| Form <b>8879</b>           |
|----------------------------|
| (Rev. January 2021)        |
| Department of the Treasury |

Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social coourity number

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

Submission Identification Number (SID)

Taxpayor'a pama

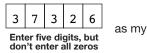
| талрау |  | Social security number          |
|--------|--|---------------------------------|
| VEN    | IKATESWARE RAO GADIPARTHI  | 751-63-7326                     |
| Spouse | e's name   | Spouse's social security number |
|        |  |                                 |
| Par    | t I Tax Return 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 58,936.                       |
| 2      | Total tax  | <b>2</b> 5,224.                 |
| 3      | Federal income tax withheld from Form(s) W-2 and Form(s) 1099          | 3 10,087.                       |
| 4      | Amount you want refunded to you  | 4 4,863.                        |
| 5      | Amount you owe   | 5                               |
| Par    |  | 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 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.

Your signature (

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

|                  |  | as my |
|------------------|--|-------|
| er fiv<br>n't er |  |       |

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 – Practitioner PIN Method Only 2 2 ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 4 9 6 6 1 9 8 9 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 🕨   |            |
|------------------------------|--|------------|
|                              | ain This Form — See Instructions<br>n to the IRS Unless Requested To Do So |            |
| E. D. J. D. J. M. A. I.N. K. |  | . 01 0001) |

