Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Eorm8879 for the latest information

► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number VENKATA LAKSHMI KRIS K BEZAWADA 794-17-4957 Spouse's name Spouse's social security number 829-95-2011 BHAGYA LAKSHMI BEZAWADA Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 98,970. 1 1 2 2 8,113. 3 3 9,753. 4 4 1,640. 5 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

	raumonze		ERO firm name	to enter of generate my r my
Y	Lauthorize	GLOBAL TAXES	LLC	to enter or generate my PIN

7	4	9	5	7	
Ent don	er fiv i't er	/e di iter a	gits, all ze	but ros	as my

0 1 1

Enter five digits, but don't enter all zeros

as mv

5 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 🕨

Spouse's PIN: check one box only

X lauthorize <u>GLOBAL TAXES LLC</u> 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 O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	N. 2	2	2				0 {	-	7 1	1

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 🕨		
	 		 0070 /=	24 2224

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servic S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Or	ly—Do not v	vrite or sta	ple in this space.
For the year Jar	. 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 n	ame						Your so	cial sec	urity number
VENKATA LAKSHMI KRIS K BEZAWADA										794	17	4957
												security number
BHAGYA LAKSHMI BEZAWADA 8											95	2011
												ction Campaign
11530 WE	ELLSI	HIRE COMMONS CIR						1	411	Check	here if yo	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3
CHARLOTT	ΓE					NC	2	282	77			nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal cod		x or refu	0
											🗌 Yo	u 🗌 Spouse
Filing Status	; [] Single					Head of ho	buseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	e (QSS)		
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	or QS	SS box, en	ter the ch	ild's nar	ne if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	aiva (a	a roward	d award or	navr	ment for proper	tyor	envices):	or (b) sell		
Digital Assets		hange, or otherwise dispose of a digi	``					,	,,	() /	ΠYe	es 🛛 No
Standard		neone can claim: 🗌 You as a dep		<u> </u>			a dependent	, (,		
Deduction		Spouse itemizes on a separate return										
Age/Blindness	S You	: Were born before January 2, 19	959	🗌 Are bl	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959	🗌 Is	s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationshi	ip (4) Check the	box if qual	ifies for (s	see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit for	r other dependents
than four												
dependents, see instructions												
and check	s 											
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	ctions) .					. 1a	ı	122,187.
Attach Form(s)	b	Household employee wages not re	eportec	d on Form	n(s) W-2 .					. 1t)	
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	1		
1099-R if tax	е	Taxable dependent care benefits fi	rom Fo	orm 2441,	line 26					. 16	•	
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							. 11			
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·					· ·		. 1 <u>c</u>	1	
W-2, see	h	Other earned income (see instructi	ions)		· · ·			· ·		. <u>1</u> ł	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			1 i					
	<u>z</u>	Add lines 1a through 1h	· ·		· · · ·			· ·		. 1z		122,187.
Attach Sch. B	2a	· ·	2a				axable interest			. 2t		
if required.	3a		3a				ordinary divider			. 3t	-	
Standard	4a		4a				axable amount			. 4t		
Deduction for-	5a		5a				axable amount			. 5t	-	
 Single or Married filing 	6a	, _	6a				axable amount	• •		. 6t	•	
separately,	С	If you elect to use the lump-sum el		-		•		• •				
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scheo		•			·	· ·			-	00.015
jointly or Qualifying	8	Additional income from Schedule 1	-					• •		. 8		-23,217.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•				· ·		. 9		98,970.
\$27,700 • Head of	10	Adjustments to income from Scheo						· ·		. 10		00.075
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	-			· ·		. 11	-	98,970.
• If you checked	12	Standard deduction or itemized				'		• •		. 12		27,700.
any box under Standard	13	Qualified business income deducti	on froi	m ⊦orm 8	995 or Form	899	5-A	· ·		. 13		
Deduction, see instructions.	14	Add lines 12 and 13			· · · ·					. 14		27,700.
	15	Subtract line 14 from line 11. If zero	o or le	ss, enter	-U This is y	our	taxable incom	е.		. 15		71,270.

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	8,113.
Credits	17	Amount from Schedule 2, lir	ne3				[17	
	18	Add lines 16 and 17					[18	8,113.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,113.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	8,113.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 9	,753.		
	b	Form(s) 1099				25b			
	с	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>					25d	9,753.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31				_		32	
	33	Add lines 25d, 26, and 32. T						33	9,753.
Refund	34	If line 33 is more than line 24						34	1,640.
neruna	35a	Amount of line 34 you want	-			, .	. n t	35a	1,640.
Direct deposit?	b	Routing number 0 7 4					Savings		
See instructions.	d	Account number 3 2 6					g-		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	57	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	-		38		0.	
Third Party		you want to allow another							
Designee							omplete be	low.	× No
_ • • • • 9.100	De	signee's		Phone		Pers	onal identific	ation	
	nar	ne		no.		numl	oer (PIN)		
Sign		der penalties of perjury, I declare the							
Here		ief, they are true, correct, and com	piete. Declaration of		,	ased on all mormalic			, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SR SOFTWA	RE CONSULTAN			in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupat			RS ser	nt your spouse an
Keep a copy for	-1-	,,,,,,,,,,,	j				Identity	y Prote	ection PIN, enter it here
your records.					HOME MAKEI	R	(see in	st.)	
	Ph	one no. (317)919-628		Email address	PHANIKUMAR.	SFDC@GMAIL.CO	M		1
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Ţ	Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/28/2024	P02082	703	Self-employed
Use Only	Fin	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
	Fin	n's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	
Go to www.irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR,

