#### Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name	Social security number						
NARESH THANGALLAPALLI	044-81-0654						
Spouse's name		Spouse's social se	curity number				
VIMALA SHRAVANI DODDA			990-94-27	35			
Part I Tax Return Information – Tax Year Ending	December 31,	2023 (Enter	r year you are a	uthorizing.)			
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, a	nd 5 blank.						
1 Adjusted gross income			1	70,330.			
<b>2</b> Total tax			2	4,675.			
3 Federal income tax withheld from Form(s) W-2 and Form	(s) 1099		3	9,803.			
4 Amount you want refunded to you			4	5,128.			
<b>5</b> Amount you owe			5	,			

#### Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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	

1	0	6	5	4	
Ent don	er fiv n't er	ve di nter a	gits, all ze	but	as my

signature on the income tax return (original or amended) I am now authorizing.

signature on the income tax return (original or amended) I am now authorizing.

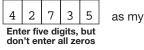
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

### Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date



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										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-dig	it 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 >		
ERO Mus Don't Submit Thi		
For Denemory Deduction Act Nation and Vous toy re	turn instructions	Earm <b>8870</b> (Bay, 01 2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	0074	IRS Use On	ly—Do not v	vrite or sta	ple in this space.		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.		
Your first name	and m	iddle initial	Last r	name						Your so	Your social security number			
NARESH			THA	NGALLA	APALLI					044	81	0654		
	pouse's	s first name and middle initial	Last r							-		security number		
VIMALA S	HRA	VANI	DOD	DA						990	94	2735		
		er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.			ection Campaign		
13203 PA	RKS	IDE DR						2	16	Check	here if y	ou, or your		
		ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3		
FISHERS						IN	1	460	38			nd. Checking a not change		
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		x or refu	•		
											Yo	ou 🗌 Spouse		
Filing Status	; [	] Single					Head of ho	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	d income)										
one box.		] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)				
	lf y	you checked the MFS box, enter the	e name	of your s	pouse. If you	u che	ecked the HOH	or QS	SS box, ent	ter the ch	ild's na	me if the		
	qu	alifying person is a child but not you	ur depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a rewar	d. award. or	pavr	ment for proper	tv or	services): o	or (b) sell.				
Assets		hange, or otherwise dispose of a dig									🗌 Ye	es 🔀 No		
Standard		eone can claim: 🗌 You as a de					a dependent	, ,						
Deduction		Spouse itemizes on a separate retur	•		dual-status	alien	1							
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bori	n befo	ore January	2, 1959		s blind		
Dependents					Social security		(3) Relationshi	14	,	,		see instructions):		
If more		irst name Last name					to you		Child tax	credit	Credit fo	r other dependents		
than four														
dependents,														
see instructions and check	3 —													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a	1	77,865.		
	b									. 1b	)			
Attach Form(s) W-2 here. Also	С									. 10	;			
attach Forms	d	Medicaid waiver payments not rep	ported	on Form(	s) W-2 (see ir	nstru	uctions)			. 10	1			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441	, line 26 .	e26					•			
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	8839, line 29					. 1f	:			
If you did not	g	Wages from Form 8919, line 6 .								. <b>1</b> g				
get a Form W-2, see	h	Other earned income (see instruct	ions)					· ·		. <u>1</u> h	1	0.		
instructions.	i	Nontaxable combat pay election (see instructions)												
	z	Add lines 1a through 1h	···		· · · ·			· ·		. 1z	:	77,865.		
Attach Sch. B	2a	· · -	2a				axable interest			. <b>2</b> b	-			
if required.	<u>3a</u>		3a				Ordinary dividen			. 3b	-			
Standard	4a		4a				axable amount			. 4b	-			
Deduction for-	5a		5a				axable amount			. 5b	-			
<ul> <li>Single or Married filing</li> </ul>	6a	· · _	6a				axable amount	• •		. 6b	)			
separately,	c	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850 • Married filing	7	Capital gain or (loss). Attach Sche						· ·			-			
jointly or Qualifying	8	Additional income from Schedule	-					• •		. 8		-7,535.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7						• •		. 9		70,330.		
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10				
household, 20,800	11	Subtract line 10 from line 9. This is	-	-	-			• •		. 11	-	70,330.		
• If you checked	12	Standard deduction or itemized						• •		. 12	-	27,700.		
any box under Standard	13	Qualified business income deduct	ion fro	m ⊢orm 8	995 or Form	899	ъ-А	• •		. 13		07 700		
Deduction, see instructions.	14 15	Add lines 12 and 13	• •			· ·		· ·		. 14		27,700.		
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-u This is y	our	laxable incom	е.		. 15		42,630.		

