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)

Taxpay	/er's name		Social securit	y number	
GAY	ATRI VOLIPALLI		053-29-	-3793	
Spous	puse's name Spouse's social securit				number
Par	t I Tax Return Information – Tax Year Ending December 31, 2	023 (Enter	year you a	re autho	rizing.)
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	71 , 616.
2	Total tax			2	8,018.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	12,224.
4	Amount you want refunded to you			4	4,206.
5	Amount you owe			5	
Par	Taxpayer Declaration and Signature Authorization (Be sure you	u get and k	keep a cop	y of you	r return)

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES	LLC	to enter or generate my PIN
---------------------------	-----	-----------------------------

9	5	/	9	5	as my
9	3	7	9	3	
a	3	7	a	3	
	0	0 2	0 2 7	0 2 7 0	0 2 7 0 2

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

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

as mv 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			•								
	Practitioner PIN Method Returns Only—continue below										
Part III C	Certification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/P	PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2				6 nter a		2	7	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 >			
ERO Must Ret Don't Submit This For	ain This Form — See m to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return in	structions. RAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
For the year Jan	. 1-Dec	a. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See sep	parate instructions.
Your first name	and mi	iddle initial	Last n	ame						Your so	cial security number
GAYATRI			VOL	IPALLI						053	29 3793
	oouse's	s first name and middle initial	Last n								s social security number
										802	52 7182
Home address	(numbe	er and street). If you have a P.O. box, see	instruct	tions.				A	pt. no.		ntial Election Campaign
12221 F	AIRE	FIELD HOUSE DR						1	.06	Check h	nere if you, or your
		ce. If you have a foreign address, also co	mplete	spaces bel	ow.	Sta	te	ZIP co		•	if filing jointly, want \$3
FAIRFAX						VA	ł	220	33	•	this fund. Checking a ow will not change
Foreign country	name			Foreign pr	ovince/state/o	count	ty	Foreig	n postal code		or refund.
											You Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)		
Check only] Married filing jointly (even if only o	ne had	income)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ving spouse ((QSS)	
	lf y	ou checked the MFS box, enter the	name	of your sp	oouse. If you	ı che	ecked the HOH	l or QS	SS box, ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır depe	ndent: S	AMPATH GOU	THAN	M GOKEDA				
Distal	Ator	ny time during 2023, did you: (a) rec	oivo (ac	a reward	award or	navn	ment for prope	rtv or i	services): or	(b) sell	
Digital Assets		ange, or otherwise dispose of a dig	•					•	,	. ,	🗌 Yes 🛛 No
Standard		eone can claim: You as a de					a dependent	9. (00		,	
Deduction	_	Spouse itemizes on a separate retur	•		•		•				
		Were born before January 2, 1		Are bl		use	_	n hofe	ore January 2	1050	Is blind
_	-		333	T	•						fies for (see instructions):
Dependents		instructions): irst name Last name		(2) S	Social security number		(3) Relationsh to you	ip (•	Child tax cr	· · ·	Credit for other dependents
lf more than four	(1) 1	Lasthame					,			oun	
dependents,											
see instructions	;										
and check here	-										
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)					. 1a	84,243.
	b	Household employee wages not re			,					. 1b	, ,
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	•		. ,					. 1c	
attach Forms	d	Medicaid waiver payments not rep				nstru	ictions)			. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f		•	, ,		· · · ·			. 1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	
lf you did not	g	Wages from Form 8919, line 6								. 1g	
get a Form W-2, see	h	Other earned income (see instruct								. 1h	0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)			1i				
	z	Add lines 1a through 1h								. 1z	84,243.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.		. 2b	
if required.	3a	Qualified dividends	3a			b 0	ordinary divide	nds .		. 3b	
	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b	
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t		. 5b	
 Single or 	6a	Social security benefits	6a			b Ta	axable amoun	t		. 6b	
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required	d. If not requ	ired,	, check here		[7	
Married filing jointly or	8	Additional income from Schedule	1, line ⁻	10.						. 8	-12,627.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is y	our total inc	ome	e			. 9	71,616.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1,	line 26						. 10	
household,	11	Subtract line 10 from line 9. This is	s your a	adjusted	gross incon	ne				. 11	71,616.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	13,850.
any box under Standard	13	Qualified business income deduct	ion fror	n Form 89	995 or Form	899	5-A			. 13	
Deduction,	14	Add lines 12 and 13				•				. 14	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-0 This is y	our t	taxable incom	e.		. 15	57,766.

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	8,018.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	8,018.
	19	Child tax credit or credit for	other dependent	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	8,018.
	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	8,018.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 12	,224.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,224.
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	from Form 8863	s, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	12,224.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	4,206.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 [35a	4,206.
Direct deposit?	b	Routing number 0 5 1				Checking	Savings		
See instructions.	d	Account number 4 3 5	0 5 5 4	8 5 1 0	0 6				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.gov</i>	//Payments or	see instructions			37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions				🗌 Yes. C	omplete be	elow.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	cation	
Ciarra		der penalties of perjury, I declare th	nat I have examined		accompanying sch		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
		0							IN, enter it here
Joint return?					DATA ANAL		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.							(see in		ection Fin, enter it here
	Ph	one no. (260)745-672	6	Email address	соценам22меч	WORK@GMAIL.C			
		eparer's name	Preparer's signat	I	0001HAMZZNEI	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		ITTUI DAGAN	SOLIN INDIAN	102/10/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TADAATCI/ IN					Form 1040 (2023)
		in the initial deciding and the late	scanornation.		BAA	REV 02/11/24 PRO			1 0mm 10-to (2023)

