Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

	55							
Submission	Identification Number (SID)							
Taxpayer's name	e e	Social securi	y numb	er				
ASHVINI	YEDLA	153-06-3931						
Spouse's name		Spouse's social security number						
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (E	 Enter year you a	re aut	horizina)			
	dollars only on lines 1 through 5.	intor your you u	10 441	i ionzing.	7			
	1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
	ted gross income		1	59	,998.			
	tax		2		,455.			
3 Feder	ral income tax withheld from Form(s) W-2 and Form(s) 1099		3	9	,003.			
4 Amou	ınt you want refunded to you		4		,548.			
5 Amou	ınt you owe		5					
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get a	ınd keep a cop	y of y	our retu	rn)			
my knowledge return (original to send my re- for any delay i Agent to initial payment of m authorization i payment, I m business days taxes to recei personal ident	es of perjury, I declare that I have examined a copy of the income tax return (original or ame e and belief, it is true, correct, and complete. I further declare that the amounts in Part I I or amended) I am now authorizing. I consent to allow my intermediate service provider, traturn to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for processing the return or refund, and (c) the date of any refund. If applicable, I authorize the an ACH electronic funds withdrawal (direct debit) entry to the financial institution accounty federal taxes owed on this return and/or a payment of estimated tax, and the financial insist to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term ust contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation is prior to the payment (settlement) date. I also authorize the financial institutions involved in two confidential information necessary to answer inquiries and resolve issues related to diffication number (PIN) below is my signature for the income tax return (original or amended ds Withdrawal Consent.	above are the ame ansmitter, or electron or rejection of the transition of the transition of the transition to debit the initiation to debit the minate the authorization requests must be on the processing of the payment. I further	ounts from the counts of the counts of the country to the country to the country the country the country the country action. The country t	om the in urn origina sion, (b) the esignated aration so this according to the ectronic parameters of	come tax ator (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the			
	ds withdrawai Consent. PIN: check one box only							
	thorize GLOBAL TAXES LLC to enter or gene	rate my PIN	3 9	3 1	as my			
_	ERO firm name nature on the income tax return (original or amended) I am now authorizing.	ž En		ligits, but all zeros	ao my			
	Il enter my PIN as my signature on the income tax return (original or amended) I abut are entering your own PIN and your return is filed using the Practitioner PIN above.							
Your signatu	re▶ Date	.						
Snouse's Pl	N: check one box only							
-	thorize to enter or gene	rate my PIN			as my			
	ERO firm name	_	er five o	ligits, but	ao my			
sigr	nature on the income tax return (original or amended) I am now authorizing.	do	n't enter	all zeros				
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Spouse's sig	nature ► Date	•						
	Practitioner PIN Method Returns Only—continue be	elow						
Part III	Certification and Authentication — Practitioner PIN Method Only							
ERO's EFINA	/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 2 4 9 Don't ent	6 6 er all ze	1 9 8	9			
authorized to	ne above numeric entry is my PIN, which is my signature for the electronic individual inco file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am soft the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	ccordance				
ERO's signat	ture ▶ Date	•						
	ERO Must Retain This Form — See Instruction							
	Don't Submit This Form to the IRS Unless Requested	To Do So						

