

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|   |                                       |
|---|---------------------------------------|
| Taxpayer's name<br><b>RAJA ARAVINDREDDY MARAM</b> | Social security number<br>235-73-5730 |
| Spouse's name                                     | Spouse's social security number       |

## Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter 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.

|  |          |          |
|--|----------|----------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 108,906. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 16,216.  |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 21,869.  |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 5,653.   |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |          |

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 5 | 7 | 3 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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 my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- 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-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 ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending , 20 See separate instructions.

Your first name and middle initial RAJA ARAVINDREDDY Last name MARAM Your social security number 235 73 5730

If joint return, spouse's first name and middle initial Last name Spouse's social security number 873 01 4179

Home address (number and street). If you have a P.O. box, see instructions. 5588 PINE AIRES DR Apt. no. Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. STERLING HEIGHTS MI ZIP code 48314 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name Foreign province/state/county Foreign postal code You Spouse

Filing Status Single Married filing jointly (even if only one had income) Married filing separately (MFS) Head of household (HOH) Qualifying surviving spouse (QSS) Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: YAMINI BODE

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes rows for dependents.

Income section table with columns 1a-1z and 1a-1z. Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Add lines 1a through 1h.

Table with columns 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 7, 8, 9, 10, 11, 12, 13, 14, 15. Rows include Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Taxable interest, Ordinary dividends, Taxable amount, Capital gain or (loss), Additional income from Schedule 1, Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income, Adjustments to income from Schedule 1, Subtract line 10 from line 9. This is your adjusted gross income, Standard deduction or itemized deductions (from Schedule A), Qualified business income deduction from Form 8995 or Form 8995-A, Add lines 12 and 13, Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Attach Sch. B if required.

Standard Deduction for: Single or Married filing separately, \$13,850; Married filing jointly or Qualifying surviving spouse, \$27,700; Head of household, \$20,800; If you checked any box under Standard Deduction, see instructions.

|                        |  |  |           |         |
|------------------------|--|--|-----------|---------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 16,216. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b> |         |
|                        | <b>18</b>  | Add lines 16 and 17  | <b>18</b> | 16,216. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> |         |
|                        | <b>20</b>  | Amount from Schedule 3, line 8   | <b>20</b> |         |
|                        | <b>21</b>  | Add lines 19 and 20  | <b>21</b> |         |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 16,216. |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.      |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>  | 16,216.   |         |

|                 |   |   |            |         |
|-----------------|---|---|------------|---------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 21,869. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |         |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |         |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> | 21,869. |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return | <b>26</b>  |         |
|                 | <b>27</b>   | Earned income credit (EIC)                                      | <b>27</b>  |         |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  |         |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  |         |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |         |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |            |         |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   |            |         |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | 21,869.    |         |

|               |  |   |            |        |
|---------------|--|---|------------|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                        | <b>34</b>  | 5,653. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>             | <b>35a</b> | 5,653. |
|               | <b>b</b>   | Routing number 1 1 1 0 0 0 6 1 4 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|               | <b>d</b>   | Account number 6 8 0 5 0 6 3 9 6  |            |        |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> | <b>36</b>   |            |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**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<br><b>MECHANICAL ENGINEER</b> | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date                             | Spouse's occupation                           | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. (313) 466-1368                                      | Email address XYZ35026@GMAIL.COM |   |   |

**Paid Preparer Use Only**

|  |   |                    |                          |   |
|--|---|--------------------|--------------------------|---|
| Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date<br>02/19/2024 | PTIN<br>P02082703        | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name<br>GLOBAL TAXES LLC                      | Firm's address<br>245 ROONEY CT E BRUNSWICK NJ 08816      |                    | Phone no. (678) 965-9522 | Firm's EIN<br>84-3171965                            |