| <b>E1040</b>                                      |                 | artment of the Treasury—Internal Revenue Servi<br><b>S. Individual Income Ta</b> >   |          | turn                                 | 202                   | 3     | OMB No. 1545                        | -0074   | IRS Use Only  | –Do not w                  | rite or stapl    | e in this space.                |
|---|-----------------|--|----------|--------------------------------------|-----------------------|-------|-------------------------------------|---------|---------------|----------------------------|------------------|---------------------------------|
| For the year Jar                                  | n. 1–Dec        | . 31, 2023, or other tax year beginning  |          |                                      | , 2023, enc           | ding  |                                     |         | , 20          | See separate instructions. |                  |                                 |
| Your first name                                   | and mi          | ddle initial   | Last r   | ame                                  |                       |       |                                     |         |               | Your so                    | cial secu        | rity number                     |
| VENKATES  | SWARI           | E RAO  | GAD      | IPARTH                               | II                    |       |                                     |         |               | 751                        | 63 /             | 7326                            |
|   |                 | first name and middle initial  | Last r   |                                      |                       |       |                                     |         |               |                            |                  | ecurity number                  |
|   |                 |  |          |                                      |                       |       |                                     |         |               |                            |                  |                                 |
| Home address                                      | (numbe          | r and street). If you have a P.O. box, see   | instruc  | tions.                               |                       |       |                                     | A       | pt. no.       | Preside                    | ntial Elect      | tion Campaign                   |
| 2112 HOU  | JSELI           | L COURT  |          |                                      |                       |       |                                     |         |               |                            | nere if you      | · •                             |
| City, town, or p                                  | ost offic       | ce. If you have a foreign address, also co   | mplete   | spaces bel                           | low.                  | Sta   | ate                                 | ZIP co  | ode           |                            | •••              | intly, want \$3<br>. Checking a |
| FRANKLIN  | N PAR           | RK   |          |                                      |                       | NJ    | J                                   | 088     | 23            |                            | ow will no       | •                               |
| Foreign country                                   | y name          |  |          | Foreign pr                           | rovince/state/        | coun  | ty                                  | Foreig  | n postal code | your tax                   | c or refund      | _                               |
|   |                 | 1  |          |                                      |                       |       |                                     |         |               |                            | Vou You          | Spouse                          |
| Filing Status                                     | ; X             | Single   |          |                                      |                       |       | Head of he                          | ouseh   | old (HOH)     |                            |                  |                                 |
| Check only  |                 | Married filing jointly (even if only on the second se | he had   | income)                              |                       |       |                                     |         |               |                            | •                |                                 |
| one box.  | L If y          | Married filing separately (MFS)<br>ou checked the MFS box, enter the   | nomo     | of your o                            | nouno lfuo            | u obr | Qualifying                          |         |               |                            | ld'a nam         | a if tha                        |
|   |                 | alifying person is a child but not you   |          |                                      |                       |       |                                     |         |               |                            | iu s nam         |                                 |
|   |                 |  |          |                                      |                       |       |                                     |         |               |                            |                  |                                 |
| Digital   |                 | ny time during 2023, did you: (a) rece   |          |                                      |                       |       |                                     |         |               |                            |                  |                                 |
| Assets  | -               | ange, or otherwise dispose of a digi   |          | _                                    |                       |       |                                     | t)? (Se | e instructio  | ns.)                       | Yes              | 🗙 No                            |
| Standard  | _               | eone can claim:  You as a de   |          |                                      | •                     |       | a dependent                         |         |               |                            |                  |                                 |
| Deduction   |                 | Spouse itemizes on a separate retur  | n or yo  | ou were a                            | dual-status           | allen |                                     |         |               |                            |                  |                                 |
|   |                 | Were born before January 2, 1  | 959      | Are bl                               | ind <b>Spo</b>        | ouse  | : 🗌 Was bor                         |         | ore January   | -                          |                  | olind                           |
| Dependents  |                 |  | (2) S    | (2) Social security (3) Relationship |                       |       | ip <b>(4</b>                        |         | · · ·         |                            | e instructions): |                                 |
| If more   | <b>(1)</b> ⊢    | irst name Last name  |          |                                      | number                |       | to you                              |         | Child tax c   | reall                      | Creat for a      | other dependents                |
| than four<br>dependents,                          |                 |  |          |                                      |                       |       |                                     |         |               |                            |                  |                                 |
| see instruction                                   | s ——            |  |          |                                      |                       |       |                                     |         |               |                            |                  |                                 |
