Internal Revenue Service

IRS e-file Signature Authorization

Social security number

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

Submission Identification Number (SID)

Taxnaver's name

raxpayer share	ooolal scoulity humber								
JYOTHI DWARAKINATH GARGESWARI	095-33-7609								
Spouse's name	Spouse's social security number								
VADIRAJA GOPALAKRISHNA	990-92-6216								
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	1 109,177.								
2 Total tax	2 9,337.								
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,523.								
4 Amount you want refunded to you	4 10,186.								
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 lauthorize GLOBAL TAXES LLC to enter or generate my PIN

Enter five digits, but don't enter all zeros											
3	7	6	0	9							

6

as mv

2 6 2

Enter five digits, but don't enter all zeros

my

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.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN 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 Ret	urns Only—continue below
Part III Certification and Authentication – Practitioner	PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-dig	it self-selected PIN.

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 🕨					
				 0070 /=	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545-	0074	IRS Use C)nly—Do	o not wi	ite or stap	ole in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Se	e sep	arate ir	nstructio	ons.
Your first name	and m	iddle initial	Last na	ime						Yo	our soo	cial secu	urity num	ıber
JYOTHI I	WAR	AKINATH	GARG	ESWAR	I					0	95	33	7609	
		s first name and middle initial	Last na							_			security I	number
VADIRAJA	4		GOPA	LAKRI	SHNA					9	90	92	6216	
		er and street). If you have a P.O. box, see						A	pt. no.			• •	ction Car	mpaign
8657 N N	1ACAI	RTHUR BLVD						1	.091	Ch	neck h	ere if yc	ou, or you	ur
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP co	ode				ointly, wa	
IRVING						ТΧ	ζ	750	63				d. Check ot chance	
Foreign country	/ name		F	Foreign pr	rovince/state/o	count	ty	Foreig	n postal co			or refur		<i></i>
												You	u 🗌 S	Spouse
Filing Status	; [Single					Head of ho	ouseh	old (HOH))				
Check only	X	Married filing jointly (even if only o	ne had i	income)										
one box.		Married filing separately (MFS)					Qualifying :	surviv	ring spous	se (QS	S)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOH	or QS	SS box, e	nter th	ne chil	d's nan	ne if the	ł
	qu	alifying person is a child but not you	ır deper	ndent:										
Digital	Ata	ny time during 2023, did you: (a) rec	eive (as	a reward	award, or	navr	ment for proper	tv or :	services):	or (b)	sell.			
Assets		hange, or otherwise dispose of a dig	``						,.	• • •		🗌 Ye	s 🛛 I	No
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	l							
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959	Are bl	ind Spo	ouse	: 🗌 Was borr	n befo	ore Janua	y 2, 19	959	🗌 Is	blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationshi	p (4) Check the					
If more	(1) F	irst name Last name		number to you					Child ta	x credit	t	Credit for	other dep	endents
than four														
dependents, see instruction	s ——								L	<u> </u>				
and check	ı ——								L	<u> </u>				
here L				<u> </u>										
Income	1a ⊾	Total amount from Form(s) W-2, b	•		,					·	1a 1b		127,8	533.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2												
W-2 here. Also attach Forms	с С	Tip income not reported on line 1a (see instructions)									1c 1d			
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1e			
1099-R if tax was withheld.	e f	Employer-provided adoption bene				• •		• •		·	1f			
If you did not	g	Wages from Form 8919, line 6 .								•	1g			
get a Form	9 h		ions)			• •		• •		·	1h			0.
W-2, see instructions.	i	Other earned income (see instructions)												
instructions.	z	Add lines 1a through 1h		luction of		•••					1z	1	127,8	33.
Attach Sch. B	 2a	Ŭ	2a			b Т	axable interest				2b		,	
if required.	-4 3a		3a				rdinary dividen				3b			
	4a		4a				axable amount				4b			
Standard	5a		5a				axable amount				5b			
 Deduction for — Single or 	6a	Social security benefits	6a			b T	axable amount				6b			
Married filing separately,	С	If you elect to use the lump-sum e	-	method,	check here (
\$13,850	7	Capital gain or (loss). Attach Sche		-		•	,				7	1		
 Married filing jointly or 	8	Additional income from Schedule		•							8		-18,6	556.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9		109,1	
\$27,700	10	Adjustments to income from Sche									10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	djusted	gross incon	ne					11		109,1	77.
\$20,800 • If you checked	12	Standard deduction or itemized	deduct	ions (fro	m Schedule	A)					12			700.
any box under	13	Qualified business income deduct	ion from	Form 8	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,7	00.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	s, enter -	-0 This is y	our I	taxable incom	<u>e</u> .			15		81,4	177.
														<u>~</u>

