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			Soci	al securi	ty number				
KISHOR KUMAR REDDY MUTYALA				780-96-6711					
Spouse's name				Spo	use's soc	ial securit	y number		
SOWMYA REDDY PULI	8	02-58	-3666						
Part I Tax Return Information – Tax Year Ending Dece	mber 31,	2023	(Ente	er yea	r you a	re autho	orizing.)		
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 bla	ank.								
1 Adjusted gross income						1	48,709.		
2 Total tax						2	2,103.		
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	9					3	6,503.		
4 Amount you want refunded to you						4	4,400.		
5 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 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

X	I authorize	GLOBAL	TAXES	LLC			to enter or g	gener	ate	my F	ΝI	6		/		as	my
				ERO firm na	ame			-		-			ter five n't ente				
	signature or	n the incom	e tax retu	ırn (original	l or amended) l	am now a	uthorizing.					uu	in c onto	-			
					income tax retur return is filed												
Your sig	nature 🕨	¥	M	1			[Date									
Spouse	's PIN: chec	k one box (only														
×	I authorize	GLOBAL	TAXES	LLC			to enter or g	gener	ate	my F	PIN	8	3	6 6	6	as	my
				ERO firm na	ame								ter five				
	signature or	n the incom	e tax retu	ırn (original	l or amended) l	am now a	uthorizing.					do	n't ente	er all z	zeros		
		2	, 0		income tax retur return is filed			'					0				-
		P(wmya F	Seddy													
Spouse'	s signature	·	Might				[Date									
			Prac	titioner P	IN Method Re	eturns On	ly—continu	e be	low								
Part III	Certific	ation and	Authen	tication -	 Practitione 	er PIN Me	ethod Only										
ERO's E	FIN/PIN. En	ter your six	-digit EFI	N followed	by your five-di	git self-sel	lected PIN.	2	2	2	4	9	6 0	8	2 7	7 1	
											Don'	t ent	er all z	eros			

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 🕨	
ERO Must Retain This Form — See Instructions	
Don't Submit This Form to the IRS Unless Requested To Do S	30

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Or	lly—Do not w	rite or stap	le in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate ir	structions.		
Your first name	and m	iddle initial	Last r	ame						Your so	cial secu	rity number		
KISHOR K	UMAI	R REDDY	MUT	YALA						780	96	6711		
	-	s first name and middle initial	Last r								Spouse's social security number			
SOWMYA F	מתאצ	Y	PUL	т						802	58	3666		
		er and street). If you have a P.O. box, see	-					A	pt. no.			tion Campaign		
		INGTON AVENUE, UNIT-D										u, or your		
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode	spouse	if filing jo	pintly, want \$3		
CORVALLI		, , , , , , , , , , , , , , , , , , , ,				OF	2	973	33	· · ·		d. Checking a		
Foreign country				Foreian p	rovince/state/	-			n postal cod		ow will n or refun	ot change Id.		
, ,				5 5 1			, ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	γοι	_		
Filing Status		Single					Head of he	haeuc						
-		Married filing jointly (even if only or	ne had	l income)				Jusch						
Check only		Married filing separately (MFS)		i inconic)			Qualifying	surviv	ina snouse	(099)				
one box.	lf v	you checked the MFS box, enter the	namo	of your s	nouse If voi	u cha			• ·	. ,	ild'e nam	ne if the		
	-	alifying person is a child but not you		-	pouse. Il you		ecked the nor		55 507, 611		ilu s nan			
Digital		ny time during 2023, did you: (a) rece	•						,	()	_			
Assets	exch	hange, or otherwise dispose of a digi		·	nancial inter	est ir	n a digital asse	t)? (Se	e instructi	ons.)	Yes	s 🛛 No		
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	S You	: 🗌 Were born before January 2, 1	959	Are bl	lind Sp o	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 ls	blind		
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	_{ip} (4) Check the	box if qual	fies for (s	ee instructions):		
- If more	(1) F	First name Last name			number		to you		Child tax	credit	Credit for	other dependents		
than four														
dependents,														
see instructions and check	3													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	ctions) .					. 1a	1	56,138.		
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,			
Attach Form(s) W-2 here. Also	с										:			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d				
W-2G and	e	Taxable dependent care benefits from Form 2441, line 26								. 1e	_			
1099-R if tax was withheld.	f	Employer-provided adoption bene			·					. 1f	_			
If you did not	g	Wages from Form 8919, line 6 .			.000, 1110 20	•		• •		. 1g				
get a Form	9 h	Other earned income (see instructi	ions)			• •		• •		. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,	tructions		• •	 1 i	· ·						
instructions.	z	Add lines 1a through 1h		11 40 10 10)		• •				. 1z		56,138.		
Attach Sch. B	2	Ŭ I	2a		· · ·	 ьт	axable interest			. 12	_			
if required.	2a 3a		2a 3a				Ordinary divider			. <u>2</u> 6				
	4a		4a				axable amount			. 4b	_			
Standard			ча 5а				axable amount			. 40 . 5b	_			
Deduction for-	5a						axable amount				_			
 Single or Married filing 	6a	, _	6a	mathad	abaali bara					. 6b	,			
separately, \$13,850	c _	If you elect to use the lump-sum el				•	,	• •						
 Married filing 	7	Capital gain or (loss). Attach Sched		•	•		-	• •				7 400		
jointly or Qualifying	8	Additional income from Schedule	-					• •		. 8	_	-7,429.		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		. 9		48,709.		
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10				
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	_	48,709.		
• If you checked	12	Standard deduction or itemized		•						. 12	_	27,700.		
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	n 899	95-A			. 13				
Deduction,	14	Add lines 12 and 13	· ·							. 14		27,700.		
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t	taxable incom	е.		. 15		21,009.		

