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	ver's name	Social security number											
PRA	BHURAM POPURI	787-96-5322											
Spouse	s's name	Spouse's social security number											
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)													
Enter	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	51,006.									
2	Total tax		2	4,241.									
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,322.									
4	Amount you want refunded to you		4	2,081.									
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

X	I authorize	GLOBAL		ERO firm name			generate my PIN	6 5 3 2 2 Enter five digits, but don't enter all zeros	as my		
	-			urn (original or amenc ure on the income ta	-	-	ed) I am now auth	orizing Check this	box onlv		
				N and your return is							
Your sig	Inature	Leha	P				Date ► 03/	01/2024	4		
Spouse	's PIN: chec	k one box (only					· · · · · · · · ·			
· 🗆	I authorize		-	500 6		to enter or	generate my PIN		as my		
	signature or	n the incom	e tax retu	ERO firm name urn (original or amenc	led) I am now a	authorizing.		Enter five digits, but don't enter all zeros			
	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 signat	iture 🕨 D	Date 🕨										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III Ce	ertification and Authentication – Practitioner PIN Method Only											
ERO's EFIN/PI	IN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	••			••	· · ·	••	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 This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Denominary Deduction Act Nation and ve	w tow waterwa in a two ations		Earm 8879 (Bay, 01 2021)							

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Tax		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	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See separate instructions.					
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number			
PRABHURA	M		POP	URI						787	96	5322			
		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			
<u>9720 KIN</u>												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 c				jointly, want \$3 nd. Checking a			
PLANO						TΣ		750		box bel	ow will	not change			
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax		_			
							<i></i>				∐ Yo	ou Spouse			
Filing Status		Single					Head of he	ouseh	old (HOH)						
Check only		 Married filing jointly (even if only one had income) Married filing separately (MFS) Qualifying surviving spouse (QSS) 													
one box.	L If y	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													
		alifying person is a child but not you									10 3 10				
Digital		ny time during 2023, did you: (a) rec						-				es 🛛 No			
Assets		ange, or otherwise dispose of a dig eone can claim:		· · · · · · · · · · · · · · · · · · ·			a dependent	i): (36		115.)					
Standard Deduction	_	Spouse itemizes on a separate retur	•		•		•								
				_											
		Were born before January 2, 1	959	Are bl		ouse		14	ore January			s blind			
Dependents		Instructions): irst name Last name		(2) 8	Social security number	,	(3) Relationsh to you	ip (4	Child tax c			(see instructions): or other dependents			
lf more than four	(1)						to you			ioun					
dependents,															
see instructions and check	s —														
here															
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		60,951.			
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	a (see i	nstruction	ns)					. 1c	;				
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d					
1099-R if tax	е	Taxable dependent care benefits t								. 1e	,				
was withheld.	f	Employer-provided adoption bene			,					. 1f	_				
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1g</u>					
W-2, see	h	Other earned income (see instruct	,	· · ·		• •		· ·		. 1h		0.			
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	1 i					60,951.			
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · · ·	 ьт	axable interest	• •		. 1z . 2b	-	00,991.			
Attach Sch. B if required.	2a 3a		2a 3a				Ordinary divider		• • •	. 20 . 3b	-				
	 4a		4a				axable amoun			. 4b	-				
Standard	5a		5a				axable amoun			. 5b					
 Deduction for – Single or 	6a		6a				axable amoun			. 6b	-				
Married filing separately,	c	If you elect to use the lump-sum e		method.					[
\$13,850	7	Capital gain or (loss). Attach Sche				`	,		[7					
 Married filing jointly or 	8	Additional income from Schedule		•						. 8		-9,945.			
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total inc	come	e			. 9		51,006.			
\$27,700	10	Adjustments to income from Sche	dule 1	, line 26						. 10					
 Head of household, 	11	Subtract line 10 from line 9. This is	syour	adjusted	gross incor	ne				. 11		51,006.			
\$20,800 If you checked r	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	:	13,850.			
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 13					
Deduction, see instructions.	14	Add lines 12 and 13	• •		· · · ·					. 14		13,850.			
	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	ourt	taxable incom	ie .		. 15		37,156.			

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	4,241.				
Credits	17	Amount from Schedule 2, lin	e3					17					
	18	Add lines 16 and 17					[18	4,241.				
	19	Child tax credit or credit for	other dependent	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	4,241.				
	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	4,241.				
Payments	25	Federal income tax withheld							· · · · ·				
· · · , · · · · · ·	а	Form(s) W-2				25a 6	,322.						
	b	Form(s) 1099				25b	· · · · · ·						
	с	Other forms (see instructions	s)			25c							
	d	Add lines 25a through 25c	,				2	25d	6,322.				
If you have a	26	2023 estimated tax payment					🗆	26	•				
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	6,322.								
Refund	34		If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid										
nerana	35a	Amount of line 34 you want					-	34 85a	2,081.				
Direct deposit?	b	Routing number 3 2 2					Savings						
See instructions.	ď	Account number 7 5 9	our ingo										
	36	Amount of line 34 you want a			ed tax	36							
Amount	37	Subtract line 33 from line 24	•••••										
You Owe	0/	For details on how to pay, g						37					
	38	Estimated tax penalty (see in				38							
Third Party		you want to allow another	,										
Designee		structions	•				omplete bel	ow.	🗙 No				
	De	signee's		Phone			onal identifica	tion					
	nai			no.			per (PIN)						
Sign		der penalties of perjury, I declare the			1 2 0		,		, ,				
Here	Dei	ief, they are true, correct, and com	piete. Declaration	i preparer (ourie	,			•	, ,				
	Yo	ur signature		Date	Your occupation				t you an Identity I, enter it here				
Joint return?					DATA ENGI	VEER	(see ins		, enter it here				
See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sian.	Date	Spouse's occupat		If the IR	S sent	your spouse an				
Keep a copy for	-1-						Identity	Protec	ction PIN, enter it here				
your records.							(see ins	t.)					
		one no. (646) 884-353	5	Email address	PRABHURAM.PC	PURI@GMAIL.CO	M						
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:				
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/28/2024	P020827	03	Self-employed				
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone r	10. (6	578)965-9522				
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965				
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)				

