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	Soc	cial securit	y numbe	er				
MAM	IATHA METTUPALLY	6	636-59-6402						
Spous	e's name	Spo	Spouse's social security number						
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	Inter yea	ar you ai	re autl	norizing.)				
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	82,190.				
2	Total tax			2	10,339.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	13,011.				
4	Amount you want refunded to you			4	2,672.				
5	Amount you owe			5					
Par	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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	l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
1 .	I ddthonzo	0100111 111110		

	9	6	4	0	2	as			
Enter five digits, but don't enter all zeros									

my

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 ►	Date ►
Practitioner PIN Method Returns Onl	ly—continue below
Part III Certification and Authentication – Practitioner PIN Me	ethod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-sele	lected PIN. 2 2 2 4 9 6 0 8 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 >	Date 🕨	
	st Retain This Form — See Instructions s Form to the IRS Unless Requested To Do So	
For Denominary Deduction Act Nation and your toy		. 01 2021)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/23/24 PRO

1040		artment of the Treasury–Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use (Only—D	o not wr	ite or sta	aple in this space.
For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	S	ee sep	arate	instructions.
Your first name	and m	iddle initial	Last r	ist name					Y	Your social security number			
MAMATHA MET					ĹΥ						636	59	6402
If joint return, s	pouse's	s first name and middle initial	Last r	name						S	pouse's	social	security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	P	residen	tial Ele	ection Campaigr
_12118 SH	E 31:	ST STREET						A	203				ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode				jointly, want \$3 nd. Checking a
Bellevue	9					WZ	ł	980	05				not change
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal co	ode yo	our tax	_	_
												Yc	ou Spouse
Filing Status	; ⊻	Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hao	d income)									
one box.		Married filing separately (MFS)					Qualifying						
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or QS	SS box, e	enter t	he chil	d's na	me if the
	qu	alifying person is a child but not you	ir dep	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	is a reward	d, award, or	payr	ment for prope	rty or	services);	; or (b)) sell,		
Assets	exch	ange, or otherwise dispose of a digi	ital as	set (or a fi	nancial intere	əst ir	n a digital asse	et)? (Se	e instruc	tions.)	🗌 Ye	es 🛛 No
Standard	Som	leone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1						
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spa	ouse	: 🗌 Was bor	m befo	ore Janua	rv 2. 1	959		s blind
Dependent				<u> </u>	Social security		(3) Relationsh	14		-			(see instructions):
•		(1) First name Last name			number		to you		Child ta		· · ·		or other dependents
lf more than four									Г	7			\Box
dependents,													\square
see instruction and check	s —												
here]												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)						1a		94,320.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2						1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ı (see i	instruction	ıs)						1c		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)				1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26 .						1e		
was withheld.	f	Employer-provided adoption bene	fits fro	om Form 8	8839, line 29						1f		
If you did not	g	Wages from Form 8919, line 6 .									1g		
get a Form W-2, see	h	Other earned income (see instructi	ions)					· ·			1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i						
	z	Add lines 1a through 1h	• •						• •		1z		94,320.
Attach Sch. B	2a	· ·	2a				axable interes				2b		
if required.	3a		3a				Ordinary divide				3b		
Standard	4a		4a				axable amoun				4b		
Deduction for –	5a		5a				axable amoun		• •	• •	5b		
 Single or Married filing 	6a	, _	6a				axable amoun	t	• •		6b	-	
separately, \$13,850	с _	If you elect to use the lump-sum el				•	,		· · ·	· [_]	_		
 Married filing 	7	Capital gain or (loss). Attach Schee					·			. 🗆	7		10 100
jointly or Qualifying	8	Additional income from Schedule	-							• •	8		-12,130.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				omo	e		• •	• •	9		82,190.
 Head of 	10	Adjustments to income from Sche				••••		• •	• •	• •	10		0.0 1.0.0
household, \$20,800	11	Subtract line 10 from line 9. This is						• •	• •	• •	11		82,190.
 If you checked 	12	Standard deduction or itemized				,		• •	• •	• •	12		13,850.
any box under Standard	13 14	Qualified business income deducti	ion fro	iii Form 8	ອອວ or Form	999	о-А	• •	• •		13		12 050
Deduction, see instructions.	14 15	Add lines 12 and 13	• •	· · ·		· ·	· · · · ·			• •	14		13,850.
	15	Subtract line 14 from line 11. If zer	U Ur le	ess, enter	-u This is y	our		ie .		· ·	15	1	68,340.

