

# 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>KRANTHIMITHRA RAYAPRAJU | Social security number<br>752-99-3370 |
| 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.

|   |   |   |         |
|---|---|---|---------|
| 1 | Adjusted gross income . . . . .   | 1 | 62,090. |
| 2 | Total tax . . . . .   | 2 | 5,917.  |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | 3 | 13,716. |
| 4 | Amount you want refunded to you . . . . .                               | 4 | 7,799.  |
| 5 | Amount you owe . . . . .  | 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

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

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 3 | 3 | 7 | 0 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.   
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.   
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 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

  
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<br><u>KRANTHIMITHRA</u> | Last name<br><u>RAYAPRAJU</u> | Your social security number<br><u>752   99   3370</u> |
| If joint return, spouse's first name and middle initial    | Last name                     | Spouse's social security number                       |

|  |                               |                          |   |
|--|-------------------------------|--------------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br><u>42240 BLACK ROCK TERRACE</u> |                               | Apt. no.                 | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><u>ALDIE</u>         | State<br><u>VA</u>            | ZIP code<br><u>20105</u> |   |
| Foreign country name   | Foreign province/state/county | Foreign postal code      |   |

**Filing Status**  Single  Head of household (HOH)

Check only one box.  Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)

Married filing separately (MFS)  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: \_\_\_\_\_

**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

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         |  | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |           |         |
|--|--|-----------|---------|
| <b>Income</b>  | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | <b>1a</b> | 68,880. |
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br>If you did not get a Form W-2, see instructions. | <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b> |         |
|  | <b>c</b> Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b> |         |
|  | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b> |         |
|  | <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b> |         |
|  | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b> |         |
|  | <b>g</b> Wages from Form 8919, line 6 . . . . .  | <b>1g</b> |         |
|  | <b>h</b> Other earned income (see instructions) . . . . .                                  | <b>1h</b> | 0.      |
|  | <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |           |         |
|  | <b>z</b> Add lines 1a through 1h   | <b>1z</b> | 68,880. |

|   |  |           |  |                                       |           |         |
|---|--|-----------|--|---------------------------------------|-----------|---------|
| <b>Standard Deduction for—</b><br>• Single or Married filing separately, \$13,850<br>• Married filing jointly or Qualifying surviving spouse, \$27,700<br>• Head of household, \$20,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>2a</b> Tax-exempt interest . . . . .  | <b>2a</b> |  | <b>b</b> Taxable interest . . . . .   | <b>2b</b> |         |
|   | <b>3a</b> Qualified dividends . . . . .  | <b>3a</b> |  | <b>b</b> Ordinary dividends . . . . . | <b>3b</b> |         |
|   | <b>4a</b> IRA distributions . . . . .  | <b>4a</b> |  | <b>b</b> Taxable amount . . . . .     | <b>4b</b> |         |
|   | <b>5a</b> Pensions and annuities . . . . .   | <b>5a</b> |  | <b>b</b> Taxable amount . . . . .     | <b>5b</b> |         |
|   | <b>6a</b> Social security benefits . . . . .   | <b>6a</b> |  | <b>b</b> Taxable amount . . . . .     | <b>6b</b> |         |
|   | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |           |  |                                       |           |         |
|   | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |           |  |                                       | <b>7</b>  |         |
|   | <b>8</b> Additional income from Schedule 1, line 10 . . . . .  |           |  |                                       | <b>8</b>  | -6,790. |
|   | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                      |           |  |                                       | <b>9</b>  | 62,090. |
|   | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .   |           |  |                                       | <b>10</b> |         |
|   | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                          |           |  |                                       | <b>11</b> | 62,090. |
|   | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                               |           |  |                                       | <b>12</b> | 13,850. |
|   | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                                |           |  |                                       | <b>13</b> |         |
|   | <b>14</b> Add lines 12 and 13 . . . . .  |           |  |                                       | <b>14</b> | 13,850. |
|   | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .    |           |  |                                       | <b>15</b> | 48,240. |

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with checkboxes for Yes/No and fields for name, phone, and PIN.

Sign Here section with declaration and signature lines for preparer and spouse, including occupation and date fields.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and EIN.

