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.

Submission Identification Number (SID)

Taxpaye	r's name	Social security number
PURI	VASAI PARUCHURI	696-68-2728
Spouse'	s name	Spouse's social security number
Dout	Tax Deturn Information Tax Very Ending December 21 0000 (Enter	
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)
Enter v	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 85,952.
2	Total tax	2 11,175.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,257.
4	Amount you want refunded to you	· · · · 4 1,082.
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 periury. 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

		-		FBO firm name	- ,	Ēr
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			18

8	2	7	2	8	
Ent dor	er fiv i't er	ve die nter a	gits, all ze	but ros	as

my

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 enter or generate my PIN

as mv 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 >	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
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	_	6 nter a	 	2	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 Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	/rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, en	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
PURNASAI			PAR	UCHURI	I					696	68	2728
		s first name and middle initial	Last r									security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
28 NEWCA	STL	E DR						g)			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
NASHUA						NF	H	030	60			not change
Foreign country	name			Foreign p	rovince/state/	/count	ty	Foreig	n postal code	your ta	_	_
											∐ Yo	ou Spouse
Filing Status	X	Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)								
one box.	L	Married filing separately (MFS)					Qualifying					
		you checked the MFS box, enter the			pouse. If yo	u che	ecked the HOF	l or QS	SS box, ent	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur aepe	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); o	r (b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fi	nancial inter	est ir	n a digital asse	t)? (Se	e instructio	ons.)	Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	۱					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Sp	ouse	: 🗌 Was bor	n befc	ore January	2, 1959		s blind
Dependents		· · · · · ·		(2) 5	Social securit		(3) Relationsh	14			ifies for ((see instructions):
If more	•	irst name Last name		(-)	number	,	to you	'P'	Child tax of	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	;											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a	1	95,924.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2.					. 1k		
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstruction	ıs)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep	ported	on Form(s	s) W-2 (see i	nstru	uctions)			. 10	I	
1099-R if tax	е	Taxable dependent care benefits f		-						. 1e	•	
was withheld.	f	Employer-provided adoption bene								. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .								. 10	I	
W-2, see	h	Other earned income (see instruct	,			· ·	· · · · ·	···		. <u>1</u> h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)		• •	1 i			_		05 004
	z	Add lines 1a through 1h	· ·		· · · ·	 	· · · ·			. 1z	-	95,924.
Attach Sch. B if required.	2a	· · -	2a				axable interest		· · ·	. 2b	-	
	<u>3a</u>		3a				Ordinary divider			. 3b	-	
Standard	4a		4a				axable amoun		• • •	. 4b		
Deduction for—	5a 6a		5a 6a				axable amoun [.] axable amoun [.]		· · ·	. 5b		
 Single or Married filing 	6a	Social security benefits		method	check horo			ι		. 61	,	
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche		,		`	,	• •		7		
 Married filing 	8	Additional income from Schedule		•				• •		. 8		-9,972.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	,							. 9		85,952.
surviving spouse, \$27,700	10	Adjustments to income from Sche		-			•••••			. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is				me .				. 11		85,952.
\$20,800	12	Standard deduction or itemized	-							. 12	-	13,850.
If you checked any box under	13	Qualified business income deduct					95-A			. 13	-	,
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	/our t	taxable incom	e.		. 15		72,102.
											· · · ·	

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	11,175.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	11,175.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie8					20	1
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	11 , 175.
	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	11 , 175.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 12	,257.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,257.
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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	12,257.
Refund	34	If line 33 is more than line 24	1, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	1,082.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 [35a	1,082.
Direct deposit?	b	Routing number 0 1 1				Checking	Savings		
See instructions.	d	Account number 3 8 8	0 0 5 7	8 5 7	9 6				
	36	Amount of line 34 you want a	applied to your :	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					1
You Owe		For details on how to pay, g	o to <i>www.irs.g</i> ov	//Payments or	see instructions			37	1
	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	structions				🗌 Yes. C	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific ber (PIN)	ation	
0:		der penalties of perjury, I declare tl	nat I have examined		accompanying sche			a host i	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS ser	nt you an Identity
				Dato			Protec	tion Pl	IN, enter it here
Joint return?					COMPUTER SY	STEM ENGINE	IR (see in	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.							(see in		ection PIN, enter it here
	Dh	00000 (602)027 EEE	0	Email addross	DDC DECACT	ANGCMATT CO	,		
		one no. (603) 937-555 eparer's name	8 Preparer's signat	Email address	FFS.FEGASI	AN@GMAIL.CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	702	Self-employed
Preparer				NAM SAGAK	GUFIA IALLAM	02/2//2024			
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOMITOR N	J 08816				678)965-9522
Co to unit in a				NOWICK N			Firm's	EIIN	84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	JVIFOM	n1040 for instructions and the late	sumormation.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** umber

