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)

Тахрау	er's name		Social securit	y number	r
SRI	RAM PENDYALA		065-35-	-3174	
Spouse	's name		Spouse's soc	ial securi	ty number
Par	Tax Return Information – Tax Year Ending December 31,	2023 (Enter	vear vou a	re auth	orizina.)
	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	87,432.
2	Total tax			2	11,494.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	13,883.
4	Amount you want refunded to you			4	2,389.
5	Amount you owe			5	
Part				y of yo	ur 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

				ERO firm name	0 ,	En
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			15

5	3	1	7	4	
Ent don	er fiv i't er	ve di nter 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 Method Returns Only—continu	e bel	ow							
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	2		6 nter a		2	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 >	Date 🕨	
-	<i>I</i> lust Retain This Form — See Instructions This Form to the IRS Unless Requested To I	Do So
For Densmuerly Deduction Act Nation and your to		Earm 8870 (Bay, 01 2021)

For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning		, 2023, en	ding		, 20		See se	parate ins	tructions.
Your first name	and mi		Last n								ty number
SRIRAM	anam			DYALA						35 3	•
	oouse's	s first name and middle initial	Last n								curity numbe
j ,-											• • •
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			Apt. I	10.	Preside	ntial Electi	ion Campaig
5650 ABE	BEY I	DR #2L							Check I	nere if you,	, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces below.	Sta	ite	ZIP code				ntly, want \$3 Checking a
LISLE					II	- 	60532			ow will not	0
Foreign country	name			Foreign province/state	/coun	ty	Foreign po	stal code		or refund	•
										You	Spouse
Filing Status		Single				Head of ho	ousehold	(HOH)			
Check only	L	Married filing jointly (even if only o	ne had	l income)		_					
one box.		Married filing separately (MFS)				Qualifying	0	•	. ,		
		ou checked the MFS box, enter the			u che	ecked the HOH	or QSS I	pox, ente	er the chi	ild's name	; if the
	qu	alifying person is a child but not you	ur depe	endent:							
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward, award, or	⁻ payr	ment for proper	ty or serv	rices); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inte	rest ir	n a digital asse	t)? (See ir	structio	ns.)	Ves	X No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a dual-status	alien	1					
Age/Blindness	You:	Were born before January 2, 1	959	Are blind Sp	ouse	: 🗌 Was bor	n before 、	January 2	2, 1959	Is b	lind
Dependents				(2) Social securit	v	(3) Relationshi	(4) Ch			fies for (see	e instructions)
If more		irst name Last name		number	у	to you		hild tax c	redit	Credit for ot	ther dependent
than four											
dependents,											
see instructions and check	5										
here 🗌											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	1	97,382.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form(s) W-2 .					. 1b	,	
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions)					. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		., .	instru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f			· ·				. 1e		
was withheld.	f	Employer-provided adoption bene						• •	. <u>1f</u>		
If you did not get a Form	g	0			• •			• •	. <u>1</u> g		
W-2, see	h	Other earned income (see instruct	,	· · · · · · ·	• •	· · · ·	· · ·	• •	. 1h		0.
instructions.	i _	Nontaxable combat pay election (see ins	structions)	• •	1 i			_		97,382.
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	· · · · · · ·	 ьт	axable interest		• •	. 1z . 2b		JI, JUZ.
Attach Sch. B if required.	2a 3a	· ·	2a 3a			Ordinary divider		• •	. 20 . 3b		
· · · · · · · · · · · · · · · · · · ·	4a		4a			axable amount		• •	. 4b		
Standard	-та 5а		5a			axable amount			. 5b		
Deduction for— Sinale or	6a		6a			axable amount			. 6b		
Married filing	c	If you elect to use the lump-sum e						 Г			
separately, \$13,850	7	Capital gain or (loss). Attach Sche			•	,		[7		
Married filing jointly or	8	Additional income from Schedule		•		-			. 8	<u> </u>	-9,950.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-						. 9		87,432.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-					. 10		
Head of household,	11	Subtract line 10 from line 9. This is							. 11		87,432.
\$20,800	12	Standard deduction or itemized	-						. 12		13,850.
If you checked any box under	13	Qualified business income deduct				5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13							. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -0 This is	your	taxable incom	e		. 15		73,582.
					_						

