Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	3				
Submi	ssion Identification Number (SID)				
Taxpaye	r's name	Social securi	ty numb	per	
PRAS	SHANTH ABHINAV RAJANALA	065-97	-992	2	
Spouse's	s name	Spouse's so	ial secu	urity number	
Dort	Toy Detuye Information Toy Very Ending December 21 0000 /Fator		×0.011	th o vizina '	<u> </u>
Part	, , ,	year you a	ire au	inorizing.)
	vhole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income		1	l 97	, 997.
2	Total tax		2		,815.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,198.
4	Amount you want refunded to you		4		, 383.
	Amount you owe		5		, 505.
Part		еер а сор	y of y	our retu	rn)
my knoreturn (control to send for any Agent to paymer authorize paymer business taxes to personal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected lay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. in initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate at, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requised as days prior to the payment (settlement) date. I also authorize the financial institutions involved in the part of the payment (PIN) below is my signature for the income tax return (original or amended) I are the processor.	e are the am tter, or electr ction of the t S. Treasury a cated in the to the authoriz tests must b processing o ayment. I fur	ounts fonic reformed ransmised ax prepartion. The receive of the elements of t	from the incurrence of the control o	come tax tor (ERO) te reason Financial tware for bunt. This cancel) a er than 2 yment of that the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				
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	I will enter my PIN as my signature on the income tax return (original or amended) I am notifyou are entering your own PIN and your return is filed using the Practitioner PIN metholelow.				
Your s	ignature ▶ Date ▶				
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	ERO firm name		ter five	digits, but	as my
	signature on the income tax return (original or amended) I am now authorizing.			r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN and your return is filed using the Practitioner PIN method below.				
Spous	e's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue below				
Part I	II 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 Don't ent	6 0	8 2 7	1
		2011 (0111			
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subm ments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of In	itting this ret	urn in a	accordance	
ERO's	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To D	o So			

