindness	You	Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	/	(3) Relationsh	ip (4	•			see instructions):
If more	<b>(1)</b> F	(1) First name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions	s ——											
and check				_								
here												
Income	1a	Total amount from Form(s) W-2, be			,							91,204.
Attach Form(s)	b	Household employee wages not re			.,					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	•		•					. <u>1</u> c		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d				
1099-R if tax	е	Taxable dependent care benefits f					• •		. <u>1</u> e			
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instructi	,				· · · ·	· ·		. <u>1h</u>		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					01 204
		Add lines 1a through 1h	· ·		· · · ·	 	•••••			. 1z		91,204.
Attach Sch. B if required.	2a	•	2a				axable interest			. 2b		
	<u>3a</u>		3a				ordinary divider			. 3b		
Standard	4a 50		4a				axable amoun			. 4b		
Deduction for –	5a 6a		5a				axable amoun			. 5b		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a	mothod	chook bors		axable amoun	ι		. 6b	'	
separately, \$13,850	с 7	If you elect to use the lump-sum e Capital gain or (loss). Attach Schee				•	,	• •	· · · L	7		
<ul> <li>Married filing</li> </ul>	7 8			•	•		-	• •	L	/ . 8	-	-12,826.
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 8 . 9		78,378.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7, Adjustments to income from Sche						• •		. 9 . 10		10,570.
<ul> <li>Head of</li> </ul>	11	Subtract line 10 from line 9. This is			aross incor			• •		. 11		78 270
household, [ \$20,800	12	Subtract line to from line 9. This is Standard deduction or itemized	•	-	-			• •		. 11	-	78,378.
If you checked any box under	13	Qualified business income deduction					····	• •	• • •	· 12		13,850.
Standard	14	Add lines 12 and 13				033	<u>о</u> л	• •		. 14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ss. enter	-0 This is v	 /011r t	taxable incom			. 15	-	64,528.
			5 51 10		5 . 1115 13 y	Jui				. 15	· .	01,520.

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	9,503.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	9,503.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,503.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is			-			24	9,503.
Payments	25	Federal income tax withheld							
i aj monto	а	Form(s) W-2				<b>25a</b> 1	2,326.		
	b	Form(s) 1099				25b	-	-	
	С	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c						25d	12,326.
	26	2023 estimated tax payment						26	,
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3. lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	•	-		• •	33	12,326.
Refund	34	If line 33 is more than line 24						34	2,823.
neiuliu	35a	Amount of line 34 you want						35a	2,823.
Direct deposit?	b	Routing number 0 6 7				Checking	Savings		270231
See instructions.	d	Account number 4 4 1					Cavings		
	36	Amount of line 34 you want a			d tax	36			
Amount						50		-	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		37	
Third Dorts									
Third Party Designee		you want to allow another	•				omplete	below	× No
Designee		signee's		Phone			sonal ident		
	nai			no.			ber (PIN)	moution	
Sign		der penalties of perjury, I declare th							, ,
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informat	ion of whic	h prepar	er has any knowledge.
nore	Yo	ur signature		Date	Your occupation				ent you an Identity
								tection P e inst.)	PIN, enter it here
Joint return? See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	ADDOCTATE			,	nt your spouse an	
Keep a copy for	op	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	opouse s occupat				ection PIN, enter it here
your records.							(see	e inst.)	
	Ph	one no. (470)907-046	0	Email address	BHANU85M@@	GMAIL.COM			
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/06/2024	P0208	32703	Self-employed
Preparer	Firi	m's name GLOBAL TAX	XES LLC			•			(678)965-9522
Use Only	Firi		Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 01/27/24 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 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
BHANU PRAKASH	MIDDE	735-56	-2784

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. Atta	ach Schedule E .	5	-12,826.
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			
	instructions)	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	8s (	4	
t	· · · · · · · · · · · · · · · · · · ·			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
Z	Other income. List type and amount:	0_		
0	Tatal other income. Add lines to through 97	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		10	-12,826.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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 gover	nment		
	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			
ĥ	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 here a	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/27/24 PRC	)	Schedule 1 (I	Form 1040) 202

SCHEDULE	Ε
(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

### Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

.)	2023
	Attachment Sequence No. 13

Internal F	Revenue Service		Go to <i>www.irs.go</i>	v/ScheduleE for	r instru	uctions ar	nd the la	ntest in	formation.		Sequer	nce No. <b>1</b>	3
Name(s)	me(s) shown on return									Your soc	al security	number	
BHAN	U PRAKASH	MIDDE								735-5	6-2784	t	
Part	I Income	or Los	s From Rental Re	eal Estate an	d Ro	yalties							
	rental inc	ome or lo	the business of renting ss from <b>Form 4835</b> on	page 2, line 40.	-								
			ents in 2023 that wo									es 🛛 I	No
B If	f "Yes," did you	u or will y	ou file required For	m(s) 1099? .							. 🗌 Ye	es 🗌	No
1a			ach property (street										
Α	-			-			גסטר	ת ג סח	דכם דא או	גסנוחו	סשתאסת		
 B	PADAMANEN	PALAMANER, CHITTOOR DISTRI CHITTOOR DISTRICT ANDHRA PRADESH IN ANDHRA PRADESH											
C													
1b	Tupo of Drop	ortu o	Far agab rantal ra	al astata propa	why lied	had		Га	in Dontol	Dereer			
1D	Type of Prope (from list belo							га	ir Rental Days	Personal Use Days		QJ	V
Α	3		personal use days						365	0			
 B	3		if you meet the re	quirements to f	file as				305			╞	<u>ן</u>
C			qualified joint ven	ture. See instru	uctions	3.	C					╞	<u>ן</u>
	of Property:						U						<u> </u>
	Single Family F	Dooidono	a 2 Vacation/S	hort-Term Ren	tal	5 Lano	1	7	Self-Rental				
	• •				itai					rib c)			
21	Multi-Family Re	esidence	4 Commercia	ai		6 Roya	aities	8	Other (desc	ribe)			
									Propert	ies:			
ncom	ie:						Α		В			С	
3	Rents receive	d			3		5	20.					
4	Royalties rece	eived .			4								
Expen													
5	Advertising				5								
6			structions)		6								
7			ance		7		1,648.						
8					8								
9					9								
10		d other professional fees					1,3	60.					
11		Vanagement fees											
12			l to banks, etc. (see		11 12								
13				,	13								
14					14		2,1	26.					
15					15			74.					
16	Tawaa				16								
17		Jtilities					2,1	22.					
18	Depreciation expense or depletion				17 18			16.					
19	Othor (list)	-	-		19		-						
20	· · · ·		nes 5 through 19		20		13,3	46.					
21			ine 3 (rents) and/or										
			( /										
		esult is a (loss), see instructions to find out if you must le Form 6198		21	-12,826.								
22	Deductible re	ntal real	estate loss after lim	itation. if anv.									
			structions)		22	(	12,82	26.)	(	)	(		)
23a			ported on line 3 for					23a	x	520.			/
b			ported on line 4 for					23b					
c			ported on line 12 fo					23c					
d			ported on line 18 fo					23d	3	3,316.			
e			ported on line 20 fo					23e		3,346.			
24			amounts shown on							. 24			
25		-	ses from line 21 and			-		nter to	tal losses hei		(	12,82	26. )
26			te and royalty inco										í í
-				()									

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

-12,826.

26

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