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	2,103.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17					🗆	18	2,103.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,103.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	2,103.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 6	,503.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>,</i>				2	25d	6,503.
If you have a	26	2023 estimated tax payment						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, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	6,503.
Refund	34	If line 33 is more than line 24						34	4,400.
neruna	35a	Amount of line 34 you want	,			, .		85a	4,400.
Direct deposit?	b	Routing number 3 2 5					Savings		
See instructions.	d	Account number 8 3 8					J. J.		
	36	Amount of line 34 you want a		2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions					omplete belo	ow.	× No
5	De	signee's		Phone		Perso	onal identifica	tion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		-			1			-	
	Yo	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?		King of a			POSTDOCTO	RAL SCHOLAF			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat			S sent	your spouse an
Keep a copy for		P. Sowmya Reddy					-		tion PIN, enter it here
your records.		/			HOUSE WIF	(see inst)		
		one no. (458) 272-727		Email address	MUTHYALAK	KR@GMAIL.CC			-
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAG	GAR GUPTA	03/19/2024	P020827		Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone r	o. (6	578)965-9522
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

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**

Your social security number

780-96-6711

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

. ,							
KISHOR	KUMAR	REDDY	MUTYALA	&	SOWMYA	REDDY	PULI

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 S	chedule E .	5	-7,479.
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				
		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	(
	Pension or annuity from a nonqualifed deferred compensation plan or	05		4	
t	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u		-	
u z		ou			
2	Other Income List type and amount: Other Income from box 3 of 1099-Misc 50.	8z	50.		
9	Total other income. Add lines 8a through 8z			9	50.
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	· · ·	and on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-7,429.
or Pa	perwork Reduction Act Notice, see your tax return instructions.				le 1 (Form 1040) 2023