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



Deduction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Adjustments to income from Schedule 1, line 26 Peristors and armunities	For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 2	20	S	ee sep	oarate instruct	ions.
Filing Status	Your first name	and m	niddle initial	Last na	ıme					Y	our so	cial security nu	ımber
Filing Status	PRASHANT	гн А	BHINAV	RAJA	NALA						065	97 9922	2
Home address frumber and street, if you have a P.O. box, see instructions.										-			
Home address frumber and street, if you have a P.O. box, see instructions.											101	74 2381	1
City Lown, or post office. If you have a foreign address, also complete spaces below. State Zip code TATLORSYTILE State TATLORSYTILE TATL	Home address	(numb	er and street). If you have a P.O. box, see	instructi	ons.			Apt	. no.				
City, town, or post office. If you have a foreign address, also complete spaces below. State	1510 W F	3ROO	KBURY WAY					20	3	- 1			
Foreign province/latate/county				mplete s	spaces below.	Sta	te	_				0,	
Foreign country name Foreign province/state/country Foreign postal code your tax or refund. you Spouse	TAYLORS	/ILL	E			UI	·	8412	3				
Check only one box. Married filing spearately (MFS) Cualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the child's name if the qualifying person is a child but not your dependent: CRYSTAL MARY TOLEXITION Digital Assets				1	Foreign province/state/o	count	ty						ngc
Check only one box. Married filing picintly (even if only one had income) Qualifying surviving spouse (QSS) Married filing separately (MFS) QSS, and the Hold of QSS box, enter the child's name if the qualifying person is a child but not your dependent: CRYSTAL MARY TOLENTINO												You	Spouse
Check only one box.	Filing Status	5 [Single				Head of ho	ousehol	HOH) b	l)			
one box. Married filing separately (MFS) Guilfying surviving spouse (GSS) Hyou 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: CRYSTAL MARY TOLENTINO Digital	-		Married filing jointly (even if only or	ne had i	income)								
Digital Assets Assets Standard Deduction Age/Blindness You: Were born before January 2, 1959 Are blind Spouse intructions Total amount from Form(s) W-2, bee instructions Last name Last na	,	×	Married filing separately (MFS)				☐ Qualifying	survivin	g spou	se (QS	SS)		
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 No No No No No No N		lf y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS	box, e	enter t	he chil	ld's name if th	ne
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)		qι	ualifying person is a child but not you	ır deper	ndent: CRYSTAL MAR	RY TO	OLENTINO						
Assets exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	Δt a	ny time during 2023, did you: (a) rece	eive (as	a reward award or	navr	ment for prope	rtv or se	rvices)	or (b)	ا مواا		
Standard Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you (1) First name Last name Great transfour dependents, see instructions and check here Great transfour Great								-				☐ Yes 🏻	No
Spouse itemizes on a separate return or you were a dual-status alien								, ,			,		
Age/Blindness You:		_		•	•		•						
Capital contents Capital con							_						
If more than four dependents, see instructions and check here				959 _	_ Are blind Spo	ouse	: U Was bor						
If more than four dependents, see instructions and check here is a control of the fire in than four dependents, see in structions and check here is a control of the fire in the fire in the form (s) W-2 here. Also attach Forms W-2G and 199-R if tax was withheld. If Employer-provided adoption benefits from Form 2441, line 26 1e If you did not get a Form W-2, see instructions is the firequired. Sac and 190-B if tax was withheld. If Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see instructions is the firequired. Sac and 190-B if tax was withheld. If Employer-provided adoption benefits from Form 8839, line 29 1f If you did not get a Form W-2, see instructions is the firequired. Sac and 190-B if the firequired is the firequi	Dependent				, , ,	,		ip (4) (•	
Capendents, see instructions and check here Capendents, see instructions and check here Capendents, see instructions and check here Capendents, see instructions Capendents, see		(1) F	First name Last name		number		to you		Child ta	ax crea	it	Credit for other de	ependents
see instructions and check here									L	 			
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions instructions. Instru	• .	s —							L	<u> </u>			
Total amount from Form(s) W-2, box 1 (see instructions)		. —							L				
Attach Form(s) W-2 here. Also attach Forms W-2 here. Also	-	1	T-1-1-1						L		T 4	111	740
Attach Forms W-2 here. Also of the variety of the v	Income	_		•	,						_		742.
attach Forms W-2G and 1099-R if tax was withheld. If Employer-provided adoption benefits from Form 2441, line 26 1e	` '			•	• • •						_		
W-26 and 1099-R if tax was withheld. If you did not get a Form Wy-2, see instructions. Attach Sch. B if required. Attach Sch. B if required			·	•	•						_		
If you did not get a Form Wary as withheld. If you did not get a Form Wary 2, see instructions. Attach Sch. B if required. Attach Sch. B if			• • • • • • • • • • • • • • • • • • • •		., ,	nstru	ictions)				_		
Standard Deduction for Single or Married filing speparately, \$13,850 Married filing jointly or Qualifying Surryving spouse, \$22,700 Head of household, \$20,800 Head of Nousehold, \$20,800 Head of Nousehold, \$20,800 Head of Nousehold, \$20,800 15 Wages from Form 8919, line 6 19 Montaxable combat pay election (see instructions) 11 11 111,742		_	•		· ·							+	
get a Form W-2, see instructions. h Other earned income (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b 3a Qualified dividends . 3a b Ordinary dividends . 3b Bandard 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, 11 Standard deduction or itemized deduction from Schedule A) Standard Deduction, 12 Deduction, 14 Deduction, 15 Deduction, 15 Deduction, 16 Deduction, 16 Deduction, 17 Deduction, 18 Deduction, 18 Deduction, 19 Deduction, 10 Deduction, 19 Deduction, 10 Deduction, 19												+	
W-Z, see instructions. i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h Attach Sch. B if required. 2a Tax-exempt interest . 2a b Taxable interest . 2b Jax Qualified dividends . 3a b Ordinary dividends . 3b Jax Bandard Jax Ban			,										
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Attach Sch. B if required. 2a	instructions.	-	Add lines to through th		140(10115)						1-	111.	742
Standard Peduction for Standard Pensions and annuities Sa Barbarately Standard Pensions and annuities Sa Barbarately Sa Social security benefits Sa Barbarately Sa Sa Barbarately Sa Sa Sa Sa Sa Sa Sa S	Attach Cab D			1		Ь Т	avahla interest				_		
4a IRA distributions													
Standard Deduction for—Single or Married filing separately, \$13,850 Married filing jointly or Qualifying spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$13,850 Qualified business income deduction from Form 8995 or Form 8995-A 5a Pensions and annuities . 5a b Taxable amount . 6b 5b Taxable amount . 6b 5a b Taxable amount . 6b 5b Taxable amount . 6b 5a b Taxable amount . 6b 5b Taxable amount . 6b 6a Social security benefits . 6a b Taxable amount . 6b 6b Taxable amount . 6b 6c Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6a b Taxable amount . 6b 6d Social security benefits . 6b 6d Social security s			· —								_		
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, \$13,850 Qualified business income deduction from Form 8995 or Form 8995-A Single or Married filing by Taxable amount	Standard										_		
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 <i>Standard Deduction</i> , Add lines 12 and 13 C If you elect to use the lump-sum election method, check here (see instructions) T Capital gain or (loss). Attach Schedule D if required. If not required, check here Additional income from Schedule 1, line 10 Additional income from Schedule 1, line 20 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 97, 997. 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 If you elect to use the lump-sum election method, check here (see instructions) 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 —13, 745. 9 97, 997. 10 Head of household, \$10 Unit is your adjusted gross income 10 Unit is you checked any box under standard Deduction, \$11 Unit is your adjusted gross income 11 97, 997. 12 13, 850.		_									_		
Table 20,800 Tabl	Married filing		-							· .			
Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, \$4dd lines 12 and 13			,			`	,				7	7	
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income997, 997.Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1197, 997.If you checked any box under Standard Deduction, 1413Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413, 850.	Married filing										_	-13.	745.
\$27,700 10 Adjustments to income from Schedule 1, line 26 10 Head of household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 12 13,850. If you checked any box under Standard Deduction, \$14 Add lines 12 and 13	Qualifying			•							—		
Head of household, \$20,800 If you checked any box under Standard Deduction, \$14 Add lines 12 and 13 Subtract line 10 from line 9. This is your adjusted gross income 11 97,997. 12 13 Subtract line 10 from line 9. This is your adjusted gross income 12 13,850. 14 15 16 17 18 18 19 19 19 19 19 19 19 19					•						_		
\$20,800 If you checked any box under Standard Deduction, Part Poduction, Add lines 12 and 13	Head of household.		•										997.
any box under Standard Deduction, 13 Qualified business income deduction from Form 8995 or Form 8995-A	\$20,800			-							_		
Standard Deduction, 14 Add lines 12 and 13 13,850							5-A						
	Standard												850.
				o or les	s, enter -0 This is y	our t	taxable incom	ie .					