**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](http://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

RAJA ARAVINDREDDY MARAM

Your social security number

235-73-5730

**Part I Additional Income**

|           |   |               |           |          |
|-----------|---|---------------|-----------|----------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .  |               | <b>1</b>  |          |
| <b>2a</b> | Alimony received . . . . .  |               | <b>2a</b> |          |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____  |               |           |          |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  |               | <b>3</b>  |          |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   |               | <b>4</b>  |          |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .   |               | <b>5</b>  | -11,542. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  |               | <b>6</b>  |          |
| <b>7</b>  | Unemployment compensation . . . . .   |               | <b>7</b>  |          |
| <b>8</b>  | Other income:   |               |           |          |
| <b>a</b>  | Net operating loss . . . . .  | <b>8a</b> ( ) |           |          |
| <b>b</b>  | Gambling . . . . .  | <b>8b</b>     |           |          |
| <b>c</b>  | Cancellation of debt . . . . .  | <b>8c</b>     |           |          |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .  | <b>8d</b> ( ) |           |          |
| <b>e</b>  | Income from Form 8853 . . . . .   | <b>8e</b>     |           |          |
| <b>f</b>  | Income from Form 8889 . . . . .   | <b>8f</b>     |           |          |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .   | <b>8g</b>     |           |          |
| <b>h</b>  | Jury duty pay . . . . .   | <b>8h</b>     |           |          |
| <b>i</b>  | Prizes and awards . . . . .   | <b>8i</b>     |           |          |
| <b>j</b>  | Activity not engaged in for profit income . . . . .   | <b>8j</b>     |           |          |
| <b>k</b>  | Stock options . . . . .   | <b>8k</b>     |           |          |
| <b>l</b>  | 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 . . . . . | <b>8l</b>     |           |          |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .   | <b>8m</b>     |           |          |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .   | <b>8n</b>     |           |          |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .  | <b>8o</b>     |           |          |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .  | <b>8p</b>     |           |          |
| <b>q</b>  | Taxable distributions from an ABL account (see instructions) . . . . .  | <b>8q</b>     |           |          |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .  | <b>8r</b>     |           |          |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .  | <b>8s</b> ( ) |           |          |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b>     |           |          |
| <b>u</b>  | Wages earned while incarcerated . . . . .   | <b>8u</b>     |           |          |
| <b>z</b>  | Other income. List type and amount: _____   | <b>8z</b>     |           |          |
|           | Substitute Payment from 1099-Misc 19.   |               |           | 19.      |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  | 19.      |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         |               | <b>10</b> | -11,523. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |  |            |            |  |
|------------|--|------------|------------|--|
| <b>11</b>  | Educator expenses . . . . .  |            | <b>11</b>  |  |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .  |            | <b>12</b>  |  |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .   |            | <b>13</b>  |  |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .  |            | <b>14</b>  |  |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   |            | <b>15</b>  |  |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   |            | <b>16</b>  |  |
| <b>17</b>  | Self-employed health insurance deduction . . . . .   |            | <b>17</b>  |  |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .   |            | <b>18</b>  |  |
| <b>19a</b> | Alimony paid . . . . .   |            | <b>19a</b> |  |
| <b>b</b>   | Recipient's SSN . . . . .  |            |            |  |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____   |            |            |  |
| <b>20</b>  | IRA deduction . . . . .  |            | <b>20</b>  |  |
| <b>21</b>  | Student loan interest deduction . . . . .  |            | <b>21</b>  |  |
| <b>22</b>  | Reserved for future use . . . . .  |            | <b>22</b>  |  |
| <b>23</b>  | Archer MSA deduction . . . . .   |            | <b>23</b>  |  |
| <b>24</b>  | Other adjustments:   |            |            |  |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .   | <b>24a</b> |            |  |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |            |  |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .   | <b>24c</b> |            |  |
| <b>d</b>   | Reforestation amortization and expenses . . . . .  | <b>24d</b> |            |  |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .  | <b>24e</b> |            |  |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .   | <b>24f</b> |            |  |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .   | <b>24g</b> |            |  |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .  | <b>24h</b> |            |  |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |            |  |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .   | <b>24j</b> |            |  |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .  | <b>24k</b> |            |  |
| <b>z</b>   | Other adjustments. List type and amount: _____   | <b>24z</b> |            |  |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .   |            | <b>25</b>  |  |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    |            | <b>26</b>  |  |

**SCHEDULE E  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**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.  
Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **13**