| and check<br>here                                 | ]               |  |          |                                      |                       | -     |                                     |         |               |                            |                  |                                 |
| Income  | 1a              | Total amount from Form(s) W-2, b   | ox 1 (s  | ee instruc                           | tions)                |       |                                     |         |               | . 1a                       |                  | 78,100.                         |
|   | b               | Household employee wages not re  | •        |                                      |                       |       |                                     |         |               | . 1b                       |                  |                                 |
| Attach Form(s)<br>W-2 here. Also                  | с               | Tip income not reported on line 1a   |          | istructions)                         |                       |       |                                     |         |               | . 1c                       | :                |                                 |
| attach Forms                                      | d               | d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  |          |                                      |                       |       |                                     |         |               | . 1d                       |                  |                                 |
| W-2G and<br>1099-R if tax                         | е               | Taxable dependent care benefits f  | rom Fo   | orm 2441,                            | line 26               |       |                                     |         |               | . 1e                       |                  |                                 |
| was withheld.                                     | f               | Employer-provided adoption bene  | fits fro | m Form 8                             | 839, line 29          | •     |                                     |         |               | . 1f                       |                  |                                 |
| lf you did not<br>get a Form                      | g               | Wages from Form 8919, line 6 .   |          |                                      |                       |       |                                     |         |               | . 1g                       |                  |                                 |
| W-2, see  | h               | Other earned income (see instruction   |          |                                      |                       |       |                                     |         | . 1h          |                            | 0.               |                                 |
| instructions.                                     | i               | Nontaxable combat pay election (s  | see ins  | tructions)                           |                       |       | <b>1</b> i                          |         |               | _                          |                  | 70 100                          |
|   |                 | Add lines 1a through 1h  | . i      | · · · · · · · · · · · · · · · · ·    |                       |       |                                     |         |               | . 1z                       |                  | 78,100.                         |
| Attach Sch. B<br>if required.                     | 2a<br>3a        |  | 2a<br>3a |                                      |                       |       | axable interest<br>Ordinary divider |         |               | . 2b<br>. 3b               |                  |                                 |
|   | <u>3a</u><br>4a |  | 4a       |                                      |                       |       | axable amount                       |         | • • •         | . 30<br>. 4b               |                  |                                 |
| Standard  |                 |  | 5a       |                                      |                       |       | axable amoun                        |         |               | . 5b                       |                  |                                 |
| • Single or                                       | 6a              |  | 6a       |                                      |                       |       | axable amount                       |         |               | . 6b                       |                  |                                 |
| Married filing separately,                        | c               | If you elect to use the lump-sum e   |          | method.                              | check here            |       |                                     |         | [             |                            |                  |                                 |
| \$13,850  | 7               | Capital gain or (loss). Attach Schee   |          |                                      |                       | `     | ,                                   |         | [             | 7                          |                  |                                 |
| <ul> <li>Married filing<br/>jointly or</li> </ul> | 8               | Additional income from Schedule  |          | •                                    | •                     |       | -                                   |         |               | . 8                        |                  | 19,164.                         |
| Qualifying surviving spouse,                      | 9               | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,   | and 8    | . This is y                          | our <b>total in</b> d | com   | e                                   |         |               | . 9                        |                  | 58,936.                         |
| \$27,700  | 10              | Adjustments to income from Sche  | dule 1   | line 26                              |                       |       |                                     |         |               | . 10                       |                  |                                 |
| Head of<br>household,                             | 11              | Subtract line 10 from line 9. This is  | your     | adjusted                             | gross incor           | me    |                                     |         |               | . 11                       |                  | 58,936.                         |
| \$20,800<br>• If you checked                      | 12              | Standard deduction or itemized   | deduc    | tions (fro                           | m Schedule            | A)    |                                     |         |               | . 12                       |                  | 13,850.                         |
| any box under<br>Standard                         | 13              | Qualified business income deduction  | on fro   | m Form 8                             | 995 or Form           | ı 899 | 95-A                                |         |               | . 13                       |                  |                                 |
| Deduction,<br>see instructions.                   | 14              | Add lines 12 and 13  |          |                                      |                       |       |                                     |         |               | . 14                       |                  | 13,850.                         |
|   | 15              | Subtract line 14 from line 11. If zer  | o or le  | ss, enter -                          | -U This is y          | our f | taxable incom                       | e.      |               | . 15                       |                  | 45,086.                         |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

