Form 8879
(Rev. January 2021)
Department of the Treesury

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

талрау		Social Securi	ty num			
SON	ALI REDDY SRIRAMULA	144-61-3734				
Spouse	o's name	Spouse's soc	ial secu	urity number		
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	' year you a	ire au	thorizing.)		
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	74,762.		
2	Total tax		2	8,711.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	13,767.		
4	Amount you want refunded to you		4	5,056.		
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

X I authorize GLOBAL TAXES LLC to enter or generate my PIN					FBO firm name	с ;	Ē
	X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	

			gits, all ze		as my
1	٦	7	٦	4	

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

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

Your signature

Date 🕨 🔄

Spouse's PIN: check one box only

I authorize

to ente	r or	generate	my PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature ►						 		
Practitioner PIN Method Returns Only—contin	nue be	low						
Part III Certification and Authentication – Practitioner PIN Method On	у							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	 	6 0	 	7 1	

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

ERO's signature >		Date 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jar	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SONALI F	REDD	Y	SRI	RAMULA	7					144	61	3734
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
225 ST.I	PAUL	'S AVE				_		7	Μ		,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a
JERSEY (CITY					NJ	J	073	06			not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status	; 🛛	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hao	d income)			_					
one box.		Married filing separately (MFS)							ing spouse			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	ialifying person is a child but not you	ir dep	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or :	services); or	(b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital as	set (or a fi	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2)	Social security		(3) Relationsh	14			fies for ((see instructions):
If more		(1) First name Last name			number to you				Child tax c		Credit fo	or other dependents
than four												
dependents,												
see instructions and check	5											
here 🗌]											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	93,116.
Attach Form(s)	b	Household employee wages not re	eporte	ed on Form(s) W-2					. 1b			
W-2 here. Also	С	Tip income not reported on line 1a	ı (see i	instructior	-					. 10	;	
attach Forms W-2G and	d									. 1d		
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,						. 1e		
was withheld.	f	Employer-provided adoption bene								. 1f	_	
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 1 g		
W-2, see	h	Other earned income (see instruction	,			· ·	· · · ·	· ·		. <u>1h</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)		• •	1 i					02 110
		Add lines 1a through 1h	· ·		· · · ·	· ·	· · · · ·			. 1z		93,116.
Attach Sch. B if required.	2a	'	2a				axable interest			. 2b		
	<u>3a</u>		3a				Ordinary divide			. 3b		
Standard	4a 5a		4a				axable amoun			. 4b		
Deduction for—	5a		5a 6a				axable amoun axable amoun			. 5b . 6b		
 Single or Married filing 	6а с			mothod				ι	· · ·			
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7		
 Married filing 	8							• •		. 8		-18,354.
jointly or Qualifying	9		Additional income from Schedule 1, line 10 .							. 0		74,762.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		74,762.
\$20,800	12	Standard deduction or itemized	•	-	-					. 12	-	13,850.
 If you checked any box under 	13	Qualified business income deducti					5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our 1	taxable incom	ie .		. 15	-	60,912.
			_		,							

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	16	8,711.
Credits	17	Amount from Schedule 2, lin	ne3				17	,
	18	Add lines 16 and 17					18	8,711.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, lin	ne8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			22	8,711.
	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	8,711.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				25a 13	,767.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 13,767.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		26	;
qualifying child,	27	Earned income credit (EIC)			No	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lir	ne 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	32	2
	33	Add lines 25d, 26, and 32. T					33	13,767.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	34	5,056.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 35	a 5,056.
Direct deposit?	b	Routing number 1 0 1	1 0 0 0	4 5	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 5 1 8	0 0 9 3	9 7 4	9 7			
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe				
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions .		37	,
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See		_
Designee	ins	tructions				Yes. Co	omplete belov	/. 🗶 No
	De nai	signee's		Phone no.			onal identificatio per (PIN)	n
Ciana		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	st of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature	Date	Your occupation		If the IRS	sent you an Identity	
							Protection	PIN, enter it here
Joint return?				SOFTWARE ENGINEER (S		(see inst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion		sent your spouse an otection PIN, enter it here
your records.							(see inst.)	otection Pin, enter it here
	Ph	one no. (612)707-165	0	Email address)M	
		parer's name $(012)/0/-105$	8 Preparer's signat		JUNALI. SKIRA	MULA@GMAIL.CC		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270	
Preparer		n's name GLOBAL TA		TADAG INAN	GUEIA IAUUAM	02/27/2024		(678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's EIN	· · ·
Go to www.ire.cr		1040 for instructions and the late		TIONICI IN				Form 1040 (2023)
	5V/1 0/1	noro for manuallons and the late	scinomation.		BAA	REV 02/16/24 PRO		1 0mm 10-to (2023)