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	n(s): 1 🗌 881	4 2 4972	3 🗌		. 16	9,337.
Credits	17	Amount from Schedule 2, line 3					. 17	
	18	Add lines 16 and 17					. 18	9,337.
	19	Child tax credit or credit for other dependen	its from Sched	ule 8812			. 19	
	20	Amount from Schedule 3, line 8					. 20	
	21	Add lines 19 and 20					. 21	
	22	Subtract line 21 from line 18. If zero or less,	enter -0				. 22	9,337.
	23	Other taxes, including self-employment tax,	from Schedule	e 2, line 21 .			. 23	0.
	24	Add lines 22 and 23. This is your total tax					. 24	9,337.
Payments	25	Federal income tax withheld from:						
-	а	Form(s) W-2			25a	19,5	23.	
	b	Form(s) 1099			25b			
	с	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					. 25d	19,523.
If you have a	26	2023 estimated tax payments and amount a	applied from 20	22 return			. 26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			27			
attach Sch. ElC.	28	Additional child tax credit from Schedule 8812	2		28			
	29	American opportunity credit from Form 8863	3, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and ref	undabl	e credits .	. 32	
	33	Add lines 25d, 26, and 32. These are your to					. 33	19,523.
Refund	34	If line 33 is more than line 24, subtract line 2	. 34	10,186.				
	35a	Amount of line 34 you want refunded to you	35a	10,186.				
Direct deposit?	b	Routing number 0 2 1 2 0 2 3	ings					
See instructions.	d	Account number 8 6 2 6 9 2 5	1 1				-	
	36	Amount of line 34 you want applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24. This is the am	ount vou owe					
You Owe		For details on how to pay, go to www.irs.go					. 37	
	38	Estimated tax penalty (see instructions) .			38			
Third Party	Do	you want to allow another person to disc	cuss this retu	n with the IRS?	? See			
Designee	ins	structions				🗌 Yes. Comp	olete below.	🗙 No
		signee's	Phone				identification	
	nai		no.	·		number (,	
Sign		der penalties of perjury, I declare that I have examine ief, they are true, correct, and complete. Declaration						
Here		ur signature	Date	Your occupation				ent you an Identity
	10	ur signature	Date	rour occupation				PIN, enter it here
Joint return?				SENIOR SOFT	WARE	CONSULTAN	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Identity Prot (see inst.)	ection PIN, enter it here
jean recender				SUPPLIER QU			(See Inst.)	
		one no. (551)225-2229	Email address	JYOTHIDGA			-16.1	Objects if
Paid	Pre	eparer's name Preparer's signa	lure		Date	PT	IIN	Check if:
Preparer								Self-employed
Use Only		m's name GLOBAL TAXES LLC	Phone no.					
			JNSWICK N	J 08816			Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 02	2/23/24 PRO		Form 1040 (2023)

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

Attachment Sequence No. **01**

Your social security number

095-33-7609

 Internal Revenue Service
 Go to www.irs.gov/Form1040 for instru

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR
 J GARGESWARI & V GOPALAKRISHNA

Par	t I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received		
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		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-18,656.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income	_	
k	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)	_	
0	Section 951A(a) inclusion (see instructions) . . . 80	_	
р	Section 461(I) excess business loss adjustment	_	
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		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
Z	Other income. List type and amount:		
•	Tatal other income. Add lines to through 97		l
9	Total other income. Add lines 8a through 8z		
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		-18,656.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2023

Par	t II Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s goverr	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		24a				
b	Deductible expenses related to income reported on line 8I from the					
		24b				
С	Nontaxable amount of the value of Olympic and Paralympic medals					
	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
е	Repayment of supplemental unemployment benefits under the Trade					
	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
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:					
0 -		24z			0-	
25	Total other adjustments. Add lines 24a through 24z				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ente	er here a	nd on		
	Form 1040, 1040-SR, or 1040-NR, line 10			• •	26	
	BAA	REV	02/23/24 PRO		Schedule	e 1 (Form 1040) 202

	CHEDULE E Supplemental Income and Loss							OMB No. 1545-0074				
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								2023			
	artment of the Treasury Attach to Form 1040, 1040-SR, 1040-NR, or 1041. mal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachn	nent ce No. 13	
	har never de verver als te verver als ger concedered for instructions and the latest information. Your social											
	RGESWARI &	V GC	PALAKRISHN	A							3-7609	
Part				tal Real Estate an	d Ro	yalties						
	Note: If yo	u are in	the business of r	renting personal proper	ty, use	Schedule	C . See	e instru	ctions. If you ar	e an indiv	/idual, rep	ort farm
A [at would require you	to file	Form(s) 1	0992 5	See ing	structions			s X No
				d Form(s) 1099?								
1a				street, city, state, ZIF								
A	,			ARAKANAGAR BAN		,	א דא דא	<u>ку т</u>	N 560098			
 	FLAI NO 5	JI, JK	TO FLOOR DW	ANANANAGAN DAN	JUAD	JAL, NAR	INAIA	NA I	N 300090			
1b	Type of Prope	rty 2	Por each rer	ntal real estate prope	erty list	ted		Fa	ir Rental	Person	al Use	
	(from list below		above, repo	rt the number of fair i	rental	and			Days	Da	ys	QJV
Α	3			e days. Check the Qu the requirements to f			Α		365		0	
				it venture. See instru			B					
C							С					
	of Property: Single Family R	osidon		tion/Short-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Re				lai	6 Roya			Other (descri	he)		
Incom							•		Propertie B	es:		С
Incom 3		4			3		A	07.	D			C
4					4							
Exper					<u> </u>							
5					5							
6	Auto and trave	l (see i	nstructions) .		6							
7	•				7		2,4	58.				
8					8							
9 10					9 10							
11	0				11		2 6	35.				
12	-			. (see instructions)	12		2,0					
13		•		· · · · ·	13							
14	Repairs				14		3,9	68.				
15	Supplies				15		3,2	10.				
16					16							
17					17			56.				
18 19		xpense	e or depletion .		18 19		3,3	36.				
20	Other (list)			19	20		19,2	63				
21	•		•	nd/or 4 (royalties). If			1972					
				find out if you must								
					21	-	-18,6	56.				
22				er limitation, if any,					,		,	
			-		22		18,65		()	()
23a				3 for all rental prope				23a 23b		607.		
b c				4 for all royalty prop 12 for all properties		· · ·		23D 23C				
d			•	18 for all properties				23d	3.	336.		
e			•	20 for all properties				23e		263.		
24			•	/n on line 21. Do not	t inclue	de any los	sses			24		
25				1 and rental real estate							(18,656.)
26				y income or (loss).								
				40 on page 2 do no rwise, include this ar						ו 26		-18,656.
			.,,	,						<u> </u>		

Schedule E (Form 1040) 2023

-18,656.