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
SRIDHAR MAJETY	749-05-2321
Spouse's name	Spouse's social security number
SHRAVYA DHARBA	578-77-7535
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Er	nter 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 57,047.
2 Total tax	2 3,079.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 4,295.
4 Amount you want refunded to you	4 1,216.
5 Amount you owe	5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get an	d 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

~	1 ddfhoh20			ERO firm name		E	'n
X	Lauthorize	GLOBAL TA	XES	LLC	to enter or generate my PIN	Ľ	2

5	2	3	2	1	00 mV
Ent dor	er fiv n't er	/e di nter a	gits, all ze	but ros	as my

5 3

Enter five digits, but don't enter all zeros

5

as mv

7 7

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

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
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-s	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 ► Date ►							
	This Form — See Instructions o the IRS Unless Requested To Do So						
	D51/00////01 DD0	Fauna 9970 (Days 01 0001)					

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	parate i	nstructions.
Your first name	and mi	iddle initial	Last na	me						Your so	cial sec	urity number
SRIDHAR	and		MAJE							749		2321
	oouse's	s first name and middle initial	Last na									security number
SHRAVYA			DHAF							578		7535
	(numbe	er and street). If you have a P.O. box, see						A	Apt. no.			ction Campaign
2950 POF	•								233			ou, or your
		Ce. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP c		1	,	jointly, want \$3
DAVIS			piete e	paces be		CA		956				nd. Checking a
Foreign country	/ name			Foreign p	rovince/state/o	-			n postal code	your ta		not change nd
· · · · · · · · · · · · · · · · · · ·				· • • • • • • • •			-,			, your tas	∏ Yo	_
Filing Status		Single					Head of he	haeu				
		Married filing jointly (even if only o	ne had	income)				Jusch				
Check only one box.		Married filing separately (MFS)	ne nuu	income)				surviv	/ing spouse	(055)		
one box.	lf v	you checked the MFS box, enter the	name (of your si	nouse If voi	ı che			•	. ,	ild's na	me if the
		alifying person is a child but not you										
			•									
Digital		ny time during 2023, did you: (a) rec										
Assets	-	ange, or otherwise dispose of a dig					-	t)? (Se	ee instructio	ns.)	∐ Ye	es 🛛 No
Standard		eone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status	alien	1					
Age/Blindness	S You:	Were born before January 2, 1	959 [Are bl	ind Spo	use	: 🗌 Was bor	n befo	ore January 2	2, 1959	Is	s blind
Dependents				(2) S	Social security		(3) Relationsh	ip (4	•			see instructions):
If more	(1) Fi	1) First name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
than four												
dependents, see instructions	s ——										<u> </u>	
and check								<u> </u>			<u> </u>	
here												
Income	1a	Total amount from Form(s) W-2, b	•							. <u>1a</u>		66,987.
Attach Form(s)	b	Household employee wages not re	•									
W-2 here. Also	C									. 10	-	
attach Forms W-2G and	d									. 1d		
1099-R if tax	е	Taxable dependent care benefits f								. <u>1</u> e		
was withheld.	f	Employer-provided adoption bene			-					. <u>1</u> f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		. <u>1</u> g		
W-2, see	h	Other earned income (see instruct				•		· ·		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i					66,987.
		Add lines 1a through 1h	•••		· · · ·	ьт	· · · · ·	• •		. 1z	-	416.
Attach Sch. B if required.	2a	•	2a		0 =		axable interest			. 2b	-	35.
	<u>3a</u>		3a 4a				ordinary divider				-	
Standard	4a 50		4a 5a				axable amount axable amount				-	
Deduction for—	5a 6a		5a 6a				axable amoun				-	
 Single or Married filing 	6a	Social security benefits		mothod					 Г			
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche				•	,	• •	· · · L	7		
 Married filing 	8	Additional income from Schedule		•	•		-	• •	· · · L	. 8	+	-10,391.
jointly or Qualifying	о 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. <u>o</u> . 9		57,047.
surviving spouse, \$27,700	9 10	Add lines 12, 20, 30, 40, 50, 60, 7 Adjustments to income from Sche		-					· · ·	. 9 . 10	<u> </u>	57,017.
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11		57,047.
household, [\$20,800	12	Standard deduction or itemized	•	-	-			• •		. 12	-	27,700.
If you checked any box under	13	Qualified business income deduct					 15-А	• •		· 12	-	21,100.
Standard	13 14	Add lines 12 and 13				033		• •		. 14		27,700.
Deduction, see instructions.	14	Subtract line 14 from line 11. If zer			 -0- This is v		taxable incom					29,347.
	10			o, onter .	5. 1113 15 Y					. 13	<u> </u>	<u> </u>