| Form 1040 (2023                      | )         |  |         | Page <b>2</b>             |
|--------------------------------------|-----------|--|---------|---------------------------|
| Tax and                              | 16        | Tax (see instructions). Check if any from Form(s):         1         8814         2         4972         3   | 16      | 5,224.                    |
| Credits                              | 17        | Amount from Schedule 2, line 3   | 17      |                           |
|                                      | 18        | Add lines 16 and 17  | 18      | 5,224.                    |
|                                      | 19        | Child tax credit or credit for other dependents from Schedule 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      | 5,224.                    |
|                                      | 23        | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23      | 0.                        |
|                                      | 24        | Add lines 22 and 23. This is your <b>total tax</b>   | 24      | 5,224.                    |
| Payments                             | 25        | Federal income tax withheld from:  |         |                           |
|                                      | а         | Form(s) W-2  | -       |                           |
|                                      | b         | Form(s) 1099   |         |                           |
|                                      | С         | Other forms (see instructions)   |         |                           |
|                                      | d         | Add lines 25a through 25c  | 25d     | 10,087.                   |
| If you have a                        | 26        | 2023 estimated tax payments and amount applied from 2022 return  | 26      |                           |
| qualifying child, attach Sch. EIC.   | 27        | Earned income credit (EIC)   |         |                           |
|                                      | 28        | Additional child tax credit from Schedule 8812   |         |                           |
|                                      | 29        | American opportunity credit from Form 8863, line 8   | 4       |                           |
|                                      | 30        | Reserved for future use  | 4       |                           |
|                                      | 31        | Amount from Schedule 3, line 15  |         |                           |
|                                      | 32        | Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits   | 32      | 10,087.                   |
|                                      | 33        | Add lines 25d, 26, and 32. These are your <b>total payments</b>  | 33      | 4,863.                    |
| Refund                               | 34<br>05- | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   | 34      | 4,863.                    |
| Direct deposit?                      | 35a       | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here          Routing number       0       2       1       2       0       0       3       3       9       c Type:       Checking       Savings  | 35a     | 4,003.                    |
| See instructions.                    | b<br>d    | Routing number         0         2         1         2         0         0         3         3         9         c Type:         C Checking         Savings           Account number         3         8         1         0         5         2         1         5         3         9         1         2         1         2 |         |                           |
|                                      | и<br>36   | Amount of line 34 you want applied to your 2024 estimated tax 36   |         |                           |
| Amount                               | 37        | Subtract line 33 from line 24. This is the <b>amount you owe</b> .   | -       |                           |
| You Owe                              | 31        | For details on how to pay, go to www.irs.gov/Payments or see instructions  | 37      |                           |
|                                      | 38        | Estimated tax penalty (see instructions)   |         |                           |
| Third Party                          | Do        | you want to allow another person to discuss this return with the IRS? See  |         |                           |
| Designee                             |           | tructions  | elow.   | × No                      |
| U U                                  |           | signee's Phone Personal identit  | ication |                           |
|                                      | nai       |  |         | <u> </u>                  |
| Sign                                 |           | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ti<br>ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which   |         |                           |
| Here                                 |           |  | · ·     | nt you an Identity        |
|                                      | 10        |  |         | IN, enter it here         |
| Joint return?                        |           | SOFTWARE ENGINEER (see   | inst.)  |                           |
| See instructions.<br>Keep a copy for | Sp        |  |         | nt your spouse an         |
| your records.                        |           | ldent<br>(see  |         | ection PIN, enter it here |
| -                                    | Dh        |  |         |                           |
|                                      |           | Done no.     (332)910-4125     Email address     TECH.VENKY431@GMAIL.COM       eparer's name     Preparer's signature     Date     PTIN  |         | Check if:                 |
| Paid                                 |           | ATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P02470   | 1833    | Self-employed             |
| Preparer                             |           |  |         | 678)965-9522              |
| Use Only                             |           |  | 's EIN  | 88-2145487                |
| Go to www.irs.au                     |           |  | 5 EIN   | Form <b>1040</b> (2023)   |
| GO TO WWW.Irs.go                     | ov/Form   | n1040 for instructions and the latest information. BAA REV 01/21/24 PRO  |         | Form <b>IU4U</b> (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 20 2 23 Attachment Sequence No. **01** 