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		partment of the Treasury—Internal Revenue Serv. S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	–Do not w	vrite or staple in	this space.
For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instru	uctions.
Your first name and middle initial Last name										Your social security number		
ASHVINI			YED	LA						153 06 3931		
	spouse'	s first name and middle initial	Last n								's social secu	
										891	14 12	98
Home address	(numb	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.		ential Election	
300 INT	EGRA	DUNES CIRCLE						2	207	Check	here if you, o	r your
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		if filing jointly	
DELAND						FI	_	327	24		o this fund. C low will not c	_
Foreign countr	y name	;		Foreign p	rovince/state/c	coun	ty	Foreig	n postal code	l	x or refund.	nango
											You	Spouse
Filing Status	s [Single					Head of ho	useh	old (HOH)			
•		Married filing jointly (even if only o	ne had	income)					, ,			
Check only one box.	Σ	Married filing separately (MFS)		·			Qualifying:	surviv	ing spouse	(QSS)		
	lf	you checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	er the ch	ild's name if	the
	qι	ມalifying person is a child but not yoເ	ır depe	endent:]	RAM YEDL	ıΑ						
	^+ -		-: (4		(l=) = = II		
Digital Assets		ny time during 2023, did you: (a) rec hange, or otherwise dispose of a dig									Yes	⊠ No
		neone can claim: You as a de					a dependent): (0	oc mondono	113.)		<u> </u>
Standard Deduction		Spouse itemizes on a separate retur	•		•		-					
Deduction		Spouse iternizes on a separate retur	ii oi yc	u were a	uuai-siaius a	allel	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are b	lind Spo	use	: Was borr	n befo	ore January 2	2, 1959	Is blin	d
Dependent	s (see	instructions):		(2)	Social security		(3) Relationshi	p (4			ifies for (see ir	
If more	(1) F	First name Last name		number to you				Child tax c	redit	Credit for othe	r dependents	
than four]		
dependents, see instruction	ıs —								<u> </u>			
and check									<u> </u>			
here L											<u> </u>	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instrud	ctions)					. 1a	a 76	5,103.
Attach Form(s)	b	Household employee wages not re	•							. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstruction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		•	,	nstru	uctions)			. 10	t k	
1099-R if tax	е	Taxable dependent care benefits t			•					. 1e	•	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	3839, line 29					. <u>1f</u>	f	
If you did not	g	Wages from Form 8919, line 6 .								. 19	3	
get a Form W-2, see	h	Other earned income (see instruct	,							. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	tructions))		<u>li</u>					
	<u>z</u>	Add lines 1a through 1h	2 7		· · ; ·					. 1z		5,103.
Attach Sch. B if required.	2a	· -	2a				axable interest			. 2b		
ii required.	3a	· ·	3a				ordinary dividen			. 3b		
Standard	4a	_	4a				axable amount			. 4b		
Deduction for—	5a		5a				axable amount			. 5b		
 Single or Married filing 	6a	,	6a				axable amount			. 6b)	
separately,	_c											
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche							L	 		. 105
jointly or Qualifying	8	Additional income from Schedule 1, line 10							. 8	_	5,105.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		9,998.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		2 000
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 11		9,998.
 If you checked 	12	Standard deduction or itemized		•		,				. 12		3,850.
any box under Standard	13	Qualified business income deduct	ion froi	m Form 8	995 or Form	899	5-A			. 13		2 050
Deduction, see instructions.	14	Add lines 12 and 13	٠.							. 14		3,850. 5 148
	15	Suntract line 1/1 from line 11 lf zei	ra ar la	ce antar	II I DIC IC V	OUR!	ravabla inaam	_		15	_ / / /	1 / L X