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	10,339.
Credits	17	Amount from Schedule 2, line	3				17	
	18	Add lines 16 and 17					18	10,339.
	19	Child tax credit or credit for oth	her dependent	ts from Sched	ule 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	f zero or less, e	enter -0			22	10,339.
	23	Other taxes, including self-emp	oloyment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is yo	ur total tax				24	10,339.
Payments	25	Federal income tax withheld fr	om:					
-	а	Form(s) W-2				25a 13	,011.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions)				25c		
	d	Add lines 25a through 25c .					250	13,011.
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	22 return		26	
qualifying child,	27	Earned income credit (EIC) .			No	27		
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28		
	29	American opportunity credit fro	om Form 8863	, line 8		29		
	30	Reserved for future use				30		
	31	Amount from Schedule 3, line	15			31		
	32	Add lines 27, 28, 29, and 31. T	hese are your	total other pa	ayments and refu	undable credits	32	
	33	Add lines 25d, 26, and 32. The	se are your to	tal payments			33	13,011.
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amou	nt you overpaid	34	2,672.
	35a	Amount of line 34 you want re			is attached, che	ck here	. 🗌 35a	2,672.
Direct deposit?	b	Routing number 0 6 2 0			c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 1 8 1 0) 3 8 7	1 8 1				
	36	Amount of line 34 you want ap	plied to your :	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24. T						
You Owe		For details on how to pay, go t	o www.irs.gov	/Payments or	see instructions		37	
	38	Estimated tax penalty (see inst	ructions) .			38		
Third Party	Do	you want to allow another p	erson to disc	uss this retu	rn with the IRS?	See		_
Designee	ins	tructions					omplete below	
	De nai	signee's		Phone no.			onal identification per (PIN)	n
Cian		der penalties of perjury, I declare that	I have examined		accompanying sche		. ,	t of my knowledge and
Sign		ief, they are true, correct, and comple						
Here	Yo	ur signature		Date Your occupation		If the IRS s	ent you an Identity	
		5			P			PIN, enter it here
Joint return?					SOFTWARE I		(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, bo t	t h must sign.	Date	Spouse's occupat	ion		ent your spouse an otection PIN, enter it here
your records.							(see inst.)	dection Fin, enter it here
	Ph	one no. (334)444-1586		Email address		999@GMAIL.CO	M	
		(reparer's signat		MANITIANAU 9	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM S					P02082703	
Preparer		n's name GLOBAL TAXE		ITTU DAGAN	COLIA IAUDAM	05/02/2024		(678)965-9522
Use Only		n's address 245 ROONEY		NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.cr		1040 for instructions and the latest		TADMICIC IN				Form 1040 (2023)
GO 10 W WW.115.90	5V/1 0/1	noto in instructions and the latest	intornation.		BAA	REV 02/23/24 PRO		10m 10m (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

Attachment Sequence No. 01 ur social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu
MAMATHA METTUPALLY	636-59-6402
	•

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	ch Schedule E .	5	-12,130.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · ·	8a ()	
b	•	8b		
С		8c		
d		8d ()	
е		8e		
f	Income from Form 8889	8f		
g		8g		
h		8h		
i	Prizes and awards	<u>8i</u>		
j	Activity not engaged in for profit income	<u>8j</u>	_	
k		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			
	· · · · · · · · · · · · · · · · · · ·	8m	_	
n		8n	_	
0		80		
р		8p	- 1	
q		8q	- 1	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form	- (
_		<u>8s (</u>	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u		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	nere and on Form		10 100
	1040, 1040-SR, or 1040-NR, line 8	<u>· · · · · · · · · · · · · · · · · · · </u>	10	-12,130.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 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	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)			
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			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 02/	/23/24 PRO	Schedule 1 (Form 1040) 2023

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest ir

s, estates, trusts, REMICs, etc.)	2(
, or 1041.	Attach
he latest information.	Seque

Your soci	al security number	
	Attachment Sequence No. 13	3

Name(s)	shown on return						Your soo	cial securit	y number
MAMATHA METTUPALLY 63			636-5	636-59-6402					
Part	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule			-			-
	Did you make any payments in 2023 that would require you								
Bİ	f "Yes," did you or will you file required Form(s) 1099? .							. 🗆 Y	res 🗌 No
1a	Physical address of each property (street, city, state, ZIF	^{>} code	e)						
Α	Happy Home Signature Tower Tarnaka, hyd	I TEI	ANGANA	A IN	5000	17			
B									
C									
1b		above, report the number of fair rental and personal use days. Check the QJV box only			Fa	ir Rental Days	Personal Use Days		QJV
Α						365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	Ictions	6.	С					
Туре	of Property:				1	I			
1	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	tal	5 Lanc 6 Roya	-		Self-Rental Other (descri	ibe)		
						Propertie			
Incom	le:			Α		B			С
3	Rents received	3			56.				•
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,6	54.				
8	Commissions	8		±,0	51.				
9		9							
10	Legal and other professional fees	10							
11	Management fees	11		1,2	15				
12	Mortgage interest paid to banks, etc. (see instructions)	12		1,2	т Ј.				
13	Other interest	13							
14	Repairs	14		1 8	46.				
15		15			47.				
16		16		4,5	ч/.				
17		17		2 1	22.				
18	Utilities	18		3,4					
19	Other (list)	19		5,1	/2.				
20	Total expenses. Add lines 5 through 19	20		12,6	86				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		12,0	00.				
21	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	.	-12,1	30.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		, 12, 13		()
23a	Total of all amounts reported on line 3 for all rental prope		1	,	23a	1	556.)
b	Total of all amounts reported on line 4 for all royalty prop			•	23b			-	
C	Total of all amounts reported on line 12 for all properties	01000		•	230 23c				
d	Total of all amounts reported on line 12 for all properties	• •		·	230 23d	2	,472.		
e e	Total of all amounts reported on line 20 for all properties			·	23u 23e		,472. ,686.		
24	Income. Add positive amounts shown on line 21. Do not				200	12	, 000. . 24		
24 25	Losses. Add royalty losses from line 21 and rental real estate				· ·	tal losses here		(12,130.)
									12,130.)
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 ar						26		-12,130.