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	4,675.
Credits	17	Amount from Schedule 2, lin	ie3				[	17	
	18	Add lines 16 and 17					[	18	4,675.
	19	Child tax credit or credit for	other dependen	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	4,675.
	23	Other taxes, including self-e					[	23	0.
	24	Add lines 22 and 23. This is						24	4,675.
Payments	25	Federal income tax withheld							
i aj monto	а	Form(s) W-2				<b>25a</b> 9	,803.		
	b	Form(s) 1099				25b	·		
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	9,803.
	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					31			
	32							32	
	33								9,803.
Defined	34	Add lines 25d, 26, and 32. These are your total payments						33 34	5,128.
Refund	34 35a		·			, .	_ +	34 35a	5,128.
Direct deposit?		Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here						soa	5,120.
See instructions.	b	Account number 0 0 4				Checking	Savings		
	d	·							
<b>A</b>	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						~	
rou owe	20					1 1		37	
This Doct	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete bel	~~~	🗙 No
Designee		signee's		Phone			onal identifica		
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare th			1 2 0		,		, ,
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which pr	repare	er has any knowledge.
TICIC	Yo	ur signature		Date	Your occupation				nt you an Identity
							Protecti (see ins		N, enter it here
Joint return? See instructions.		aver's signature. If a joint return t	ath must simp	Date	SOFTWARE		(	<i>'</i>	nt your spouse an
Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	<b>both</b> must sign.	Dale	Spouse's occupat	1011			ection PIN, enter it here
your records.					HOME MAKE	R	(see ins	t.)	,
	Ph	one no. (603)417-045	4	Email address		INARESH@GMAIL.CO	DM M		
	Pre	eparer's name	- Preparer's signat			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/13/2024	P020827	03	Self-employed
Preparer		m's name GLOBAL TAX							678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.ad		n1040 for instructions and the late			BAA	REV 01/08/24 PRO			Form <b>1040</b> (2023)
					PAA				()

REV 01/08/24 PRO

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** 

Your social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR NARESH THANGALLAPALLI & VIMALA SHRAVANI DODDA

NARE	SH THANGALLAPALLI & VIMALA SHRAVANI DODDA		044-81	-0654	1
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. Atta			5	-7,535.
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			
ĥ	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
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)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
ο	Section 951A(a) inclusion (see instructions)	80			
р	Section 461(I) excess business loss adjustment	8p			
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	<b>8s</b> (	)		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
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 <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8	r here and or	Form	10	-7,535.
For Pa	perwork Reduction Act Notice, see your tax return instructions.				(Form 1040) 2023

Par	t II Adjustments to Income			ł
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	ment		
	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			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)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	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 adjustments to income. Enter here a			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/08/24 PRO		Schedule 1 (F	orm 1040) 202

	CHEDULE E Supplemental Income and Loss									OMB No. 1545-0074				
(Form	1040)	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										20	99	3
	ent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.											nent ce No.	13
	shown on return			0.010 /////							our soci	al security		
	NARESH THANGALLAPALLI & VIMALA SHRAVANI DODDA 044-81-0654													
	Part I Income or Loss From Rental Real Estate and Royalties													
	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													
	•						. ,							
					ed Form(s) 1099? .							. <b></b> ¥e	s 🗌	No
_1a	Physical addr	ess o	of ea	ich property (	(street, city, state, ZI	P code	e)							
Α														
B														
C									1					
1b	Type of Prope		2		ntal real estate prope				Fa		Person		Q	JV
-	(from list below	N)			ort the number of fair e days. Check the Q					Days	Da	-		
 	3	_			the requirements to f			A B		365		0	L	<u> </u>
		_		qualified join	nt venture. See instru	uctions	s. ·	C					L	<u> </u>
	of Property:							<u> </u>					L	
	Single Family R	eside	ence	3 Vaca	tion/Short-Term Ren	ital	5 Land		7	Self-Rental				
	Multi-Family Re			4 Com			6 Roya			Other (describ	ce)			
	, , , , , , , , , , , , , , , , , , ,								_					
luc e e un								•		Propertie	s:			
Incom		L				3		A	00.	В			С	
3 4						4		2	00.					
+ Exper		iveu				4								
5						5								
6	0					6								
7						7		8	00.					
8	-					8								
9						9								
10						10								
11	0					11		1,0	00.					
12	Mortgage inter	rest p	paid <sup>.</sup>	to banks, etc	c. (see instructions)	12								
13	Other interest					13								
14	Repairs					14		1,4	25.					
15	Supplies					15		1,9	50.					
16	Taxes					16								
17						17		2,8	60.					
18		xper	nse o	r depletion		18								
19	Other (list)					19								
20	•			•	19	20		8,0	35.					
21					nd/or 4 (royalties). If									
	file Form 6198				find out if you must	21		-7,5	35					
22					ter limitation, if any,	21		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55.					
22						22	(	7,53	35.)	(	)	(		)
23a	Total of all amo	ounts	s rep	orted on line	3 for all rental prope	rties			23a		500.			
b					4 for all royalty prop				23b					
С			-		12 for all properties				23c					
d			-		18 for all properties				23d					
е			-		20 for all properties				23e	8,	035.			
24					wn on line 21. <b>Do no</b>		-				24	(		
25					1 and rental real estat						25	(	7,5	35.)
26					y income or (loss).									
					40 on page 2 do no erwise, include this a						26		_7	535.
				,,		ount			1 - 21	supage .	20		· · ·	