Name(s) shown on return

RAJA ARAVINDREDDY MARAM

Your social security number

235-73-5730

**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.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

|          |    |
|----------|----|
| <b>A</b> | IN |
| <b>B</b> |    |
| <b>C</b> |    |

| <b>1b</b> | Type of Property (from list below) | <b>2</b> | For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days |          | Personal Use Days | QJV                      |
|-----------|------------------------------------|----------|--|------------------|----------|-------------------|--------------------------|
|           |                                    |          |  | <b>A</b>         | <b>B</b> | <b>C</b>          | <input type="checkbox"/> |
| <b>A</b>  | 3                                  |          |  | 198              |          | 0                 | <input type="checkbox"/> |
| <b>B</b>  |                                    |          |  |                  |          |                   | <input type="checkbox"/> |
| <b>C</b>  |                                    |          |  |                  |          |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe) \_\_\_\_\_

| Income:          |   | Properties: |          |          |
|------------------|---|-------------|----------|----------|
|                  |   | <b>A</b>    | <b>B</b> | <b>C</b> |
| <b>3</b>         | Rents received . . . . .  | 644.        |          |          |
| <b>4</b>         | Royalties received . . . . .  |             |          |          |
| <b>Expenses:</b> |   |             |          |          |
| <b>5</b>         | Advertising . . . . .   |             |          |          |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  |             |          |          |
| <b>7</b>         | Cleaning and maintenance . . . . .  | 1,987.      |          |          |
| <b>8</b>         | Commissions . . . . .   |             |          |          |
| <b>9</b>         | Insurance . . . . .   |             |          |          |
| <b>10</b>        | Legal and other professional fees . . . . .   |             |          |          |
| <b>11</b>        | Management fees . . . . .   | 1,455.      |          |          |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  |             |          |          |
| <b>13</b>        | Other interest . . . . .  |             |          |          |
| <b>14</b>        | Repairs . . . . .   | 1,237.      |          |          |
| <b>15</b>        | Supplies . . . . .  | 1,876.      |          |          |
| <b>16</b>        | Taxes . . . . .   |             |          |          |
| <b>17</b>        | Utilities . . . . .   | 2,128.      |          |          |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | 3,503.      |          |          |
| <b>19</b>        | Other (list) _____  |             |          |          |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | 12,186.     |          |          |
| <b>21</b>        | 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 <b>Form 6198</b> . . . . .  | -11,542.    |          |          |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | ( 11,542. ) | ( )      | ( )      |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | 644.        |          |          |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  |             |          |          |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   |             |          |          |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | 3,503.      |          |          |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | 12,186.     |          |          |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  |             |          |          |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | ( 11,542. ) |          |          |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result 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 . |             |          | -11,542. |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

**Health Savings Accounts (HSAs)**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2023**  
Attachment  
Sequence No. **52**

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

Social security number of HSA beneficiary.  
If both spouses have HSAs, see instructions.  
235-73-5730

RAJA ARAVINDREDDY MARAM

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|    |  |    |   |
|----|--|----|---|
| 1  | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions . . . . .   |    | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2  | HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .                        | 2  | 0.  |
| 3  | If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | 3  | 7,750.  |
| 4  | Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | 4  | 0.  |
| 5  | Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | 5  | 7,750.  |
| 6  | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter . . . . .   | 6  | 7,750.  |
| 7  | If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions . . . . .   | 7  |   |
| 8  | Add lines 6 and 7 . . . . .  | 8  | 7,750.  |
| 9  | Employer contributions made to your HSAs for 2023 . . . . .  | 9  | 2,100.  |
| 10 | Qualified HSA funding distributions . . . . .  | 10 |   |
| 11 | Add lines 9 and 10 . . . . .   | 11 | 2,100.  |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- . . . . .   | 12 | 5,650.  |
| 13 | <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.  | 13 | 0.  |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|     |  |     |  |
|-----|--|-----|--|
| 14a | Total distributions you received in 2023 from all HSAs (see instructions) . . . . .  | 14a |  |
| b   | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . . | 14b |  |
| c   | Subtract line 14b from line 14a . . . . .  | 14c |  |
| 15  | Qualified medical expenses paid using HSA distributions (see instructions) . . . . .   | 15  |  |
| 16  | <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f . . . . .  | 16  |  |
| 17a | If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . <input type="checkbox"/>  |     |  |
| b   | <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c . . . . .                  | 17b |  |