REV 02/16/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 2023

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SONALI REDDY S	RIRAMULA	144-61	-3734

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-18,354.
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		
1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	8s (4	
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:	0		
•	Tatal athen in some Add lines On through On	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 1040, 1040-SR, or 1040-NR, line 8		10	-18,354.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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)	1a		
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	1b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m	1c		
d	Reforestation amortization and expenses	1d		
е	Repayment of supplemental unemployment benefits under the Trade			
	Act of 1974	1e		
f	Contributions to section 501(c)(18)(D) pension plans	4f		
g	Contributions by certain chaplains to section 403(b) plans 24	1g		
ĥ	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	4h		
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	4i		
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	1k		
z	Other adjustments. List type and amount:			
	24	4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. E			
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u> .	26	
	BAA R	REV 02/16/24 PRO	Schedule 1 ((Form 1040) 202

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									200 7 2		
Department of the Treasury													
Internal Revenue Service Go to www.irs.gov/ScheduleE for						uctions an	d the la	ntest ir	nformation.			Sequen	ce No. 13
Name(s)) shown on return								cial security number				
	LI REDDY S									14	4-6	1-3734	
Part	Note: If yo rental inco	ou are in ome or l	n the business oss from Form	of renting personal prope 4835 on page 2, line 40.	rty, use	Schedule							
		ny payments in 2023 that would require you to file Form(s) 1099? See instructions											
1 a				y (street, city, state, ZI									
Α	H.NO-8-5-	86/1	OLD BOWE	NPALLY SECUNDER	ABAD	, TELANO	GANA	IN 5	00011				
B													
С								1					
1b	Type of Prope (from list below		above, re	ental real estate property listed ort the number of fair rental and				Fair Rental Days		Personal Use Days			QJV
Α	3			use days. Check the Q et the requirements to			Α		365			0	
В				oint venture. See instru			В						
C			900000				С						
1	of Property: Single Family R Multi-Family Re			cation/Short-Term Rer mmercial	ntal	5 Lanc 6 Roya	-		Self-Rental Other (desc	ribe)			
									Propert	ies:			
Incom	ne:						Α		В				С
3	Rents received	b			3		5	40.					
4	Royalties rece	ived .			4								
Exper	ises:												
5					5								
6		-	-		6								
7	-	Cleaning and maintenance						30.					
8					8								
9					9								
10	Legal and othe	10		1 4	6.0								
11	Management f	11		⊥,4	60.								
12 13	Mortgage inter	12 13											
13					13		5 0	18.					
15					14			76.					
16					16		5,2	70.					
17					17		5.4	10.					
18				1	18								
19	Other (list)	-	-		19								
20	· · · ·			gh 19	20		18,8	94.					
21	result is a (los	s), see	instructions t	and/or 4 (royalties). If to find out if you must	21		-18,3						
22	Deductible rer	ntal rea	I estate loss	after limitation, if any,	21		18,35		()	(
23a			-	ne 3 for all rental prope		N	10,00	23a	1	54	, 10.	()
25a b			-	ne 4 for all royalty prop			•	23b		5			
c				ne 12 for all properties				23c					
d				ne 18 for all properties				23d					
e				ne 20 for all properties				23e	18	3,89	94.		
24				own on line 21. Do no				· · ·			24		
25				e 21 and rental real estat		-		nter to	tal losses her	re	25	(18,354.)

Supplemental Income and Loss

Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 26 Total rental real estate and royalty income or (loss). 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

-18,354. 26 Schedule E (Form 1040) 2023

OMB No. 1545-0074

SCHEDULE E