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	13,815.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	13,815.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	13,815.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	13,815.
Payments	25	Federal income tax withheld	l from:						
_	а	Form(s) W-2				25a 17	,198.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	17,198.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Eic.	28	Additional child tax credit from	m Schedule 8812	·		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,198.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	3,383.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	3,383.
Direct deposit?	b	Routing number 1 2 4			c Type: 🛛	Checking	Savings		
See instructions.	d	Account number 6 3 0	1 9 7 0	2 5					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See		•	
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No
		esignee's		Phone		onal iden	tification		
<u>~</u>		me der penalties of perjury, I declare t	hat I have examine	no.	accompanying coher		ber (PIN)	the best	of my knowledge and
Sign		lief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		l If th	ne IRS se	nt you an Identity
		of digitators		Buto	Tour occupation			IN, enter it here	
Joint return?					SOFTWARE E	NGINEER	(se	e inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
your records.								ntity Prot e inst.)	ection PIN, enter it here
	——————————————————————————————————————	one no.		Email address	RPRASHANTH.A	ритасматт с			
		eparer's name	Preparer's signat		VLVASUANIU.	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA TALLAM	'		CIIDTA TAI.IAM	03/11/2024	P0208	2777	Self-employed
Preparer				TANI DAGAK	OULTA TAULAM	05/11/2024			
Use Only			XES LLC Y CT E BRU	INCMTOR M	T 08816				(678) 965-9522
	гIr	m's address 245 ROONE	T CI E DRU	INDMICK IN	0 00010		Firi	n's EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