**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

KRANTHIMITHRA RAYAPRAJU

Your social security number

752-99-3370

**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>  | -6,790. |
| <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 ABLÉ 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>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <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> | -6,790. |

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)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KRANTHIMITHRA RAYAPRAJU

752-99-3370

**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)

**A** JYOTHINAGAR KARIMINAGARA TELANGANA IN 505001

**B**

**C**

| 1b Type of Property (from list below) | 2 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                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 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:          |   |   |
|---|----------------------|---|---|
|   | A                    | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 450.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,270.      |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 840.       |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 1,870.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,550.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,710.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 7,240.     |   |   |
| <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> . . . . .  | <b>21</b> -6,790.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 6,790. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 450.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 7,240.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b> ( 6,790. ) |   |   |
| <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 . . . . . | <b>26</b> -6,790.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023



KRANTHIMITHR RAYAPRAJU

42240 BLACK ROCK TERRACE

ALDIE VA 20105

SSN - You RAYA 752993370 Vendor ID 1555 XXXXX

SSN - Spouse

|                                    |      |        |                                     |      |              |
|------------------------------------|------|--------|-------------------------------------|------|--------------|
| Fed Adj Gross Income (FAGI)        | 1.   | 62090. | Withholding (VA) - You              | 19A. | 3701.        |
| Additions                          | 2.   |        | Withholding (VA) - Spouse           | 19B. |              |
| Subtotal                           | 3.   | 62090. | Estimated Payments                  | 20.  |              |
| Age Deduction - You                | 4A.  |        | 2022 Overpayment                    | 21.  |              |
| Age Deduction - Spouse             | 4B.  |        | Extension Payments                  | 22.  |              |
| Soc Sec & Tier 1 Railroad          | 5.   |        | Credit - Low-Income or EIC          | 23.  |              |
| State Income Tax Overpayment       | 6.   |        | Credit - Schedule OSC               | 24.  |              |
| Subtractions                       | 7.   |        | Credits - Schedule CR               | 25.  |              |
| Subtotal Subtractions              | 8.   |        | Total Payments / Credits            | 26.  | 3701.        |
| Total VA Adj Gross Income (VAGI)   | 9.   | 62090. | Tax You Owe                         | 27.  |              |
| Itemized Deductions - VA Sch A     | 10.  |        | Tax Overpayment                     | 28.  | 902.         |
| Standard Deduction                 | 11.  | 8000.  | Overpayment Credited to Next Year   | 29.  |              |
| Exemptions                         | 12.  | 930.   | VAC - Virginia 529 / ABLE           | 30.  |              |
| Deductions                         | 13.  |        | VAC - Other Contributions           | 31.  |              |
| Subtotal (Deductions & Exemptions) | 14.  | 8930.  | Addition to Tax, Penalty & Interest | 32.  |              |
| VA Taxable Income                  | 15.  | 53160. | Sales and Use Tax                   | 33.  |              |
| Amount of Tax                      | 16.  | 2799.  | <b>Amount You Owe</b>               |      |              |
| Spouse Tax Adjustment (STA)        | 17.  |        | Will Pay by Credit/Debit Card       | N    |              |
| VAGI - Spouse                      | 17A. |        | <b>Your Refund</b>                  |      | 902.         |
| Net Amount of Tax                  | 18.  | 2799.  | Bank Routing #                      | C    | 061000052    |
|                                    |      |        | Bank Account #                      |      | 334061246807 |





Filing Status, Age & License Information

Additional Filing Information

Filing Status 1  
 Federal Head of Household  
 DOB - You 02161997  
 VA Driver's License ID - You B65364191  
 VA Driver's License - Iss. Date - You 06092023  
 Spouse Name (Filing Status 3 Only)  
 DOB - Spouse  
 VA Driver's License ID - Spouse  
 VA Driver's License - Iss. Date - Spouse

