Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Taxpayer's name Social security number JUHI KUMARI 384-89-9842 Spouse's name Spouse's social security number 472-65-7677 SAI CHANDRA RACHIRAJU Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 153,605. 1 1 2 2 18,314. 3 3 31,202. 4 4 12,888. 5 5 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

				EBO firm name		_ E
×	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ŀ

	9	9	8	4	2					
Enter five digits, but don't enter all zeros										

7 7

б

Enter five digits, but don't enter all zeros

5 7

my

as mv

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Spouse's PIN: check one box only

X I authorize <u>GLOBAL TAXES LLC</u> ERO firm name

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date 🕨									
Practitioner PIN Method Returns Only—con	tinue be	low	,							
Part III Certification and Authentication – Practitioner PIN Method O	nly									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	N. 2	2	2				0 {	-	7 1	1

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨	
	Must Retain This Form — See Instructions it This Form to the IRS Unless Requested To Do So	
		F 0070 (D 01 0001)

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

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	ple in this space.		
For the year Jar	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, ending , 20						See separate instructions.			
Your first name	and m	iddle initial	Last r	t name							cial sec	urity number		
JUHI			KUM	CUMARI							89	9842		
	pouse's	s first name and middle initial	Last r									security number		
SAI CHAN	JDRA		RAC	HIRAJU	J					472	65	7677		
		er and street). If you have a P.O. box, see						A	pt. no.			ction Campaigr		
1000 8TH	I AVI	ENUE						1	-912	Check I	nere if yo	ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode	spouse if filing jointly, want \$3				
SEATTLE						WZ	/	981	04			nd. Checking a not change		
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	1	or refu	0		
											Yo Yo	u 🗌 Spouse		
Filing Status	; [] Single					Head of h	ouseh	old (HOH)					
Check only		Married filing jointly (even if only o	ne hac	d income)										
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)				
	lf y	ou checked the MFS box, enter the	e name	of your s	pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's nar	ne if the		
	qu	alifying person is a child but not you	ur depe	endent:										
Digital	 At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): or	(h) sell				
Assets		hange, or otherwise dispose of a digi						-			Ye	s 🗙 No		
Standard		eone can claim: You as a de					a dependent	, (,				
Deduction	_	Spouse itemizes on a separate retur	•		•		•							
Age/Blindness	s You:	: Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 Is	blind		
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{iip} (4) Check the b	ox if quali	fies for (s	see instructions):		
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for	r other dependents		
than four														
dependents, see instructions														
and check	s 													
here														
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	ı 📃 👘	167,192.		
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b				
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstruction	is)					. 1c	;			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 1d				
1099-R if tax	е	Taxable dependent care benefits f								. 1e	•			
was withheld.	f	Employer-provided adoption bene								. 1 f				
lf you did not get a Form	g									. 1 g	·			
W-2, see	h	Other earned income (see instruction								. <u>1h</u>	1	0.		
instructions.	i	Nontaxable combat pay election (s	see ins	structions)								1 (7 100		
		Add lines 1a through 1h			· · · ·	· ·				. 1z		167,192.		
Attach Sch. B if required.	2a		2a				axable interes			. 2b				
	<u>3a</u>		3a				Ordinary divide			. 3b				
Standard	4a		4a				axable amoun		• • •	. 4b				
Deduction for –	5a	-	5a				axable amoun		• • •	. 5b				
 Single or Married filing 	6a	Social security benefits	6a	mothad			axable amoun	ι	· · ·	. 6b	'			
separately, \$13,850	с 7	, ,		-		•	,	• •	· · · [7				
 Married filing 	7 8	Capital gain or (loss). Attach Scher Additional income from Schedule						• •	l	. 8		-13,587.		
jointly or Qualifying	о 9		,					• •		. <u>o</u> . 9		153,605.		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							· 9		±00,000.					
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 11		153,605.		
household, \$20,800	12	Standard deduction or itemized	-	-	-			• •		. 12		27,700.		
 If you checked any box under 	13	Qualified business income deduction						• •		. 13				
Standard	14	Add lines 12 and 13				. 553		• •		. 14		27,700.		
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	· · · o or le	ss. enter	-0 This is v		taxable incom	ne .		. 15		125,905.		
				-,										

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	18,314.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17					🗌	18	18,314.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	18,314.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is	your total tax					24	18,314.
Payments	25	Federal income tax withheld							
, ,	а	Form(s) W-2				25a 31	,202.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	31,202.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit				29			
	30								
	31	Amount from Schedule 3, lin							
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	31,202.
Refund	34	If line 33 is more than line 24						34	12,888.
lioiana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here						5a	12,888.
Direct deposit?	b	Routing number 0 2 1					Savings		
See instructions.	d	Account number 4 8 3	Ũ						
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	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
U	De	signee's		Phone			onal identifica	tion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare th ief, they are true, correct, and com							, ,
Here		· · · ·	piete. Deciaration		,			•	
	YO	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst		,
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion	If the IR	S sent	your spouse an
Keep a copy for your records.									tion PIN, enter it here
your records.					SOFTWARE	(see inst	.)		
		one no. (617)834-565		Email address	JUHIPRASAD	981@GMAIL.CC			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	04/04/2024	P020827		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone n	o. (6	578)965-9522
	Fir	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 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. **01**