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|    |  |    |  |
|----|--|----|--|
| 18 | Last-month rule . . . . .  | 18 |  |
| 19 | Qualified HSA funding distribution . . . . .   | 19 |  |
| 20 | <b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f . . . . .                             | 20 |  |
| 21 | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d . . . . . | 21 |  |

# 2023 MICHIGAN Individual Income Tax Return MI-1040

**Amended Return**   
(Include Schedule AMD)

**Return is due April 15, 2024.** Type or print in blue or black ink.

|   |  |      |                           |  |   |  |
|---|--|------|---------------------------|--|---|--|
| 1. Filer's First Name<br><b>RAJA ARAVINDREDDY</b>   |  | M.I. | Last Name<br><b>MARAM</b> |  | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><b>235 — 73 — 5730</b>  |  |
| If a Joint Return, Spouse's First Name  |  | M.I. | Last Name                 |  | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><b>873 — 01 — 4179</b> |  |
| Home Address (Number, Street, or P.O. Box)<br><b>5588 PINE AIRES DR</b>   |  |      |                           |  | 4. School District Code (5 digits)<br><b>46090</b>                                    |  |
| City or Town<br><b>STERLING HEIGHTS</b>   |  |      | State<br><b>MI</b>        | ZIP Code<br><b>48314</b>   |   |  |
| 5. <b>STATE CAMPAIGN FUND</b><br>Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.            |  |      |                           | 6. <b>FARMERS, FISHERMEN, OR SEAFARERS</b><br><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.  |   |  |
| 7. <b>2023 FILING STATUS.</b> Check one.<br>a. <input type="checkbox"/> Single<br>b. <input type="checkbox"/> Married filing jointly<br>c. <input checked="" type="checkbox"/> Married filing separately* |  |      |                           | 8. <b>2023 RESIDENCY STATUS.</b> Check all that apply.<br>a. <input checked="" type="checkbox"/> Resident<br>b. <input type="checkbox"/> Nonresident *<br>c. <input type="checkbox"/> Part-Year Resident * |   |  |
| * If you check box "c," complete line 3 and enter spouse's full name below:<br><b>YAMINI BODE</b>   |  |      |                           | * If you check box "b" or "c," you must complete and include <b>Schedule NR.</b>   |   |  |

9. **EXEMPTIONS. NOTE:** If someone else can claim you as a dependent, check box 9e, enter 0 on line 9a and enter \$1,500 on line 9e (see instr.).

|   |     |                                |   |         |                                     |                                   |                                 |
|---|-----|--------------------------------|---|---------|-------------------------------------|-----------------------------------|---------------------------------|
| a. Number of exemptions (see instructions).....   | 9a. | <input type="text" value="1"/> | x | \$5,400 | 9a.                                 | <input type="text" value="5400"/> | <input type="text" value="00"/> |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | <input type="text"/>           | x | \$3,100 | 9b.                                 | <input type="text"/>              | <input type="text" value="00"/> |
| c. Number of qualified disabled veterans.....   | 9c. | <input type="text"/>           | x | \$400   | 9c.                                 | <input type="text"/>              | <input type="text" value="00"/> |
| d. Number of Certificates of Stillbirth from MDHHS (see instructions).....  | 9d. | <input type="text"/>           | x | \$5,400 | 9d.                                 | <input type="text"/>              | <input type="text" value="00"/> |
| e. Claimed as dependent, see line 9 NOTE above.....   | 9e. | <input type="checkbox"/>       |   |         | 9e.                                 | <input type="text"/>              | <input type="text" value="00"/> |
| f. Add lines 9a, 9b, 9c, 9d and 9e. Enter here and on line 15.....  | 9f. |                                |   |         | <input type="text" value="5400"/>   | <input type="text" value="00"/>   |                                 |
| 10. <b>Adjusted Gross Income</b> from your U.S. Form 1040 (see instructions).....   | 10. |                                |   |         | <input type="text" value="108906"/> | <input type="text" value="00"/>   |                                 |
| 11. Additions from Schedule 1, line 9. <b>Include Schedule 1</b> .....  | 11. |                                |   |         | <input type="text"/>                | <input type="text" value="00"/>   |                                 |
| 12. <b>Total.</b> Add lines 10 and 11.....  | 12. |                                |   |         | <input type="text" value="108906"/> | <input type="text" value="00"/>   |                                 |
| 13. Subtractions from Schedule 1, line 31. <b>Include Schedule 1</b> .....  | 13. |                                |   |         | <input type="text"/>                | <input type="text" value="00"/>   |                                 |
| 14. <b>Income subject to tax.</b> Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0".....   | 14. |                                |   |         | <input type="text" value="108906"/> | <input type="text" value="00"/>   |                                 |
| 15. <b>Exemption allowance.</b> Enter amount from line 9f or Schedule NR, line 19.....  | 15. |                                |   |         | <input type="text" value="5400"/>   | <input type="text" value="00"/>   |                                 |
| 16. <b>Taxable income.</b> Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0".....  | 16. |                                |   |         | <input type="text" value="103506"/> | <input type="text" value="00"/>   |                                 |
| 17. <b>Tax.</b> Multiply line 16 by 4.05% (0.0405).....   | 17. |                                |   |         | <input type="text" value="4192"/>   | <input type="text" value="00"/>   |                                 |