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VENKATESWARE RAO GADIPARTHI 751-63-7326

| 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      |   |                     |        |                       |  |  |  |  |  |  |  |  |
| 5      | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att | ach Schedule E .    | 5      | -19,164.              |  |  |  |  |  |  |  |  |
| 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   | <u>8i</u>           |        |                       |  |  |  |  |  |  |  |  |
| j      | Activity not engaged in for profit income                                     | 8j                  |        |                       |  |  |  |  |  |  |  |  |
| k      | Stock options   | 8k                  | _      |                       |  |  |  |  |  |  |  |  |
|        | 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                  | -      |                       |  |  |  |  |  |  |  |  |
| p      | Section 461(I) excess business loss adjustment                                | 8p                  | -      |                       |  |  |  |  |  |  |  |  |
| q      | Scholarship and fellowship grants not reported on Form W-2                    | 8q<br>8r            | -      |                       |  |  |  |  |  |  |  |  |
| r      | Nontaxable amount of Medicaid waiver payments included on Form                |                     | -      |                       |  |  |  |  |  |  |  |  |
| S      | 1040, line 1a or 1d   | 8s (                |        |                       |  |  |  |  |  |  |  |  |
| t      | Pension or annuity from a nonqualifed deferred compensation plan or           |                     | 4      |                       |  |  |  |  |  |  |  |  |
| Ľ      | a nongovernmental section 457 plan  | 8t                  |        |                       |  |  |  |  |  |  |  |  |
| u      | Wages earned while incarcerated   | 8u                  | -      |                       |  |  |  |  |  |  |  |  |
| z      |   |                     | -      |                       |  |  |  |  |  |  |  |  |
| -      |   | 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        | er here and on Form |        |                       |  |  |  |  |  |  |  |  |
|        | 1040, 1040-SR, or 1040-NR, line 8   |                     | 10     | -19,164.              |  |  |  |  |  |  |  |  |
| For Pa | perwork Reduction Act Notice, see your tax return instructions.               |                     | Schedu | le 1 (Form 1040) 2023 |  |  |  |  |  |  |  |  |
|        |   |                     |        |                       |  |  |  |  |  |  |  |  |
|        |   |                     |        |                       |  |  |  |  |  |  |  |  |