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

PRASHANTH ABHINAV RAJANALA

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

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

Your social security number 065-97-9922

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-13,745.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
		8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
_		8z		
9	Total other income. Add lines 8a through 8z	· · · · · · · · ·	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form	_	10 545
	1040, 1040-SR, or 1040-NR, line 8		10	-13 , 745.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-base	sis 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:			
а	Jury duty pay (see instructions)	a		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	o		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	_		
d	Reforestation amortization and expenses	d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974		.	
f	Contributions to section 501(c)(18)(D) pension plans		.	
g	Contributions by certain chaplains to section 403(b) plans 24g	9		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	n	-	
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	j	-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	K	.	
Z	Other adjustments. List type and amount:			
- -				
25	Total other adjustments. Add lines 24a through 24z		25	_
26	Add lines 11 through 23 and 25. These are your adjustments to income . En	nter here and on		
	Form 1040, 1040-ŠR, or 1040-NR, line 10		26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

PRAS	SHANTH ABHINA	V RAJ	JANALA							065-	97-9922	
Par	Note: If you a	re in the	e business of ren	Real Estate are ating personal prope on page 2, line 40.	rtv. use		e C. See	instruc	ctions. If you	are an in	dividual, rep	oort farm
	Did you make any p											es 🗵 No
В	f "Yes," did you or	will yo	u file required l	Form(s) 1099? .							🗌 Ye	es 🗌 No
1a	Physical address	s of ead	ch property (str	reet, city, state, ZI	IP code	e)						
A	12-11-202/1	, BAF	PANBASTHI V	WARASIGUDA,	SEC-E	BAD TEI	LENGAI	II AN	V 500061			
В				•								
С												
1b	Type of Property (from list below)		above, report t	Il real estate prope the number of fair	rental	and	d Days			Perso	ΟΊΛ	
A	3			lays. Check the Q e requirements to			Α		365		0	
B			qualified joint	venture. See instru	uctions	a 5.	В					
C							С					
1	of Property: Single Family Resid Multi-Family Resid		3 Vacatio 4 Comme	n/Short-Term Rer ercial	ntal	5 Land 6 Roya			Self-Rental Other (desc			
_									Propert	ies:		
Incon							Α		В			С
3	Rents received .				3		-7	80.				
4	Royalties received	a			4							
Expe					5							
5 6	Advertising Auto and travel (s				6							
7	Cleaning and mai				7		Ω	90.				
8	Commissions .				8		0	90.				
9	Insurance				9							
10	Legal and other p				10							
11	Management fees				11		1,8	49				
12	Mortgage interest				12		1,0	<u> </u>				
13	Other interest .			,	13							
14	Repairs				14		3,5	41.				
15	Supplies				15		4,1					
16	Taxes				16							
17	Utilities				17		1,9	52.				
18	Depreciation expe				18							
19	Other (list)				19							
20	Total expenses. A	Add line	es 5 through 19)	20		12,3	87.				
21	Subtract line 20 fr result is a (loss), s file Form 6198 .	see ins	tructions to fin	d out if you must	- 1		-11,6	07.				
22	Deductible rental on Form 8582 (se			, , ,	22	(11,60	7.)(,)()
23a	Total of all amoun							23a		780.		
b	Total of all amoun	-						23b				
С	Total of all amoun							23c				
d	Total of all amoun							23d				
е	Total of all amoun	-						23e	12	2 , 387.		
24	Income. Add pos	itive ar	mounts shown	on line 21. Do no	t inclu	de any lo	sses			. 24	1	
25	Losses. Add royal	ty losse	es from line 21 a	and rental real estat	te losse	es from lin	e 22. Er	nter tot	al losses he	re 25	5 (11,607.)
26	Total rental real											
	here. If Parts II, II Schedule 1 (Form									on 26	6	-11,607.