Continue on page 2. This form cannot be processed if pages 2 and 3 are not completed and included.



Filer's Full Social Security Number

235 — 73 — 5730

**NON-REFUNDABLE CREDITS**

|  | AMOUNT  | CREDIT      |
|--|---------|-------------|
| 18. Income Tax Imposed by government units outside Michigan. Include a copy of the return (see instructions).....                                  | 18a. 00 | 18b. 00     |
| 19. Michigan Historic Preservation Tax Credit (see instructions).....  | 19a. 00 | 19b. 00     |
| 20. <b>Income Tax.</b> Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... |         | 20. 4192 00 |
| 21. Voluntary Contributions from Form 4642, line 6. <b>Include Form 4642</b> .....   |         | 21. 00      |
| 22. Penalty for nonqualified withdrawal from Form 5792, <i>Michigan First-Time Home Buyer Savings Program</i> , line 5.....                        |         | 22. 00      |
| 23. <b>USE TAX.</b> Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions).....                   |         | 23. 0 00    |
| 24. <b>Total Tax Liability.</b> Add lines 20 through 23.....   |         | 24. 4192 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

|  |         |             |
|--|---------|-------------|
| 25. <b>Property Tax Credit.</b> Include MI-1040CR or MI-1040CR-2.....  |         | 25. 00      |
| 26. <b>Farmland Preservation Tax Credit.</b> Include MI-1040CR-5.....  |         | 26. 00      |
|  | FEDERAL | MICHIGAN    |
| 27. Earned Income Tax Credit. Multiply line 27a by 30% (0.30) and enter result on line 27b.....  | 27a. 00 | 27b. 00     |
| 28. Michigan Historic Preservation Tax Credit (refundable). <b>Include Form 3581</b> .....   |         | 28. 00      |
| 29. Credit for allocated share of tax paid by an electing flow-through entity (see instructions).....  |         | 29. 00      |
| 30. Michigan tax withheld from Schedule W, line 6. <b>Include Schedule W (do not submit W-2s)</b> .....  |         | 30. 4932 00 |
| 31. Estimated tax, extension payments and 2022 credit forward.....   |         | 31. 00      |
| 32. <b>2023 AMENDED RETURNS ONLY.</b> Taxpayers completing an original 2023 return should skip to line 33. Amended returns must <b>include Schedule AMD (see instructions)</b> .   |         |             |
| 32a. <input type="checkbox"/> If you had a refund and/or credit forward on the original return, check box 32a and enter this amount as a negative number on line 32c.  |         |             |
| 32b. <input type="checkbox"/> If you paid with the original return, check box 32b and enter the amount paid with the original return, plus any additional tax paid after filing, as a positive number on line 32c. Do not include interest or penalty. |         | 32c. 00     |
| 33. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29, 30, 31 and 32c.....  |         | 33. 4932 00 |

Continue on page 3. This form cannot be processed if pages 2 and 3 are not completed and included.

