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)

Taxpaver's name

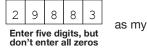
Taxpay	er's name		Social security number								
HEM	ASREE PAMIDIMUKKALA		729-52-9883								
Spouse	s's name		Spouse's social security number								
Part	Tax Return Information – Tax Year Ending December 31, 2023 (E	Enter	/ear	you a	re aut	thorizing.)					
Enter	whole dollars only on lines 1 through 5.										
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1	Adjusted gross income				1	69,883.					
2	Total tax				2	7,633.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	13,621.					
4	Amount you want refunded to you				4	5,988.					
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 perjury, 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		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	2



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

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—continue below									
Part III Certification and Authentication – Pr	actitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur 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.

ERO's signature Date Date											
ERO Must Retain This Don't Submit This Form to the											
For Paperwork Reduction Act Notice, see your tax return instructions	- BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)								

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.					
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning			, 2023, ending , 20						See separate instructions.					
Your first name	and mi		Last na	ame							cial security number					
HEMASREE				DIMUK	KAT.A						52 9883					
		s first name and middle initial	me							s social security number						
										- 832	89 4246					
Home address	(numbe	er and street). If you have a P.O. box, see	instructio	ons.				A	pt. no.		ntial Election Campaign					
13500 LY	NDHU	JRST ST						2	060	Check h	nere if you, or your					
		ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	te	ZIP co			if filing jointly, want \$3					
AUSTIN						TX	X	787	17		this fund. Checking a ow will not change					
Foreign country	name		F	Foreign pi	rovince/state/c	count	ty	Foreig	n postal code		or refund.					
											You Spouse					
Filing Status	;	Single														
Check only		Married filing jointly (even if only one had income)														
one box.	X	Married filing separately (MFS)														
		ou checked the MFS box, enter the						l or Q	SS box, ente	r the chi	ld's name if the					
	qu	alifying person is a child but not you	ır depen	ndent: N	IOURYA CH	HIGU	URUPATI									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or p	payn	nent for prope	rty or :	services); or	(b) sell,						
Assets		ange, or otherwise dispose of a dig				-		-			🗌 Yes 🛛 No					
Standard	Som	eone can claim: 🗌 You as a de	pendent	t 🗌	Your spouse	as	a dependent									
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	i were a	dual-status a	alien	-									
Age/Blindness	You:	Were born before January 2, 1	959 🛛	Are bl	ind Spo	use	: 🗌 Was bor	n befc	re January 2	2. 1959	Is blind					
Dependents		•	-	(2) 5	Social security		(3) Relationsh	14	,	ox if qualifies for (see instructions):						
If more		irst name Last name		number to you						redit	Credit for other dependents					
than four																
dependents,																
see instructions and check	s ——															
here 🗌																
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	82,363.					
Attach Form(s)	b	Household employee wages not re	•							. 1b						
W-2 here. Also	С	Tip income not reported on line 1a								. 1c						
attach Forms W-2G and	d	Medicaid waiver payments not rep		•		nstru	ictions)			. 1d						
1099-R if tax	е	Taxable dependent care benefits f						• •		. 1e						
was withheld.	f	Employer-provided adoption bene	. <u>1f</u>													
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	. <u>1h</u>	0.												
instructions.	i 	Nontaxable combat pay election (4	82,363.												
		Add lines 1a through 1h			· · · · ·	ьт	· · · ·			. <u>1z</u>	02,303.					
Attach Sch. B if required.	2a 3a	· ·	2a 3a				axable interest Irdinary divider			. 2b . 3b						
	<u> </u>		за 4а				axable amoun			. 30 . 4b						
Standard	ча 5а		4a 5a				axable amoun			. 40 . 5b						
Deduction for –	6a		5a 6a				axable amoun			. 50 . 6b						
 Single or Married filing 	C	If you elect to use the lump-sum e		nethod					 Г							
separately, \$13,850	7	Capital gain or (loss). Attach Sche			·		,	• •	· · · L	7						
 Married filing 	8	Additional income from Schedule		•	•			• •	L	. 8	-12,480.					
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,							. 9	69,883.					
surviving spouse, \$27,700	10	Adjustments to income from Sche		-			• · · · ·			. 10						
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11	69,883.					
\$20,800	12	Standard deduction or itemized	-							. 12						
 If you checked any box under 	13	Qualified business income deduct					5-A			. 13						
Standard Deduction,	14	Add lines 12 and 13								. 14						
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter	-0 This is yo	our t	axable incom	ie .		. 15						