Your social security number

384-89-9842

Name(s	s) shown o	n F	orm 10	040, 1040-SF	R, or 1040-NR	
THIT	KIIMART	۶r	SAT	CHANDRA	RACHTRATII	

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. Attach Sche	5	-13,587.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d (
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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		
	instructions)		
n	Section 951(a) inclusion (see instructions)		
ο	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
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 . Enter here and		10 505
	1040, 1040-SR, or 1040-NR, line 8	10	-13,587.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals			
Ŭ	and USOC prize money reported on line 8m			
d			-	
e	Repayment of supplemental unemployment benefits under the Trade		-	
e	Act of 1974			
4			-	
f			-	
g	Contributions by certain chaplains to section 403(b) plans		-	
n	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)		-	
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations		-	
j	Housing deduction from Form 2555 24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REVO	3/07/24 PRO	Schedule 1 (F	orm 1040) 202

	EDULE E		Supplementa	al Inc	ome ar	nd Los	SS			OMB No	. 1545-0074
(Form	1040)	(From r	rental real estate, royalties, partner	ships, S	6 corporat	tions, es	states,	trusts, REMIC	s, etc.)	9 (C	23
	nent of the Treasury Revenue Service		Attach to Form 1040 Go to <i>www.irs.gov/ScheduleE</i> fo					nformation.		Attachm Sequend	ent ce No. 13
Name(s)) shown on return								Your soci	al security r	
JUHI	KUMARI &	SAI CH	IANDRA RACHIRAJU						384-8	9-9842	
Part	Part I Income or Loss From Rental Real Estate and Royalties										
	Note: If yo	ou are in t	he business of renting personal propersonal propersonal propers from Form 4835 on page 2, line 40	erty, use	e Schedul	e C. See	e instru	ctions. If you ar	e an indiv	vidual, repo	ort farm
Α			ents in 2023 that would require you		Form(s)	10992 9	See ing	structions			s 🕅 No
			ou file required Form(s) 1099?								
1a	Physical add	ress of e	ach property (street, city, state, Z	IP code	e)						
Α	H.NO:24-3	3,SATY	A RESIDENCY BHIMAVARAM	I ANDI	HRA PRA	ADESH	IN	534201			
В											
С											
1b	Type of Prope (from list below		For each rental real estate prop above, report the number of fai				Fa	air Rental Days	Person Da		QJV
Α	3	,	personal use days. Check the C	JV box	x only	Α		365	-	0	
В		_	if you meet the requirements to			B					
С			qualified joint venture. See instr	ructions	S.	С					
Туре	of Property:	I					1			I	
1	Single Family R	esidence	e 3 Vacation/Short-Term Re	ental	5 Land	k	7	Self-Rental			
2	Multi-Family Re	esidence	4 Commercial		6 Roya	alties	8	Other (descri	be)		
								Propertie			
Incom	ne:					Α		В			С
3				3			13.				-
4				4							
Expen											
5	Advertising			5							
6	Auto and trave	el (see in:	structions)	6							
7	Cleaning and r	maintena	ance	7		1,5	49.				
8	Commissions			8							
9	Insurance .			9							
10	•		sional fees	10							
11				11		9	41.				
12			to banks, etc. (see instructions)	12							
13	Other interest			13							
14				14			64.				
15				15		2,3	18.				
16				16		0.0					
17				17			74.				
18		expense	or depletion	18 19		4,3	54.				
19 20	Other (list)		nes 5 through 19	20		14,2	0.0				
			•	-		14,2	00.				
21			ine 3 (rents) and/or 4 (royalties). If istructions to find out if you must								
				21		-13,5	87.				
22			estate loss after limitation, if any,			, -					
			tructions)	22	(13,58	37.)	()	()
23a		-	ported on line 3 for all rental prop		··	•	23a		613.		,
b			ported on line 4 for all royalty pro				23b				
с			ported on line 12 for all properties	-			23c				
d	Total of all am	ounts re	ported on line 18 for all properties	s			23d	4,	,354.		
е	Total of all am	ounts re	ported on line 20 for all properties	s			23e	14,	,200.		
24	Income. Add	positive	amounts shown on line 21. Do no	ot inclu	de any lo	sses			24		
25	Losses. Add ro	oyalty los	ses from line 21 and rental real esta	ate losse	es from lir	ne 22. E	nter to	otal losses here	25	(1	3,587.)
26			te and royalty income or (loss).								
			d IV, and line 40 on page 2 do n								
			0), line 5. Otherwise, include this a				ine 41		26	-	-13,587.
For Pa	perwork Reduct	ion Act N	lotice, see the separate instruction	s.	NI	PA		-13,587.	Sch	nedule E (Fo	orm 1040) 2023