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security	n
PURNASAI PARUCHURI	696-68-2728	
Part I Additional Income		
1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	

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	ch Schedule E .	5	-9,972.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	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			
	1040, 1040-SR, or 1040-NR, line 8		10	-9,972.
	norwark Reduction Act Nation and your toy return instructions		• • • •	- 4 (E 4040) 0000

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

Schedule 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venni	ient	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•••	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
b						194	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20 21	IRA deduction					20	
22	Reserved for future use					22	
23	Archer MSA deduction	· i	• •	•	• •	23	
24	Other adjustments:	~ ~					
a		24a				-	
b	Deductible expenses related to income reported on line 8l from the						
		24b				_	
С	Nontaxable amount of the value of Olympic and Paralympic medals						
_		24c					
d	· · · · · · · · · · · · · · · · · · ·	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f		24f					
g		24g					
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
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	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
		24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHEDULE	Ε
(Form 1040)	

OMB No. 1545-0074

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

Department of the Treasury

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

2023	
Attachment Sequence No. 13	

			,		- ,		, -		
Go to www.irs	.gov/	Schedul	eE for	instr	uction	s an	d the	latest	t information

		1130				ormation.				
. ,	shown on return							al security	number	
	ASAI PARUCHURI						696-6	8-2728		
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			e C. See	instruc	ctions. If you	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you f "Yes," did you or will you file required Form(s) 1099?									
1a	Physical address of each property (street, city, state, ZI									
Α	7-3 COSTAL BANK SIDE ST TAKKELLAPADU H	PEDAI	KAKANT	GUNTI	JR .A	ANDHRA P	RADESH	TN 522	2509	
B					,,-					
С										
1b								Personal Use Days		
Α	personal use days. Check the Q	JV bo	x only	Α		310	0			
В	if you meet the requirements to the requirement of the requirement			В				-		
С	qualified joint venture. See instru	ictions	S.	С						
Туре	of Property:			1 1			1			
1	Single Family Residence3 Vacation/Short-Term RenMulti-Family Residence4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incom	ne:			Α		В			С	
3	Rents received	3		6	90.					
4	Royalties received	4								
Expen	ISES:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		8	380.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,7	49.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		2,8	46.					
15	Supplies	15		3,5	28.					
16	Taxes	16								
17	Utilities	17		1,6	59.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		10,6	62.					
21	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 Form 6198	21		_ a _ a'	70					
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	21	(9,972.)	(
23a	Total of all amounts reported on line 3 for all rental prope		N	9,97	∠.)(23a		690.			
23a b	Total of all amounts reported on line 4 for all royalty prop		• • •		23b					
c	Total of all amounts reported on line 12 for all properties			1	23c					
d	Total of all amounts reported on line 12 for all properties				23d					
e	Total of all amounts reported on line 20 for all properties				23e	1(,662.			
24	Income. Add positive amounts shown on line 21. Do not	t inclu					. 24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter tot	al losses he		(9,972.	
26	Total rental real estate and royalty income or (loss). here. If Parts II, III, and IV, and line 40 on page 2 do no	Comb	ine lines	24 and	25. Ei	nter the res	ult	<u></u>		
	Schedule 1 (Form 1040), line 5. Otherwise, include this an						. 26		-9,972.	
For Pa	perwork Reduction Act Notice, see the separate instructions.	-	NI	PA		-9,972	2 · Scl	nedule F (F	orm 1040) 202	