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	3,079.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[18	3,079.
	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	3,079.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		[23	0.
	24	Add lines 22 and 23. This is					[24	3,079.
Payments	25	Federal income tax withheld							
. aj mente	а	Form(s) W-2				25a 4	,295.		1
	b	Form(s) 1099				25b	<u> </u>		
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c						25d	4,295.
H	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			1
	31					31			
	32	Amount from Schedule 3, line 15							
	33						–	32 33	4,295.
Refund	34	Add lines 25d, 26, and 32. These are your total payments						34	1,216.
neiuna	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here					_ +	35a	1,216.
Direct deposit?	b	Routing number 0 3 1					Savings		<i>.</i>
See instructions.	ď	Account number 3 6 2	Savingo						
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	•• •					-	
You Owe	31	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38		-	
Third Party		you want to allow another							
Designee		structions	•				omplete bel	ow.	× No
Deelghee	De	signee's		Phone			onal identifica		
	nai			no.		numb	oer (PIN)		
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	ot preparer (otne	r than taxpayer) is ba		•	, .	
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
laint vature?					SOFTWARE 1	FNGINFFP	(see ins		iv, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, i	ooth must sign	Date	Spouse's occupat		If the IF	lS ser	nt your spouse an
Keep a copy for	οp		e maer eigin	2410			Identity	Prote	ection PIN, enter it here
your records.					SOFTWARE 1	ENGINEER	(see ins	:t.)	
	Ph	one no. (530)402-596	8	Email address	MAJETY.SRID	HAR@GMAIL.CC	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	T	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	02/19/2024	P020827	03	Self-employed
Preparer	Fir	m's name GLOBAL TAX	XES LLC				Phone	no. (678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

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

Department of the Treasury Internal Revenue Service	
Name(s) shown on Ec	rm 1

Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your social secu
SRIDHAR MAJETY	2 & SHRAVYA DHARBA	749-05-2321
Part Additi	onal 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. Attac	ch Schedule E .	5	-10,391.
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		Bc		
d	5	Bd ()	
е		8e		
f		8f		
g		8g		
h		8h		
i		8i		
j		8j		
k		8k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	Bm		
n		8n		
ο		80		
р		8р		
q		8q		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
		8t		
u	o	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		10	-10,391.
For Pa	1040, 1040-SR, or 1040-NR, line 8	<u></u>	10 Schedu	le 1 (Form 1040) 2023
a	perment networker Aot notice, see your tax retain instructions.		Joneuu	10 1 (1 0111 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	Deductible expenses related to income reported on line 8l from the				
		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals				
-		24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
U	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

	DULE E		Supplementa	l Inc	ome an	d Lo	SS			OMB No	OMB No. 1545-0074		
(Form	orm 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									90)73		
Departm	ent of the Treasury		Attach to Form 1040,							ی کے Attachn			
	ernal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.									Sequen	ce No. 13		
Name(s)	ame(s) shown on return Your social										number		
_		& SHR	AVYA DHARBA						749-0	5-2321			
Part			From Rental Real Estate an										
	Note: If yo	ou are in th	ne business of renting personal proper s from Form 4835 on page 2, line 40.	rty, use	Schedule	c . See	e instru	ctions. If you a	are an indiv	vidual, rep	ort farm		
Α			nts in 2023 that would require you	to file	Form(s) 1	0002	Soo inc	structions					
			bu file required Form(s) 1099?										
			ch property (street, city, state, ZII										
1a	Physical addi	ress of ea	ich property (street, city, state, Zil	P COO	e)								
A													
В													
С							1						
1b	Type of Prope		For each rental real estate prope				Fa	ir Rental	Person		QJV		
	(from list below	<i>N</i>)	above, report the number of fair personal use days. Check the Q					Days	Da	-			
	3		if you meet the requirements to f			A		365		0			
B C			qualified joint venture. See instru			B							
	f Dronowh <i>u</i>					U							
	of Property: Single Family R	acidonaa	3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental					
	Multi-Family Re		4 Commercial	itai	6 Roya				ribo)				
		sidence	4 Commercial		о поуа	anies	0	Other (desc	ibe)				
								Properti	es:				
Incom	ne:					Α		В			С		
3				3		5	12.						
4	Royalties rece	ived		4									
Exper	ises:												
5	Advertising			5									
6	Auto and trave	el (see ins	tructions)	6									
7	•		nce	7		1,6	87.						
8				8									
9				9									
10			sional fees	10									
11				11		1,3	50.						
12	00		to banks, etc. (see instructions)	12									
13				13									
14				14			54.						
15	Supplies .			15		Ι,Ί	89.						
16	Taxes			16		1 -	10						
17				17			46.						
18		expense c	or depletion	18 19		3,2	277.						
19	Other (list)		as E through 10	20		10,9	0.2						
20	•		es 5 through 19	20		10,9	03.						
21			ne 3 (rents) and/or 4 (royalties). If structions to find out if you must										
	file Form 6198			21	-	-10,3	91						
22			state loss after limitation, if any,	21		1075							
22				22	(10,39	م 1	()	()		
23a		-	ported on line 3 for all rental prope		N	-0,0.	23a	(512.	\)		
b			orted on line 4 for all royalty prop				23b						
c			orted on line 12 for all properties				23c						
d			orted on line 18 for all properties				23d	3	,277.				
e			ported on line 20 for all properties				23e		,903.				
24			mounts shown on line 21. Do no t			sses			. 24				
25			es from line 21 and rental real estat		-		nter to	tal losses her		(10,391.)		
26			e and royalty income or (loss).								/		

For Paperwork Reduction Act Notice, see the separate instructions.

26

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-10,391.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2