Tax and Credits	Form 1040 (2023	3)								Page 2	
Transmission	Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16		
19	Credits	17							17		
19		18	Add lines 16 and 17					1	18	5,455.	
20		19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19		
21 Add lines 19 and 20 22 25, 455.		20		-					20		
22 Subtract line 21 from line 18. If zero or less, enter -0-		21	·					1	21		
23		22	Subtract line 21 from line 18	. If zero or less,	enter -0			1	22	5,455.	
Payments 25		23		•				1			
Payments 25		24	. •			•			24		
a Form(s) W-2	Payments	25									
b Form(s) 1099	. ayınıcınıc		Form(s) W-2				25a 9	,003.			
C Other forms (see instructions) 25c 25d 9,003		b	` '					-			
d Add lines 25a through 25c 25d 9,003. 26 2023 estimated tax payments and amount applied from 2022 return 26 27 28 Additional child tax credit from Schedule 8812 28 29 29 American opportunity credit from Form 8863, line 8 29 30 31 32 20 Additional child tax credit from Schedule 8812 28 31 32 32 29 Amount from Schedule 3, line 15 29 30 31 31 32 31 Amount from Schedule 3, line 15 31 32 32 33 34d lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 34d lines 27, 28, 29, and 32. These are your total payments 33 39,003. 32 Add lines 27, 28, 29, and 31. These are your total payments 33 39,003. 33 Add lines 27, 28, 29, and 31. These are your total payments 33 39,003. 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 3,548. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3,548. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3,548. 35a Amount of line 34 you want applied to your 2024 estimated tax 36 36 37,548. 36a Amount of line 34 you want applied to your 2024 estimated tax 36 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 37a Amount of line 34 you want applied to your 2024 estimated tax 36 37,548. 3		С	` '				25c				
26 2023 estimated tax payments and amount applied from 2022 return 26 27		d	,	•					25d	9,003.	
Earned income credit (EIC)	If you have a	26	· ·						26		
Additional child tax credit from Schedule 8812	qualifying child,						1 1	İ			
Reserved for future use 30 30 Amount from Schedule 3, line 15 31 Amount from Schedule 3, line 15 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 25d, 26, and 32. These are your total payments 33 9, 003 34 3, 548 33 Add lines 25d, 26, and 32. These are your total payments 34 3, 548 358 Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 548 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 548 35a 3, 548 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 35a 3, 548	attach Sch. EIC.		` ,				28				
Amount from Schedule 3, line 15 31 31 32 34 31 32 34 34 31 32 34 34 32 34 34 34 35 34 35 34 35 35		29	American opportunity credit	from Form 8863	3, line 8		29				
Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32		30					30				
Refund 34		31	Amount from Schedule 3, lin	ie 15			31				
Refund 34		32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	indable credits		32		
Refund 34		33							33	9,003.	
Sign Here Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See instructions Doy ow want to allow another person to discuss this return with the IRS? See Instructions Doy ow want to allow another person to discuss this return with the IRS? See Instructions Doy ow want	Refund	34	If line 33 is more than line 24	I, subtract line 2	4 from line 33.				34	3,548.	
Account number 8 1 1 6 2 1 0 3 7 2		35a	Amount of line 34 you want	refunded to you	یا. If Form 8888	s is attached, chec	ck here	. 🗆 İ	35a	3,548.	
Amount You Owe 36	Direct deposit?	b	Routing number 0 3 1	2 0 7 6	0 7	c Type:	Checking :	Savings			
Amount You Owe 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to www.irs.gov/Payments or see instructions. 38 Estimated tax penalty (see instructions) 39 Do you want to allow another person to discuss this return with the IRS? See instructions. Designee's name Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation BI DEVELOPER Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Phone no. (510) 458–1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88–2145487	See instructions.	d	Account number 8 1 1	6 2 1 0	3 7 2			-			
For details on how to pay, go to www.irs.gov/Payments or see instructions		36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36				
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions Designee's Phone Personal identification number (PIN) Sign Here Joint return? See instructions. See instructions	Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.						
Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions	You Owe								37		
Designee's name Designee's name Phone no. Phone no. Phone no. Personal identification number (PIN)		38	Estimated tax penalty (see in	nstructions) .			38				
Designee's name Designee's name Phone no. Personal identification number (PIN)	Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?				_	
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (510) 458–1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Phone no. (678) 965–9522 Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88–2145487	Designee	ins	structions				. LYes. Co	omplete be	elow.	⊠ No	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (510)458-1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Proparer's signature Date PTIN Check if: P02470833 Self-employed Firm's name GLOBAL TAXES LLC Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487									cation		
belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature Date Your occupation BI DEVELOPER Spouse's signature. If a joint return, both must sign. Keep a copy for your records. Phone no. (510)458-1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name Preparer's signature Preparer's signature Preparer's name VENKATA SAI PAVAN KUMAR DUDIPALLI Firm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Cian			nat I have examine		accompanying sche		,	e hest	of my knowledge and	
Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	_									,	
Joint return? See instructions. Keep a copy for your records. Phone no. (510)458-1815 Preparer's name Protection PIN, enter it here (see inst.) Email address SAIRAMYVS@GMAIL.COM Preparer's signature Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) Phone no. (510)458-1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name Preparer's signature PTIN Check if: P02470833 Self-employed Pirm's name GLOBAL TAXES LLC Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity	
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Keep a copy for your records. Phone no. (510)458-1815											
your records. Phone no. (510)458-1815 Email address SAIRAMYVS@GMAIL.COM Preparer's name		Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on				
Preparer's name Preparer's signature Date PTIN Check if: Preparer's signature Preparer Use Only Preparer's signature Preparer's signature Preparer's signature PTIN Proparer's signature Preparer's signature PTIN Proparer's signature PTIN									ection File, enter it here		
Preparer's name Preparer's signature Date PTIN Check if: Preparer's signature Preparer Use Only Preparer's signature Preparer's signature Preparer's signature PTIN Proparer's signature Preparer's signature PTIN Proparer's signature PTIN	———Ph	one no. (510)458-181	 5	Email address	SATRAMYVS@	OGMATI, COM					
Preparer Use Only VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI Po2470833 Self-employed Phone no. (678)965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487						21111741.11 4 0 6		PTIN		Check if:	
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Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 88-2145487	•				1017		ı				
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	Go to www.irs.ac						REV 02/11/24 PRO	,			

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ASHVINI YEDLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 153-06-3931

Par	t I 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. Att	ach Schedule E .	5	-16,105.
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		
ı	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 . Ente	r here and on Form		16 105
	1040, 1040-SR, or 1040-NR, line 8		10	-16,105.

Page **2** 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			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)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	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:				
05	Tatal allows allow to sales Add lines Ode thousands Ode	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-SR, or 1040-NR, line 10	. ∟nter	nere and on		
				26	I - 4 /F 4040\ 0000
	BAA	REV 02/	11/24 PRO	Schedu	le 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

Attachment

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Sequence No. 13

OMB No. 1545-0074

ASHVINI YEDLA 153-06-3931 Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) KRISHNA VIJAYAWADA ANDHRAPRADESH IN 521108 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and Davs **Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 7 Self-Rental 5 Land 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 520. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance. 7 1,120. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 1,050. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 5,120. 14 Repairs 14 15 Supplies 15 4,325. 16 16 Taxes 17 Utilities 17 5,010. 18 18 Depreciation expense or depletion 19 19 Other (list) 20 20 Total expenses. Add lines 5 through 19 16,625. 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 file Form 6198 21 -16,105. 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 16,105.) 520. 23a Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 16,625. Total of all amounts reported on line 20 for all properties 23e 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 16,105. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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

-16,105.

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