-

| Par | t II Adjustments to Income   |        |                       |
|-----|--|--------|-----------------------|
| 11  |  | 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)         .         < | - 1    |                       |
| b   | Deductible expenses related to income reported on line 8l from the   |        |                       |
|     | rental of personal property engaged in for profit  | -      |                       |
| С   | Nontaxable amount of the value of Olympic and Paralympic medals<br>and USOC prize money reported on line 8m.   |        |                       |
| d   | Reforestation amortization and expenses  |        |                       |
| 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:   |        |                       |
|     | 24z  |        |                       |
| 25  | Total other adjustments. Add lines 24a through 24z   | 25     |                       |
| 26  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on  |        |                       |
|     | Form 1040, 1040-SR, or 1040-NR, line 10  | 26     |                       |
|     | BAA REV 01/21/24 PRO   | Schedu | le 1 (Form 1040) 2023 |

|   | EDULE E<br>1040)   | (From     | rental rea  |               | upplementa<br>yalties, partners        |           |        |                |            | trusts, REMI   | Cs, etc.) | OMB N             | o. 1545-0074       |
|---|--|-----------|-------------|---------------|--|-----------|--------|----------------|------------|----------------|-----------|-------------------|--------------------|
|   | nent of the Treasury<br>Revenue Service  |           | Go to       |               | ch to Form 1040,<br>ov/ScheduleE fo    |           |        |                |            | formation.     |           | Attachn<br>Sequen | nent<br>nce No. 13 |
| Name(s)   | ) shown on return  |           |             |               |  |           |        |                |            |                |           | ial security      |                    |
|   | ATESWARE R   |           |             |               |  |           |        |                |            |                | 751-6     | 3-7326            |                    |
| Part  | Part I Income or Loss From Rental Real Estate and Royalties<br>Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. |           |             |               |  |           |        |                |            |                |           |                   |                    |
| A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions |  |           |             |               |  |           |        |                |            |                |           | es 🛛 No           |                    |
|   | f "Yes," did you   |           |             |               |  |           |        |                |            |                |           |                   |                    |
| 1a  | Physical addr  | ress of e | each pro    | perty (stree  | t, city, state, Zll                    | P code    | e)     |                |            |                |           |                   |                    |
| Α   |  |           |             |               |  |           |        |                |            |                |           |                   |                    |
| B   |  |           |             |               |  |           |        |                |            |                |           |                   |                    |
| C   |  |           |             |               |  |           |        |                |            |                |           |                   |                    |
| 1b  | Type of Prope  | erty 2    | P. For ea   | ach rental re | eal estate prope                       | erty list | ted    |                | Fa         | ir Rental      | Persor    | nal Use           |                    |
|   | (from list below   | w)        | above       | , report the  | number of fair                         | rental    | and    |                |            | Days           | Da        | ays               | QJV                |
| Α   | 3  |           |             |               | s. Check the Qa<br>equirements to f    |           |        | Α              |            | 365            |           | 0                 |                    |
| В   |  |           |             |               | nture. See instru                      |           |        | В              |            |                |           |                   |                    |
|   |  |           | -1          | · · ) · ·     |  |           |        | С              |            |                |           |                   |                    |
|   | of Property:   |           |             |               |  |           | - I    |                |            |                | •         |                   |                    |
|   | Single Family R<br>Multi-Family Re   |           |             | Commerci      | Short-Term Ren                         | ital      | 5 Land |                |            | Self-Rental    | (iba)     |                   |                    |
|   |  | sidence   | e 4         | Commerci      | a                                      |           | 6 Roya |                | 0          | Other (desci   |           |                   |                    |
|   |  |           |             |               |  |           |        |                |            | Properti       | es:       | 1                 |                    |
| Incom   |  |           |             |               |  |           |        | Α              |            | В              |           |                   | C                  |
| 3   | Rents received   |           |             |               |  | 3         |        | 4              | 80.        |                |           |                   |                    |
| 4<br>Expor  | Royalties recei  | ivea .    |             |               |  | 4         |        |                |            |                |           |                   |                    |
| Exper<br>5  |  |           |             |               |  | 5         |        |                |            |                |           |                   |                    |
| 6   | Auto and trave   |           |             |               |  | 6         |        |                |            |                |           |                   |                    |
| 7   | Cleaning and r   |           |             | -             |  | 7         |        | 1.7            | 50.        |                |           |                   |                    |
| 8   | Commissions  |           |             |               |  | 8         |        | -,.            |            |                |           |                   |                    |
| 9   | Insurance  |           |             |               |  | 9         |        |                |            |                |           |                   |                    |
| 10  | Legal and othe   |           |             |               |  | 10        |        | 1,2            | 30.        |                |           |                   |                    |
| 11  | Management f   |           |             |               |  | 11        |        |                |            |                |           |                   |                    |
| 12  | Mortgage inter   |           |             |               |  | 12        |        |                |            |                |           |                   |                    |
| 13  | Other interest   |           |             |               |  | 13        |        |                |            |                |           |                   |                    |
| 14  | Repairs  |           |             |               |  | 14        |        |                | 74.        |                |           |                   |                    |
| 15  | Supplies   |           |             |               |  | 15        |        | 5,4            | 40.        |                |           |                   |                    |
| 16  | Taxes  |           |             |               |  | 16        |        |                | 50         |                |           |                   |                    |
| 17<br>18  | Utilities<br>Depreciation e  |           |             |               |  | 17<br>18  |        | с <b>,</b> с   | 50.        |                |           |                   |                    |
| 19  | Other (list)   | spense    | e or deple  |               |  | 19        |        |                |            |                |           |                   |                    |
| 20  | Total expenses   | s. Add I  | lines 5 th  | rough 19      |  | 20        |        | 19,6           | 44.        |                |           |                   |                    |
| 21  | Subtract line 2  |           |             |               |  |           |        | _ , , ,        |            |                |           |                   |                    |
|   |  |           |             |               | out if you must                        |           |        |                |            |                |           |                   |                    |
|   | file Form 6198   | 3         |             |               |  | 21        |        | -19 <b>,</b> 1 | 64.        |                |           |                   |                    |
| 22  | Deductible ren   |           |             |               |  |           |        |                |            |                |           |                   |                    |
|   | on Form 8582   |           |             | ,             |  | 22        | (      | 19,16          | 54.)       | (              | )         | (                 | )                  |
| 23a   |  |           |             |               | all rental prope                       |           |        | •              | 23a        |                | 480.      | -                 |                    |
| b   |  |           |             |               | all royalty prop                       |           |        | •              | 23b        |                |           |                   |                    |
| C<br>d  |  |           | <b>.</b>    |               | or all properties                      |           |        | •              | 23c        |                |           |                   |                    |
| d<br>e  |  |           | •           |               | or all properties<br>or all properties |           |        |                | 23d<br>23e | 1 0            | ,644.     | -                 |                    |
| 24  |  |           | •           |               | line 21. <b>Do no</b> t                |           |        |                | 200        | 19             | . 24      |                   |                    |
| 25  |  |           |             |               | rental real estat                      |           |        |                | nter to    | tal losses her |           | (                 | 19,164.            |
| 26  |  |           |             |               | ome or (loss).                         |           |        |                |            |                |           |                   | - , ,              |
|   |  |           |             |               | n page 2 do no                         |           |        |                |            |                |           |                   |                    |
|   | Schedule 1 (Fo   | orm 104   | 40), line 5 | . Otherwise   | e, include this a                      | mount     |        |                | ne 41      |                | · 26      |                   | <b>-</b> 19,164.   |
| For Pa  | norwork Roduct   | ion Act   | Notice s    | an the sense  | ate instructions                       |           | NI     | PA             |            | -19,164        |           | hadula E (E       | orm 1040) 2023     |