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)

Taxpayer's name	Social security number
SARIKA MIRYALA	745-12-6968
Spouse's name	Spouse's social security number
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 77,196.
2 Total tax	2 9,239.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,325.
4 Amount you want refunded to you	4 3,086.
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep 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

				ERO firm name	te enter er generate my i mi	E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

Ent	er fiv i't er	ve di nter a	gits, all ze	but ros	as my
2	6	9	6	8	

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	ontor	or	generate	mv	PIN
ιO	enter	OI	generale	шу	LIN

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 signation	ature Da	ate 🕨	•						
	Practitioner PIN Method Returns Only—continue	bel	ow						
Part III C	Certification and Authentication – Practitioner PIN Method Only								
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	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 🕨	
	ust Retain This Form — See his Form to the IRS Unless I		,
For Paperwork Reduction Act Notice, see your tax	return instructions. RAA	REV 03/04/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or s	taple in th	nis space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See s	eparate	instru	ctions.
Your first name	and mi	iddle initial	Last r	name						Your s	ocial se	curity r	umber
SARIKA			MIR	YALA						745	12	696	58
If joint return, sp	oouse's	s first name and middle initial	Last r										ity number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential E	lection	Campaign
<u>1531 s s</u>	TAT	E HIGHWAY 121						2	2631		here if		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode				, want \$3 ecking a
LEWISVII						TΣ		750		box be	elow wil	l not ch	•
Foreign country	name			Foreign p	rovince/state/o	coun	ty	Foreig	in postal coc	le your ta	ax or ref	_	-
		1 . .									<u> </u>	ou	Spouse
Filing Status		Single		、			Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only of Married filing concretely (MES)	ne nac	income)									
one box.		Married filing separately (MFS)	name	ofvours	nouse If you	ı cha	Qualifying		• •	. ,	hild'e n	amo if t	the
		alifying person is a child but not you											line
Digital		ny time during 2023, did you: (a) rec									ຸ ງ	(aa	X No
Assets		ange, or otherwise dispose of a dig eone can claim:		-			a dependent	i) i (36		10115.)		65 2	
Standard Deduction	_	Spouse itemizes on a separate retur	•										
				_						0.4050			
		Were born before January 2, 1	959	Are b	•	ouse		14	ore Januar			Is blind	
Dependents		Instructions): irst name Last name		(2)	Social security number		(3) Relationsh to you	ip (4	Child tax		1		dependents
lf more than four	(1)						,			1			
dependents,]			
see instructions and check	s ——]			
here]			
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1	a	90	,440.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1	b		
W-2 here. Also	c	Tip income not reported on line 1a	a (see i	nstructior	ıs)					. 1	c		
attach Forms W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	uctions)			. 1	d		
1099-R if tax	е	Taxable dependent care benefits f			-			• •			e		
was withheld.	f	Employer-provided adoption bene						• •			f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .									g		0
W-2, see	h	Other earned income (see instruct	,			• •	· · · ·			. 1	h		0.
instructions.	i -	Nontaxable combat pay election (see ins	structions)	• •	1 i				-	90	,440.
Attach Sch. B	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·		axable interest	• •			z b		,
if required.	2a 3a		2a 3a				Drdinary divide				b		
	<u>4a</u>		4a				axable amoun				b		
Standard Deduction for—	5a		5a				axable amoun				b		
 Single or 	6a		6a				axable amoun				b		
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 Sche	dule D	if require	d. If not requ	iired	l, check here				7		
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8	3	-13	,244.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	com	е				9	77	,196.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 1	0		
household,	11	Subtract line 10 from line 9. This is	-							. 1	1		,196.
\$20,800 • If you checked T	12	Standard deduction or itemized									2	13	,850.
any box under Standard	13	Qualified business income deduct		m Form 8	995 or Form	899	95-A				3		0.5.0
Deduction, see instructions.	14	Add lines 12 and 13		••••		• •	· · · ·	• •			4		,850.
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	ie .		. 1	5	63	,346.

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	9,239.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[18	9,239.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	9,239.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	9,239.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 12	2,325.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	12,325.
	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	12,325.
Defined	34	If line 33 is more than line 24						33	3,086.
Refund	34 35a	Amount of line 34 you want	-					35a	3,086.
Direct deposit?	b 35a	Routing number $\begin{vmatrix} 1 \\ 1 \end{vmatrix} \begin{vmatrix} 1 \\ 1 \end{vmatrix}$						35a	3,000.
See instructions.		Account number 7 7 2				Checking	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						~ 7	
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another					omplete be	alour	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemer	its, and to the	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 ba	ased on all informati	on of which	prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
					-				IN, enter it here
Joint return?					SOFTWARE I		(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 action PIN, enter it here
your records.							(see in	•	ection Filly, enter it here
	Ph	one no. (732)763-881	3	Email address		LA96@GMAIL.C	` ⊃M		
		parer's name	J Preparer's signat		JARINAMIRIA		PTIN	r	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	202	Self-employed
Preparer				IVARI SAGAR	GUEIA IALLAM	103/10/2024			
Use Only		m's name GLOBAL TAX		NOMITOR N	J 08816				678)965-9522
			Y CT E BRU	NOWICK N			Firm's		84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	JVIFOM	1040 for instructions and the late	sumormation.		BAA	REV 03/04/24 PRO			Form 1040 (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	Go to www.irs.gov/Form1040 for instructions and the latest information.		Sequence No. 01
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SARIKA MIRYALA		745-12	-6968
Part I Addition	onal Income		