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	7,633.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	7,633.
	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	7,633.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	7,633.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 13	8,621.		
	b	Form(s) 1099				25b	•		
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	13,621.
	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	13,621.				
Defined	34	If line 33 is more than line 24						33	5,988.
Refund	34 35a		-			, .		35a	5,988.
Direct deposit?	b 35a	Amount of line 34 you want Routing number $0 \mid 1 \mid 1$						30a	3,300.
See instructions.		Account number 4 6 6				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						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							•		
	nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
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 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 informat	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 1	(see ii			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an action PIN, enter it here
your records.							(see in		ection Filly, enter it here
	Ph	one no. (919) 628-513	о О	Email address	MOUDVA CURT		` 	,	
		one no. (919) 628-513 eparer's name	3 Preparer's signat		MUUKIA.CHUE	PROTONMAIL.C	PTIN		Check if:
Paid							P02082	202	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM							
Use Only		m's name GLOBAL TAX			J 08816				678) 965-9522
			Y CT E BRU	NSWICK N			Firm's	5 EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 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 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number HEMASREE PAMIDIMUKKALA 729-52-9883

Par	t I 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 Schedu	ule E .	5	-12,480.
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)		-	
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		4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan		-	
u _	Wages earned while incarcerated 8u Other incarcer amountum		-	
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	-12,480.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Part	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	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					
C	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:					
 a		24a				
-	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			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
••	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				
i	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			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

	DULE E	Supplemental Income and Loss												OMB N	OMB No. 1545-0074			
(Form									s, S corporations, estates, trusts, REMICs, etc.)							2023		
	ent of the Treasury Revenue Service		Go to v		nch to Form 104 Jov/ScheduleE f					Attachment Sequence No. 13								
	ame(s) shown on return												Your so	cial security				
. ,													52-9883					
	art I Income or Loss From Rental Real Estate and Royalties												02 0000					
i di t	Note: If yo	u are	e in th	e busines	s of rentir	ng personal prop on page 2, line 40	erty, us			C . See	e instru	uctions. If you	are an inc	lividual, rep	oort far	rm		
A D	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions													. Y	es 🛛	No		
	If "Yes," did you or will you file required Form(s) 1099?															No		
1a						et, city, state, Z												
Α	305 SARDAR PATEL NAGAR KUKATPALLY, HYDERABAD TELANGANA IN 500085																	
B																		
	Type of Prope	rtv	2	For eac	h rental r	eal estate prop	pertv lis	sted			E	air Rental	Perso	nal Use				
	(from list below		_			e number of fai						Days		ays	C	JN		
Α	3					ys. Check the (ſ	Α		365		0				
В						equirements to nture. See inst				В								
С				quaimet		inture. See inst	luction	15.		С								
Туре	of Property:																	
	Single Family R					Short-Term Re	ental		and			Self-Rental						
2	Multi-Family Re	side	nce	4 0	Commerc	cial		6 F	Roya	lties	8	Other (desc	ribe)					
												Propert	ies:					
Incom	ie:									Α		. В			С			
3	Rents received	۱.					3			6	50.							
4	Royalties recei						4											
Expen																		
5	Advertising .						5											
6	Auto and trave	l (se	e inst	tructions)		6											
7	Cleaning and r						7			2,1	40.							
8	Commissions						8											
9	Insurance						9											
10	Legal and othe						10											
11	Management f						11			2,6	570.							
12	Mortgage inter						12	_										
13	Other interest	·	• •				13	_		2 0	1.0							
14 15	Repairs Supplies						14 15	_			10. 70.							
16	Taxes						16	_		Z, 1	70.							
17	Utilities						17	_		2 6	640.							
18	Depreciation e						18	_		270	,10.							
19	Other (list)	-		-			10	-										
20	Total expenses						20	-		13,1	30.							
21	Subtract line 2				0		-											
	result is a (loss																	
	file Form 6198						21		-	·12,4	.80							
22	Deductible ren on Form 8582					· ·	, 22	(1	L2,48)		
23a	Total of all am							1		- 2 / 7 (23a		650.)		
23a b	Total of all am							· · · ·	•••	•	23b							
c	Total of all am							· · ·			23c							
d	Total of all am		-								23d							
e	Total of all am										23e		3,130.					
24	Income. Add p												. 24					
25	Losses. Add ro										nter to	otal losses he			12,4	180.)		
							~		_									

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on 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.

Schedule E (Form 1040) 2023

26

-12,480.

SCHEDULE E