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
PRABHURAM POPURI	787-96-5322
Part I Additional 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. Attac		5	-9,945.
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		8c		
d	Foreign earned income exclusion from Form 2555	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	Activity not engaged in for profit income	8j		
k		8k		
- 1	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		8n		
ο		80		
р		8р		
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:			
Ē		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		0.045
	1040, 1040-SR, or 1040-NR, line 8	<u></u>	10	-9,945.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venn	nem	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	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
9a b						198	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20	IRA deduction						
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction	• •	•	• •	• •	23	
24	Other adjustments:						
а		24a				_	
b	Deductible expenses related to income reported on line 8l from the						
		24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
		24c					
d	· · · · · · · · · · · · · · · · · · ·	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f		24f					
g		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						
		24k					
z	Other adjustments. List type and amount:						
-	,	24z					
5	Total other adjustments. Add lines 24a through 24z					25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

	DULE E				Sup	olementa	l Inc	ome an	id Los	SS			OMB No	o. 1545	-0074
(Form	1040)	(Fr	om re	ental real e	state, royalti	es, partnersł	nips, S	corporati	ions, es	states,	trusts, REMI	Cs, etc.)	20		3
Departm	ent of the Treasury					o Form 1040,							Attachr	nent	
	Revenue Service			Go to wi	vw.irs.gov/S	cheduleE for	r instru	uctions an	d the la	ntest ir	nformation.		Sequen	ce No.	
. ,	shown on return												al security		er
	HURAM POPU											787-9	6-5322		
Part						Estate an			• • • •	:	ationa If		مرمين المراجع		
	rental inco	ou are ome c	e in th or loss	e business s from Forn	of renting pe	rsonal proper ge 2, line 40.	ty, use	Schedule	C . See	Instru	ctions. If you a	are an Indi	viduai, rep	ort far	m
A C)id you make an	iy pa	aymer	nts in 2023	that would	require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s X	No
B li	"Yes," did you	or v	vill yo	u file requ	ired Form(s) 1099? .							. 🗌 Ye	es 🗌	No
1a	Physical addr	ess	of ea	ch proper	ty (street, ci	tv. state. ZIF	o code	e)							
Α	5-84 EDLA				,			,	5222	22					
 	J-04 EDLAI	EAD	0 60	JNIOK D	ISINICI	ANDIIKA I	RADI		JZZZ	55					
<u> </u>															
 1b	Type of Prope	rtv	2	For oach	rontal roal (estate prope	rty liet	hod		E	air Rental	Porcor	nal Use		
10	(from list below		2			mber of fair				Га	Days		ays	QJV	
Α	3	personal use days. Check the							Α		365		0	$+ \square$	
В		if you meet the requirements to qualified joint venture. See instru							B		000				
C				qualified	joint venture	e. See instru	ctions	3.	C						
Туре	of Property:								_	1					
	Single Family R	esid	lence	3 Va	cation/Shoi	rt-Term Ren ⁻	tal	5 Land		7	Self-Rental				
	Multi-Family Re				ommercial			6 Roya	alties	8	Other (desc	ribe)			
								-							
									•		Propert	les:		<u> </u>	
Incom		J					2		A	42.	В			С	
3 4	Rents received						3		0	42.					
Expen	Royalties recei	iveu	• •				4								
5							5								
6	Auto and trave						6								
7	Cleaning and r	•		,			7		1,1	96					
8	Commissions						8		-/-	50.					
9	Insurance						9								
10	Legal and othe						10								
11	Management f	-					11		1,3	55.					
12	Mortgage inter						12								
13	Other interest						13								
14	Repairs						14		2,0	64.					
15							15		1,8	31.					
16	Taxes						16								
17	Utilities						17		2,2	15.					
18	Depreciation e	xper	nse o	r depletio	1		18		1,9	26.					
19	Other (list)						19								
20	Total expenses	s. Ac	dd lin	es 5 throu	gh 19		20		10,5	87.					
21	Subtract line 2														
	result is a (loss														
	file Form 6198						21		-9,9	45.					
22	Deductible ren									、					,
	on Form 8582			-			22	(9,94	15.)	()	()
23a	Total of all amo							· · ·		23a		642.			
b	Total of all amo									23b					
C d	Total of all amo		-							23c	1	026			
d	Total of all amo									23d		,926.			
е 24	Total of all amo									23e	T(. 587.			
24 25	Losses. Add ro							-		· ·	tal losses hor		(9 0	45.)
25 26	Total rental re		•										(و رو	-iJ.)
20	here. If Parts I														

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.

26

-9,945.

-9,945.

NPA