Filer's Full Social Security Number

235 — 73 — 5730

**REFUND OR TAX DUE**

34. If line 33 is less than line 24, subtract line 33 from line 24. If applicable, see instructions.

Include interest   00 and penalty   00 ..... **YOU OWE** 34.   00

35. **Overpayment.** If line 33 is greater than line 24, subtract line 24 from line 33 ..... 35.   740 00

36. **Credit Forward.** Amount of line 35 to be credited to your 2024 estimated tax for your 2024 tax return ... 36.   00

37. Subtract line 36 from line 35 ..... **REFUND** 37.   740 00

**DIRECT DEPOSIT**

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| a. Routing Transit Number | b. Account Number | c. Type of Account  |
|---------------------------|-------------------|---|
| 111000614                 | 680506396         | 1. <input checked="" type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2022, enter dates below.  
**ENTER DATE OF DEATH ONLY.** Example: 04-15-2023 (MM-DD-YYYY)

Filer  —  — Spouse  —  —

**Preparer Certification.** I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's PTIN, FEIN or SSN  
P02082703

**Taxpayer Certification.** I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Name (print or type)  
SYAM PRIYA RAM SAGAR GUPTA TA

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer's Signature  
SYAM PRIYA RAM SAGAR GUPTA TA

By checking this box, I authorize Treasury to discuss my return with my preparer.

Preparer's Business Name, Address and Telephone Number  
GLOBAL TAXES LLC  
245 ROONEY CT  
E BRUNSWICK NJ 08816  
678-965-9522

**Refund, credit, or zero returns.** Mail your return to:

**Michigan Department of Treasury, Lansing, MI 48956**

**Pay amount on line 34 (see instructions).** Mail your check and return to:

**Michigan Department of Treasury, Lansing, MI 48929**

**2023 MICHIGAN Withholding Tax Schedule**

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink.

**Attachment 13**

**INSTRUCTIONS:** If you had Michigan income tax withheld in 2023, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 30). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits (both Tier 1 and Tier 2) in Table 2 even if no Michigan tax was withheld. Include your completed Schedule W with Form MI-1040. See complete instructions on page 2 of this form. If you need additional space, include another Schedule W.

|  |      |                        |   |
|--|------|------------------------|---|
| 1. Filer's First Name<br><br>RAJA ARAVINDREDDY | M.I. | Last Name<br><br>MARAM | 2. Filer's Full Social Security No. (Example: 123-45-6789)<br><br>235 — 73 — 5730 |
| If a Joint Return, Spouse's First Name         | M.I. | Last Name              | 3. Spouse's Full Social Security No. (Example: 123-45-6789)<br><br>— —            |

**TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS**

| A  |  | B   | C                       | D  |    | E  |         |
|--|--|---|-------------------------|--|----|--|---------|
| Enter "X" for:<br>Filer or Spouse  |  | Employer's identification number<br>(Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips,<br>other compensation |    | Box 17 — Michigan<br>income tax withheld |         |
| X  |  | 27-0383222  | GENERAL MOTORS L        | 119333                                     | 00 | 4932                                     | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
|  |  |   |                         |  | 00 |  | 00      |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... |  |   |                         |  |    |  | 00      |
| 4. <b>SUBTOTAL.</b> Enter total of Table 1, column E. ....                   |  |   |                         |  |    | 4.                                       | 4932 00 |

**TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS (BOTH TIER 1 AND TIER 2) REPORTED ON 1099 FORMS**

| A   |  | B  | C            | D   | E                               |    |         |
|---|--|--|--------------|---|---------------------------------|----|---------|
| Enter "X" for:<br>Filer or Spouse   |  | Payer's federal identification<br>number (Example: 38-1234567) | Payer's name | Taxable pension distribution,<br>misc. income, etc. (see inst.) | Michigan income<br>tax withheld |    |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
|   |  |  |              |   | 00                              | 00 |         |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable).....      |  |  |              |   |                                 |    | 00      |
| 5. <b>SUBTOTAL.</b> Enter total of Table 2, column E. ....                        |  |  |              |   |                                 | 5. | 00      |
| 6. <b>TOTAL.</b> Add lines 4 and 5. Enter here and carry to MI-1040, line 30..... |  |  |              |   |                                 | 6. | 4932 00 |