Schedule E (Form 1040) 2023 Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number 065-97-9922 PRASHANTH ABHINAV RAJANALA Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions. 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section (b) Enter P for (c) Check if (e) Check if (f) Check if 28 (d) Employer (a) Name partnership; S foreign basis computation any amount is identification number partnership for S corporation is required not at risk Α SJ MART LLC 92-3020105 Ρ В C D **Passive Income and Loss** Nonpassive Income and Loss (h) Passive income (g) Passive loss allowed (i) Nonpassive loss allowed (i) Section 179 expense (k) Nonpassive income (attach Form 8582 if required) from Schedule K-1 (see Schedule K-1) from Schedule K-1 deduction from Form 4562 2,138. Α В C D 29a Totals b Totals 2,138. 30 Add columns (h) and (k) of line 29a 30 31 Add columns (g), (i), and (j) of line 29b 31 2,138 32 Total partnership and S corporation income or (loss). Combine lines 30 and 31 32 -2.138Part III Income or Loss From Estates and Trusts (b) Employer 33 identification number Α В Passive Income and Loss Nonpassive Income and Loss (f) Other income from (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals b Totals 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss). Combine lines 35 and 36. 37 37 Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder Part IV 38 (c) Excess inclusion from (d) Taxable income (b) Employer (e) Income from (a) Name (net loss) from Schedules Q. line 1b Schedules Q. line 2c identification number Schedules Q, line 3b (see instructions) 39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V 40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 41 -13,745.Reconciliation of farming and fishing income. Enter your gross

42

43

farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions

Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated

under the passive activity loss rules

42

40301 1555

Utah State Tax Commission

Utah Individual Income Tax Return

All state income tax dollars support education, children and individuals with disabilities.

(see instructions)

TC-40 INTUIT

2023

· Amended Return - enter code: Full-yr Resident? Your Social Security No. Your first name Your last name Y/N RAJANALA 065979922 PRASHANTH ABHINAV Υ Spouse's Soc. Sec. No. Spouse's first name Spouse's last name 101742381 CRYSTAL MARY TOLENTINO Ν Telephone number Address 1510 W BROOKBURY WAY, APT 203 If deceased, complete Foreign country (if not U.S.) page 3, Part 1 TAYLORSVILLE UT 84123 Filing Status - enter code **Qualifying Dependents** 3 Election Campaign Fund • 2 1 = Single а Dependents age 16 and under Does not increase your tax or reduce your refund. 2 = Married filing jointly b Other dependents Enter the code for the Yourself Spouse 3 = Married filing separately Dependents born in 2023 party of your choice. С 4 = Head of household Total (add lines a, b and c) See instructions for 5 = Qualifying surviving spouse code letters or go to incometax.utah.gov/elect. If using code 2 or 3, enter spouse's name and SSN above See instructions. If no contribution, enter N Federal adjusted gross income from federal return • 4 97997 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1) 6 Total income - add line 4 and line 5 6 97997 State tax refund included on federal form 1040, Schedule 1, line 1 (if any) 0 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1) Utah taxable income/loss - subtract the sum of lines 7 and 8 from line 6 97997 10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero) • 10 4557 11 Utah personal exemption (multiply line 2d by \$1,941) • 11 0 **Electronic filing** 12 Federal standard or itemized deductions • 12 13850 is quick, easy and free, and will 13 Add line 11 and line 12 13 13850 speed up your refund. 14 State income tax included in federal itemized deductions • 14

To learn more, go to tap.utah.gov

17 Enter: \$16,742 (single or married filing separately); \$25,114 (head of • 17 16742 household); or \$33,484 (married filing jointly or qualifying surviving spouse) 18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero) 18 81255

19 Phase-out amount - multiply line 18 by 1.3% (.013) • 19 1056

• 20 20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)