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	11,494.
Credits	17	Amount from Schedule 2, lin	e3				·	17	
	18	Add lines 16 and 17						18	11,494.
	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	11,494.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	11,494.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 13	8,883.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	13,883.
	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	13,883.
Defined	34	If line 33 is more than line 24					• •	33	2,389.
Refund	34 35a	Amount of line 34 you want					· ·	35a	2,389.
Direct deposit?	b 35a	Routing number 0 7 2		1. 11 FUIII 0000			. 🗌	30a	2,305.
See instructions.		Account number 5 2 7					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete b	olow	🔀 No
Designee							•		INO
	nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to th	e best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE		(see ii		
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in		sector r in, enter it here
	Ph	one no. (248) 679-292	6	Email address	QDEED MDENDA	ALA96@GMAIL.C	<u>ом</u>		
		eparer's name	Preparer's signat		STUDINAME DINDI	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA	1		CAR CIIDTA	03/31/2024	P02082	507	Self-employed
Preparer		m's name GLOBAL TAX		A TATA DA	JUIN OUL IA	00/01/2024			(678) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		0101903-9322
Co to united into an				TIONICI II					Form 1040 (2023)
Go to www.irs.go		n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form IUTU (2023)

REV 03/07/24 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 SRIRAM PENDYALA 065-35-3174

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	-9,950.
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 ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	8u	_	
z	Other income. List type and amount:			
•		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	r nere and on Form		0 0 5 0
	1040, 1040-SR, or 1040-NR, line 8		10	-9,950.
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 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 24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	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 and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

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 Internal Revenue Service Name(s) shown on return

SRIRAM PENDYALA

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

2023
Attachment Sequence No. 13

QJV

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

Your se	ocial	security	number
		0104	

065-35-3174	

Pa	rt I Income or Loss From Rental Real Estate and Royalties	
	Note: If you are in the business of renting personal property, use Schedule C . See instructions. If you ar rental income or loss from Form 4835 on page 2, line 40.	e an individual, report farm
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions .	🗌 Yes 🛛 No

If "Yes," did you or will you file required Form(s) 1099? В 🗌 Yes 🗌 No

Physical address of each property (street, city, state, ZIP code) 1a

Α	3	personal use days. Check the QJV box only	365	0
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and	Fair Rental Days	Personal Use Days
С				
В				
Α	SEETHARAMPUR	KARIMNAGAR TELANGANA IN 505001		

0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С С

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental 4 Commercial
- 5 Land 6 Royalties

7 Self-Rental 8 Other (describe)

Income:			Α		В		С
3	Rents received	3	55	52.			
4	Royalties received	4					
Exper							
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,24	41.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,00	00.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	2,78	87.			
15	Supplies	15	2,54	46.			
16	Taxes	16					
17	Utilities	17	2,92	28.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	10,50	02.			
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 Form 6198	21	-9,95	50.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	(9,95	0.))	(
23a	Total of all amounts reported on line 3 for all rental proper	rties		23a	5	52.	
b	Total of all amounts reported on line 4 for all royalty prope	erties		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	10,5	02.	
24	Income. Add positive amounts shown on line 21. Do not	inclu	de any losses			24	
25	Losses. Add royalty losses from line 21 and rental real estate	loss	es from line 22. Er	nter to	al losses here	25	(9,950.
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do not						
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	nount	t in the total on lir	ne 41		26	-9,950.
For Pa	perwork Reduction Act Notice, see the separate instructions.		NPA		-9,950.	Sch	nedule E (Form 1040) 202