F aperwo lotice, see your tax retur nstruc

Schedule 1 (Form 1040) 2023

1	Educator expenses				11	
2	Certain business expenses of reservists, performing artists, and fee			ernment		
-	officials. Attach Form 2106				12	
3	Health savings account deduction. Attach Form 8889				13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
5	Deductible part of self-employment tax. Attach Schedule SE				15	
6	Self-employed SEP, SIMPLE, and qualified plans				16	
7	Self-employed health insurance deduction				17	
8	Penalty on early withdrawal of savings				18	
9a	Alimony paid				19a	
b	Recipient's SSN					
c	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:	· · ·	• •	• • •	23	
. ч а		24a				
-	Deductible expenses related to income reported on line 81 from the	24a			-	
b		24b				
_		240			_	
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c				
٦		24C 24d			_	
d	Reforestation amortization and expenses	240			_	
е	Repayment of supplemental unemployment benefits under the Trade	04.				
£	Act of 1974	24e			_	
f	Contributions to section 501(c)(18)(D) pension plans	24f			_	
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)	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					
	1041)	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					
	Form 1040, 1040-ŠR, or 1040-NR, line 10				26	

	DULE E		Supplementa							OMB No. 1545-0074			
(Form	1040)	(From	rental real estate, royalties, partners		-			trusts, REMIC	s, etc.)	20	23		
	ent of the Treasury		Attach to Form 1040,					formation		Attachm	ient 10		
	Revenue Service		Go to www.irs.gov/ScheduleE for	rinstru	lictions an	a the la	itest in	itormation.	Vauraasi		ce No. 13		
()	shown on return	א עחחש	MUTYALA & SOWMYA REDDY 1	ד דוזם						al securityı 6−6711	humber		
Part			s From Rental Real Estate an		voltion				/80-9	0-0/11			
Fart	Note: If yo rental inco	ou are in t	he business of renting personal proper ss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	e instru	ctions. If you a	re an indiv	vidual, repo	ort farm		
Α			ents in 2023 that would require you										
B I	f "Yes," did you	or will y	ou file required Form(s) 1099?							. 🗌 Ye	s 🗌 No		
1a			ach property (street, city, state, ZI										
Α	-		SAM ANDHRA PRADESH IN 52		-								
B					, 								
C													
1b	Type of Prope	erty 2	For each rental real estate prope	ertv list	ted		Fa	ir Rental	Person	al Use	0.11/		
	(from list below		above, report the number of fair	rental	and			Days	Da	iys	QJV		
Α	3		personal use days. Check the Q			Α		365		0			
В			if you meet the requirements to f qualified joint venture. See instru	ine as	a	В							
C						С							
	of Property:												
	Single Family R			ital	5 Land			Self-Rental					
2	Multi-Family Re	sidence	4 Commercial		6 Roya	lties	8	Other (descr	ibe)				
								Propertie	es:				
Incom	ne:					Α		В			С		
3				3		6	32.						
4		ived.		4									
Exper	ises:												
5	•			5									
6			structions)	6									
7	-		ance	7		1,6	24.						
8				8									
9				9									
10 11			sional fees	10 11			18.						
12			to banks, etc. (see instructions)	12		/	10.						
13		-		13									
14				14		2.1	03.						
15	o			15			35.						
16				16		_, -							
17				17		1,0	31.						
18			or depletion	18									
19	Other (list)			19									
20	Total expense		nes 5 through 19	20		8,1	11.						
21	Subtract line 2	0 from l	ine 3 (rents) and/or 4 (royalties). If										
			structions to find out if you must	0.1		_7 /	79						
22			estate loss after limitation, if any,	21		-7,4	13.						
	on Form 8582	(see ins	tructions)	22	(7,47	79.)	()	()		
23a			ported on line 3 for all rental prope				23a		632.				
b			ported on line 4 for all royalty prop				23b						
C d			ported on line 12 for all properties				23c						
d			ported on line 18 for all properties				23d	0	,111.				
е 24			ported on line 20 for all properties amounts shown on line 21. Do no t		 de anv los		23e	8	, 111. . 24				
24 25			ses from line 21 and rental real estat		-		 nter to	tal losses here		(7,479.)		
25 26			te and royalty income or (loss).							1	·, ····)		
20			d IV, and line 40 on page 2 do no										
			0), line 5. Otherwise, include this a						26		-7,479.		

Schedule E (Form 1040) 2023