Par	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	-13,244.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss 8a)	
b	Gambling		
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	_	
	Prizes and awards	_	
J	Activity not engaged in for profit income	_	
-	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)		
n	Section 951(a) inclusion (see instructions)	-	
n o	Section 951A(a) inclusion (see instructions)	-	
p	Section 461(I) excess business loss adjustment	-	
р q	Taxable distributions from an ABLE account (see instructions) 8q	-	
r 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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or	<u> </u>	
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated		
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 here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	10	-13,244.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	le 1 (Form 1040) 2023

1	Educator expenses		 	11	
2	Certain business expenses of reservists, performing artists, and fee		nment		
-	officials. Attach Form 2106		 	12	
3	Health savings account deduction. Attach Form 8889		 	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
5	Deductible part of self-employment tax. Attach Schedule SE			15	
6	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
8	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN			Tou	
c	Date of original divorce or separation agreement (see instructions):	•			
20				20	
21	Student loan interest deduction			20	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:	· · ·	 • •	23	
<u>а</u>		24a			
a b	Deductible expenses related to income reported on line 81 from the	24a		-	
D		24b			
•	Nontaxable amount of the value of Olympic and Paralympic medals	240		-	
С	and USOC prize money reported on line 8m	24c			
А	Reforestation amortization and expenses	240 24d		-	
d	Repayment of supplemental unemployment benefits under the Trade	24u		-	
е		24e			
	Act of 1974	24e 24f		-	
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)	24h		_	
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	24i		_	
j	Housing deduction from Form 2555	24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
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				
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	 	26	

(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											.)	20	23			
Departm Internal	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.												Attachment Seguence No. 13				
Name(s) shown on return													Yours	social sect			
SARIKA MIRYALA										745-				5-12-6968			
Part	Note: If yo	u ar	e in	the bus	siness of re	al Real Est enting persona 35 on page 2,	al propert			le C. S	ee instr	uctions. If you	are an i	ndividual	repor	t farm	
	Did you make an f "Yes," did you	y pa	aym	nents ir	n 2023 tha	t would requ	ire you										
						. ,								· · L	jtes	No	
1a	Physical addr	ess	ofe	each p	roperty (s	treet, city, st	tate, ZIP	, coqe	e)								
Α	1-4-182/1,	OP	P	BHOOD	MI REDI	DY SURYAF	PET TE	LANG	GANA I	N 50	8213						
B																	
С											1		I				
1b	Type of Proper (from list below		2		For each rental real estate above, report the number						F	Fair Rental Days		Personal Use Days		QJV	
Α	3				sonal use days. Check the Q				Α		365		0				
В							equirements to file as			B							
С						oint venture. See instruction				С							
Туре	of Property:									1			I				
	Single Family Re	esid	lend	се	3 Vacati	on/Short-Te	rm Rent	tal	5 Lan	d	7	Self-Rental					
	Multi-Family Res				4 Comm	nercial			6 Roy	alties	8	Other (desc	ribe)				
	,								,								
lu e e u										•		Propert	ies:			C	
Incom								•		Α	643.	В				Ĵ	
3	Rents received							3			643.						
4	Royalties recei	vea	•		<u></u>		• •	4									
Exper								_									
5	-							5									
6	Auto and trave							6		2	245						
7		g and maintenance						7		۷,	345.						
8								8									
9								9									
10	Legal and other professional fees							10			0.0.1						
11		Management fees						11		2,	231.						
12			•			•	,	12									
13	Other interest							13			700						
14	-							14			789.						
15	Supplies							15		⊥,	810.						
16								16			0.00						
17	Utilities							17			069.						
18	Depreciation ex	·						18		۷,	643.						
19 00	Other (list)			linen C				19		1 0	007						
20	Total expenses				-			20		13,	887.						
21	Subtract line 20 result is a (loss file Form 6198), se	ee i	instruc	tions to fi	nd out if you	u must	01		_13	244.						
22	Deductible ren	tal r	real	l estate	e loss afte	r limitation,	if any,	21	,								
	on Form 8582	•			,			22	(13,2	244.)()	
23a	Total of all amo			-					· ·		23 a		643	3.			
b	Total of all amo			-		-	• • •				23b						
С	Total of all amo										230						
d		all amounts reported on line 18 for all properties									230		2,643				
е		Total of all amounts reported on line 20 for all properties ncome. Add positive amounts shown on line 21. Do not include									23e	-	3,887				
24									-					24		`	
25	Losses. Add rog		-											25 (1:	3,244.)	
26	Total rental re																
	here. If Parts II Schedule 1 (Fo													26	- ;	13,244.	

Supplemental Income and Loss

SCHEDULE E

OMB No. 1545-0074

-13,244.

BAA REV 03/04/24 PRO