Locality 107  
 Uninsured & Authorize DMAS  
 Name or Filing Status Change  
 Address Change  
 VA Return Not Filed Last Year  
 Dependent on Another's Return  
 Farmer / Fisherman / Merchant Seaman  
 Amended  
 Reason Code  
 Overseas on Due Date  
 Federal EIC & Amount  
 Deceased Indicator  
 Form 760C or 760F  
 No Sales & Use Tax Due Indicator X  
 Obtain Electronic 1099G  
 ID Theft PIN

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You  
 Spouse 65 & Over - Spouse  
 Dependents Blind - You  
 Total (A) 1 Blind - Spouse  
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date  
 Signature - Spouse \_\_\_\_\_ Date  
 Signature - Preparer VENKATA SAI PAVAN KUMAR DUDIPALLI Date

Phone - You 7705686791  
 Phone - Spouse  
 Phone - Preparer 6789659522

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02470833  
 GLOBAL TAXES LLC

**File by May 1, 2024**  
 Include Page 1, Page 2 and all supporting 760CG documents.

245 ROONEY CT  
 E BRUNSWICK NJ 08816 Page 2 of 2



**2023 Schedule INC/CG**

752993370

Report all W-2s, 1099s & VK-1s with VA Withholding



KRANTHIMITHR RAYAPRAJU

| Your/<br>Spouse SSN | Withholding<br>Type | VA<br>Withholding | Employer<br>FEIN | VA<br>Account Number | VA Wages, tips,<br>other comp. |
|---------------------|---------------------|-------------------|------------------|----------------------|--------------------------------|
| 752993370           | W                   | 506.              | 872673550        | 30872673550F001      | 9920.                          |
| 752993370           | W                   | 3195.             | 473535461        | 473535461            | 58960.                         |

| Total VA Withholding | SSN       | VA Withholding |
|----------------------|-----------|----------------|
| You                  | 752993370 | 3701.          |
| Spouse               |           |                |

Total # of W-2s, 1099s & VK-1s 02

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

**DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|   |  |                   |
|---|--|-------------------|
| <b>Your Name</b>  | <b>B Your Social Security Number</b>     |                   |
| KRANTHIMITHRA RAYAPRAJU   | 752-99-3370                              |                   |
| <b>Spouse's Name</b>  | <b>A Spouse's Social Security Number</b> |                   |
|   |  |                   |
| <b>Part I Tax Return Information</b>  | <b>A Spouse</b>                          | <b>B Yourself</b> |
| 1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)   |  | 62090.            |
| 2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9) |  | 62090.            |
| 3. Taxable Income (Form 760CG, Line 15; 760PY, Line 16, columns A & B; Form 763, Line 17)               |  | 53160.            |
| 4. Virginia Income Tax (Form 760CG, Line 18; 760PY, Line 17, columns A & B; Form 763, Line 18)          |  | 2799.             |
| 5. Withholding (Form 760CG, Line 19a & 19b; 760PY, Lines 19a & 19b; Form 763, Lines 19a & 19b)          |  | 3701.             |
| 6. Amount you Owe (Form 760CG, Line 35; Form 760PY, Line 35; Form 763, Line 35)                         |  |                   |
| 7. Refund (Form 760CG, Line 36; 760PY, Line 36; Form 763, Line 36)                                      |  | 902.              |

**Part II Declaration of Taxpayer and Signature Authorization**

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit my complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

**Taxpayer's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN  as my signature on my 2023 e-filed Virginia individual income tax return.  
**Do not enter all zeros**

GLOBAL TAXES LLC

**ERO Firm Name**

I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's e-File PIN: check one box only**

I authorize the ERO named below to enter my e-File PIN  as my signature on my 2023 e-filed Virginia individual income tax return.  
**Do not enter all zeros**

**ERO Firm Name**

I will enter my e-File PIN as my signature on my 2023 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

**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.

**Do not enter all zeros**

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2023 Virginia individual income tax return 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 Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2023). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature \_\_\_\_\_ Date \_\_\_\_\_