OMB No. 1545-0074

Department of the Treasury Attachment Go to www.irs.gov/Form1040 for instructions and the latest information. Internal Revenue Service Sequence No. 01 Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VENKATA LAKSHMI KRIS K & BHAGYA LAKSHMI BEZAWADA 794-17-4957 Part Additional Income 1 1 2a 2a b Date of original divorce or separation agreement (see instructions): 3 3 4 4 -23,217. 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 6 Farm income or (loss). Attach Schedule F. 6 7 7 8 Other income: Net operating loss 8a а 8b b Cancellation of debt 8c С Foreign earned income exclusion from Form 2555 d 8d 8e е 8f f Alaska Permanent Fund dividends 8g g 8h h i Prizes and awards 8i 8i i 8k L Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 81 m Olympic and Paralympic medals and USOC prize money (see 8m Section 951(a) inclusion (see instructions) 8n n Section 951A(a) inclusion (see instructions) 0 80 Section 461(I) excess business loss adjustment 8p р Taxable distributions from an ABLE account (see instructions) . . . 8q a Scholarship and fellowship grants not reported on Form W-2 . . . 8r r Nontaxable amount of Medicaid waiver payments included on Form S 8s Pension or annuity from a nonqualifed deferred compensation plan or t a nongovernmental section 457 plan 8t Wages earned while incarcerated 8u u z Other income. List type and amount: 8z 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 10 -23,217.

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

Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s 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:			
 a	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			
Ŭ	and USOC prize money reported on line 8m			
d			-	
e	Repayment of supplemental unemployment benefits under the Trade		-	
e	Act of 1974			
4			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans		-	
n	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 24j			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REVO	3/07/24 PRO	Schedule 1 (F	orm 1040) 202

	HEDULE E Supplemental Income and Loss							OMB No	o. 1545-0074			
(Form	1040)	(Fro	m rental real	estate, royalties, partners		-			trusts, REMIC	Cs, etc.)	20	23
	ent of the Treasury Revenue Service		Go to	Attach to Form 1040, www.irs.gov/ScheduleE fo					nformation.		Attachm	nent ce No. 13
Name(s)	shown on return			-						Your soc	ial security	
VENK	ATA LAKSHM	I KR	RISK&E	BHAGYA LAKSHMI BE	ZAWAI	DA				794-1	7-4957	
Part	I Income	or Lo	oss From	Rental Real Estate an	nd Ro	yalties						
	Note: If yo	ou are i	in the busines	ss of renting personal proper	rty, use	Schedule	e C. See	e instru	ctions. If you a	ire an ind	ividual, rep	ort farm
Α				rm 4835 on page 2, line 40. 23 that would require you		Form(s)	10002 9	Soo in	structions			
				quired Form(s) 1099?								
<u>1</u> a				erty (street, city, state, ZI						<u></u>		
Α	-			VIJAYAWADA ANDH		,	I TN	5200	11			
B	25 55 12,1	1011		VIONIAWADA ANDI		ICADEDI	1 11	5200	<u></u>			
1b	Type of Prope	rtv	2 For eac	h rental real estate prope	ertv list	ted		Fa	air Rental	Perso	nal Use	0.11/
	(from list below		above,	report the number of fair	rental	and			Days		ays	QJV
Α	3			al use days. Check the Q			Α		365		0	
В				neet the requirements to t d joint venture. See instru			В					
С			quaime	a joint venture. See instru	JULIONE	5.	С					
Туре	of Property:											
	Single Family R			/acation/Short-Term Ren	ntal	5 Lanc	k		Self-Rental			
2	Multi-Family Re	siden	nce 4	Commercial		6 Roya	alties	8	Other (descr	ribe)		
									Properti			
Incom	e:						Α		В			С
3	Rents received	1.			3		6	80.				
4	Royalties rece	ived .			4							
Expen												
5	Advertising				5							
6	Auto and trave	l (see	e instructions	8)	6							
7	Cleaning and r	nainte	enance		7		2,8	58.				
8	Commissions				8		7	20.				
9	Insurance .				9							
10	Legal and othe	er prot	fessional fee	es	10							
11	Management f	ees .			11		2,6	03.				
12				s, etc. (see instructions)	12							
13	Other interest				13							
14	Repairs	• •			14			20.				
15	Supplies .				15		4,2	33.				
16					16							
17					17			99.				
18		xpens	se or deplet	on	18		4,3	64.				
19	Other (list)				19							
20	•			ough 19	20		23,8	97.				
21				ts) and/or 4 (royalties). If								
	```			s to find out if you must	0.1		<u></u>	17				
					21		-23,2	Ξ./.				
22				s after limitation, if any,	00	,	<u></u>	· ت ۱	(	,		`
020			-		<b>22</b>		23,22		(	680.		)
23a			-	line 3 for all rental prope			•	23a 23b		660.	-	
b			-	I line 4 for all royalty prop I line 12 for all properties		• • •	•	23D 23C				
c d							•	23C	Δ	,364.		
e e	Total of all amounts reported on line 18 for all properties23d4,364.Total of all amounts reported on line 20 for all properties23,897.											
24			-	shown on line 21. <b>Do no</b> t				200	<u> </u>	. 24		
24 25				ine 21 and rental real estat				nter to	tal losses her		(	23,217.)
26				yalty income or (loss).							· · · ·	,, )
20				line 40 on page 2 do no								
				Otherwise, include this a						. 26		-23,217.
For Pa				the separate instructions		NI			-23,217			orm 1040) 2023

ule E (Form 1040) 20