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

2023 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
GAYATRI VOLIPALLI	053-29-3793
Part I Additional Income	

Par	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	ach Schedule E .	5	-12,627.
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	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		
0	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	8s ()	
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 additional income . Enter	here and on Form		10 007
	1040, 1040-SR, or 1040-NR, line 8		10	-12,627.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		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.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

SCHEDULE E	
(Form 1040)	

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, e

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

etc.)	2023						
	Attachment Sequence No. 13						
r social security number							

Name(s)	shown on return						Your soci	al security	number	
GAYATRI VOLIPALLI							053-29-3793			
Part	I Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	yalties Schedule	C . See	instruc	tions. If you a	are an indi	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions If "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZI		-							
Α	RESAPUVANIPALEM VISAKHAPATNAM VISAKHA	APATI	NAM IN	5300)13					
B										
С									1	
1b	(from list below) above, report the number of fair	above, report the number of fair rental and personal use days. Check the QJV box only			Fair Rental Days		Personal Use Days		QJV	
Α						365		0		
В	if you meet the requirements to qualified joint venture. See instru	f you meet the requirements to file as a								
С	quained joint venture. See instru	uctions	5.	С						
Туре	of Property:								•	
	Single Family Residence3 Vacation/Short-Term RerMulti-Family Residence4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incom	1e:			Α		В			С	
3	Rents received	3		6	00.					
4	Royalties received	4								
Exper										
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,253.						
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		9	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,6						
15	Supplies	15		2,2	22.					
16	Taxes	16								
17	Utilities	17		3,8						
18	Depreciation expense or depletion	18		2,3	70.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19				27.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If									
	result is a (loss), see instructions to find out if you must			10 0						
	file Form 6198	21	-	-12,6	21.					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		/	10 00	- \		`	(١	
00-	on Form 8582 (see instructions)	22		12,62) 600.	()	
23a	Total of all amounts reported on line 3 for all rental proper				23a		000.			
b	Total of all amounts reported on line 4 for all properties				23b					
c c	Total of all amounts reported on line 12 for all properties				23c		2,370.			
d	Total of all amounts reported on line 18 for all properties				23d					
е 24										
24 25	•				· ·		. 24	(10 607 \	
25	Losses. Add royalty losses from line 21 and rental real estat							(12,627.)	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						. 26		-12,627.	

Form	562			OMB No. 1545-0172				
Departm Internal F	ent of the Treasury Revenue Service	Go to u		Attachment Sequence No. 179				
Name(s)	shown on return		Busir	ess or activity to v	which this form relate	es		ifying number
				n E RESAPU	053	3-29-3793		
Part			rtain Property Ur ed property, comp			plete Part I.		
1 N	laximum amount (see instruction	s)				1	1,160,000.
2 T	Total cost of section 179 property placed in service (see instructions)						2	
3 T							3	2,890,000.
4 F	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0							
	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions						5	
6	(a) Description of property (b) Cost (business use only) (c) Elected cost							
7 L	isted property. Ent	ter the amount	from line 29		7			-
	· · ·		property. Add amou			7	8	
			aller of line 5 or line				9	
10 C	arryover of disallo	wed deductior	n from line 13 of you	r 2022 Form 4	562		10	
11 B	susiness income lim	itation. Enter the	e smaller of business	income (not le	ss than zero) or l	ine 5. See instructions	11	
12 S	ection 179 expens	e deduction. A	dd lines 9 and 10, b	out don't enter	more than line	11	12	
13 C	arryover of disallo	wed deduction	to 2024. Add lines	9 and 10, less	line 12 .	13		
			for listed property.					
					•	lude listed property	<u>. See</u>	instructions.)
	14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.							
	15 Property subject to section 168(f)(1) election							
	ther depreciation						15 16	
Part	MACRS De	preciation (D	on't include listed	l property. Se	e instructions	.)		1
				Section A				
					•		17	
				-	-	one or more general		
a	sset accounts, che		• • • • • •					
						General Depreciation	<u>ı Syst</u>	em
(a) Classification of prope		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property							
b	5-year property							
C	7-year property							
	0-year property						<u> </u>	
	5-year property						<u> </u>	
	20-year property					0.1	<u> </u>	
	25-year property			25 yrs.		S/L	<u> </u>	
	Residential rental	04/23	92,000		MM	S/L		2,370.
<u> </u>	property			27.5 yrs.	MM	S/L		
	Nonresidential real			39 yrs.	MM	S/L	+	
F	property	A to Dia	dia Oracia - Draina		MM	S/L		
00 - 7		- ASSETS Place	a in Service During	g 2023 Tax Ye	ar Using the A	ternative Depreciatio	on Sys	stem
	Class life			12.000		S/L S/L	+	
	2-year			12 yrs.	MM	5/L 5/L	+	
	30-year			30 yrs.	MM	5/L 5/L	+	
	10-year	See instructio		40 yrs.	IVIIVI	JUL	<u> </u>	
Part			,				01	
	isted property. Ent						21	
			, lines 14 through 1, of your return. Partn			g), and line 21. Enter see instructions	22	2,370.

 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions
 22

 23
 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs
 23

For Paperwork Reduction Act Notice, see separate instructions.