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<br><u>KRANTHIMITHRA</u> | Last name<br><u>RAYAPRAJU</u> | Your social security number<br><u>752   99   3370</u> |
| If joint return, spouse's first name and middle initial    | Last name                     | Spouse's social security number                       |

|  |                               |                          |   |
|--|-------------------------------|--------------------------|---|
| Home address (number and street). If you have a P.O. box, see instructions.<br><u>42240 BLACK ROCK TERRACE</u> |                               | Apt. no.                 | <b>Presidential Election Campaign</b><br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><u>ALDIE</u>         | State<br><u>VA</u>            | ZIP code<br><u>20105</u> |   |
| Foreign country name   | Foreign province/state/county | Foreign postal code      |   |

**Filing Status**  Single  Head of household (HOH)

Check only one box.  Married filing jointly (even if only one had income)  Qualifying surviving spouse (QSS)

Married filing separately (MFS)  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: \_\_\_\_\_

**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

| Dependents (see instructions):<br>If more than four dependents, see instructions and check here <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
|  |                |           |                            |                         |  | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                            |                         | <input type="checkbox"/>   | <input type="checkbox"/>    |

|  |  |           |         |
|--|--|-----------|---------|
| <b>Income</b>  | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | <b>1a</b> | 68,880. |
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br>If you did not get a Form W-2, see instructions. | <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b> |         |
|  | <b>c</b> Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b> |         |
|  | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b> |         |
|  | <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b> |         |
|  | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b> |         |
|  | <b>g</b> Wages from Form 8919, line 6 . . . . .  | <b>1g</b> |         |
|  | <b>h</b> Other earned income (see instructions) . . . . .                                  | <b>1h</b> | 0.      |
|  | <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |           |         |
|  | <b>z</b> Add lines 1a through 1h   | <b>1z</b> | 68,880. |

|  |  |   |           |         |
|--|--|---|-----------|---------|
| <b>Attach Sch. B if required.</b><br><br><b>Standard Deduction for—</b><br>• Single or Married filing separately, \$13,850<br>• Married filing jointly or Qualifying surviving spouse, \$27,700<br>• Head of household, \$20,800<br>• If you checked any box under Standard Deduction, see instructions. | <b>2a</b> Tax-exempt interest . . . . . <b>2a</b>  | <b>b</b> Taxable interest . . . . . <b>2b</b>   | <b>2b</b> |         |
|  | <b>3a</b> Qualified dividends . . . . . <b>3a</b>  | <b>b</b> Ordinary dividends . . . . . <b>3b</b> | <b>3b</b> |         |
|  | <b>4a</b> IRA distributions . . . . . <b>4a</b>  | <b>b</b> Taxable amount . . . . . <b>4b</b>     | <b>4b</b> |         |
|  | <b>5a</b> Pensions and annuities . . . . . <b>5a</b>   | <b>b</b> Taxable amount . . . . . <b>5b</b>     | <b>5b</b> |         |
|  | <b>6a</b> Social security benefits . . . . . <b>6a</b>   | <b>b</b> Taxable amount . . . . . <b>6b</b>     | <b>6b</b> |         |
|  | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |   |           |         |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |   | <b>7</b>  |         |
|  | <b>8</b> Additional income from Schedule 1, line 10 . . . . .  |   | <b>8</b>  | -6,790. |
|  | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                      |   | <b>9</b>  | 62,090. |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .   |   | <b>10</b> |         |
| <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .  |  | <b>11</b>                                       | 62,090.   |         |
| <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |  | <b>12</b>                                       | 13,850.   |         |
| <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .  |  | <b>13</b>                                       |           |         |
| <b>14</b> Add lines 12 and 13 . . . . .  |  | <b>14</b>                                       | 13,850.   |         |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .  |  | <b>15</b>                                       | 48,240.   |         |

|                        |           |  |           |        |
|------------------------|-----------|--|-----------|--------|
| <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> | 5,917. |
|                        | <b>17</b> | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b> | Add lines 16 and 17  | <b>18</b> | 5,917. |
|                        | <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> | 5,917. |
|                        | <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> | 5,917. |

|                 |           |   |            |         |
|-----------------|-----------|---|------------|---------|
| <b>Payments</b> | <b>25</b> | Federal income tax withheld from:   |            |         |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 13,716. |
|                 | <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> | 13,716. |
|                 | <b>26</b> | 2023 estimated tax payments and amount applied from 2022 return                                 | <b>26</b>  |         |
|                 | <b>27</b> | Earned income credit (EIC) <input type="checkbox"/> NO  | <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>  | 13,716. |