15

16

21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) • 21

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

16 Initial credit before phase-out - multiply line 15 by 6% (.06)

• 22

13850

831

4557

0

15 Subtract line 14 from line 13

Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1) 24 Paportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1) 25 Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 41 26 Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1) 27 Subtract line 26 from line 25 (not less than zero) 28 Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3) 29 AMENDED RETURN ONLY - previous refund 29 30 Recapture of low-income housing credit 31 Utah use tax 31 Utah use tax 31 Total tax, use tax and additions to tax (add lines 27 through 31) 32 Total vithholding - If you have mineral production withholding or pass-through entity withholding, complete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1. 32 Credit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023 33 AMENDED RETURN ONLY - previous payments 34 AMENDED RETURN ONLY - previous payments 35 AMENDED RETURN ONLY - previous payments 36 Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2) 37 Apportionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2) 38 Total withholding and refundable credits - add lines 33 through 37	1557 1557 1557
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Recapture of low-income housing credit - 30 1 Utah use tax - 31 2 Total tax, use tax and additions to tax (add lines 27 through 31) - 32 3 Total withholding - If you have mineral production withholding or pass-through entity withholding, complete page 3, Part 5. If not, enter on line 33 the total of TC-40W, Part 1. 3 Credit for Utah income taxes prepaid from TC-546 and 2022 refund applied to 2023 - 34 3 AMENDED RETURN ONLY - previous payments - 35 Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2) - 36 Apportionable refundable credits from TC-40A, Part 6, line c (attach TC-40A, page 2) - 37 Total withholding and refundable credits - add lines 33 through 37 3 Total withholding and refundable credits - add lines 33 through 37	
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38 Total withholding and refundable credits - add lines 33 through 37 38	
	5296
39 TAX DUE - subtract line 38 from line 32 (not less than zero) • 39	
40 Penalty and interest (see instructions) 40	
41 TOTAL DUE - PAY THIS AMOUNT - add line 39 and line 40 • 41	
42 REFUND - subtract line 32 from line 38 (not less than zero) • 42	739
43 Voluntary subtractions from refund (not greater than line 42) Enter the total from page 3, Part 6 • 43	
 44 REMAINING REFUND DIRECT DEPOSIT - your account information (see instructions for foreign accounts) checking savings Routing number 124001545 • Account number 630197025 Type: • X 	foreign
Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.	
SIGN Your signature Date Spouse's signature (if filing jointly) Date HERE	te
Third Party Designee Name of designee (if any) you authorize to discuss this return Designee Designee's telephone number •	
Preparer's signature Date Preparer's telephone number Preparer's PTIN	
Paid SYAM PRIYA RAM SAGAR G 03/11/24 6789659522 • P0208	32703
Preparer's Firm's name GLOBAL TAXES LLC Preparer's EIN	
Section and address 245 ROONEY CT . 84317	71000
E BRUNSWICK NJ 08816	/1965

Pg. 1

Line Explanations

SSN 065-97-9922

Last name RAJANALA

IMPORTANT

1 Employer/payer ID number from W-2 box "b" or 1099 Do not send your W-2s or 1099s with your return. Instead enter Utah withholding ID number from W-2 box "15" or 1099 W-2 or 1099 information below, but only if there is Utah withholding (14 characters, ending in WTH, no hyphens) on the form. 3 Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Use additional forms TC-40W if you have more than four W-2s and/or 5 Employee's Social Security number from W-2 box "a" or 1099 1099s with Utah withholding tax. Utah wages or income from W-2 box "16" or 1099 Utah withholding tax from W-2 box "17" or 1099 Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W. First W-2 or 1099 Second W-2 or 1099 1 320131107 204187766 12947256002WTH (14 characters, no hyphens) (14 characters, no hyphens) 15763689002WTH IT CATS LLC VERINOVA TECHNOLOGIES LLC 388 WASHINGTON RD 4080 MCGINNIS FERRY RD STE 1301 SAYREVILLE NJ08872 GA30005 ALPHARETTA 4 4 065979922 065979922 6 31824 79918 7 1543 7 3753 Third W-2 or 1099 Fourth W-2 or 1099 1 1 2 (14 characters, no hyphens) 2 (14 characters, no hyphens) 3 3 4 4 5 5 6 6 7 7

Total Utah withholding tax from all lines 7:

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33. If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

5296