|                                      |            |  |            |        |
|--------------------------------------|------------|--|------------|--------|
| <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>  | 7,799. |
|                                      | <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> | 7,799. |
| Direct deposit?<br>See instructions. | <b>b</b>   | Routing number 0610000052 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
|                                      | <b>d</b>   | Account number 334061246807  |            |        |
|                                      | <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>SOFTWARE DEVELOPER | 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. (770) 568-6791                                      | Email address KRANTHI7910@GMAIL.COM |                                       |   |

**Paid Preparer Use Only**

|  |   |      |                          |   |
|--|---|------|--------------------------|---|
| Preparer's name<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Preparer's signature<br>VENKATA SAI PAVAN KUMAR DUDIPALLI | Date | PTIN<br>P02470833        | 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 88-2145487                               |

**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

KRANTHIMITHRA RAYAPRAJU

Your social security number

752-99-3370

**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>  | -6,790. |
| <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 ABLÉ 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>     |           |         |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .   |               | <b>9</b>  |         |
| <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> | -6,790. |

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)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KRANTHIMITHRA RAYAPRAJU

752-99-3370

**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)

**A** JYOTHINAGAR KARIMINAGARA TELANGANA IN 505001

**B**  
**C**

| 1b Type of Property (from list below) | 2 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                      |
|---------------------------------------|--|------------------|---|-------------------|--------------------------|
|                                       |  | A                | B | C                 |                          |
| <b>A</b> 3                            |  | 365              |   | 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:          |   |   |
|---|----------------------|---|---|
|   | A                    | B | C |
| <b>3</b> Rents received . . . . .   | <b>3</b> 450.        |   |   |
| <b>4</b> Royalties received . . . . .   | <b>4</b>             |   |   |
| <b>Expenses:</b>  |                      |   |   |
| <b>5</b> Advertising . . . . .  | <b>5</b>             |   |   |
| <b>6</b> Auto and travel (see instructions) . . . . .   | <b>6</b>             |   |   |
| <b>7</b> Cleaning and maintenance . . . . .   | <b>7</b> 1,270.      |   |   |
| <b>8</b> Commissions . . . . .  | <b>8</b>             |   |   |
| <b>9</b> Insurance . . . . .  | <b>9</b>             |   |   |
| <b>10</b> Legal and other professional fees . . . . .   | <b>10</b>            |   |   |
| <b>11</b> Management fees . . . . .   | <b>11</b> 840.       |   |   |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>            |   |   |
| <b>13</b> Other interest . . . . .  | <b>13</b>            |   |   |
| <b>14</b> Repairs . . . . .   | <b>14</b> 1,870.     |   |   |
| <b>15</b> Supplies . . . . .  | <b>15</b> 1,550.     |   |   |
| <b>16</b> Taxes . . . . .   | <b>16</b>            |   |   |
| <b>17</b> Utilities . . . . .   | <b>17</b> 1,710.     |   |   |
| <b>18</b> Depreciation expense or depletion . . . . .   | <b>18</b>            |   |   |
| <b>19</b> Other (list) _____  | <b>19</b>            |   |   |
| <b>20</b> Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b> 7,240.     |   |   |
| <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> . . . . .  | <b>21</b> -6,790.    |   |   |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b> ( 6,790. ) |   |   |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .  | <b>23a</b> 450.      |   |   |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .   | <b>23b</b>           |   |   |
| <b>c</b> Total of all amounts reported on line 12 for all properties . . . . .  | <b>23c</b>           |   |   |
| <b>d</b> Total of all amounts reported on line 18 for all properties . . . . .  | <b>23d</b>           |   |   |
| <b>e</b> Total of all amounts reported on line 20 for all properties . . . . .  | <b>23e</b> 7,240.    |   |   |
| <b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>            |   |   |
| <b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  | <b>25</b> ( 6,790. ) |   |   |
| <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 . . . . . | <b>26</b> -6,790.    |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023