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)

Taypayar'a nama

талрау		Social Secul	ity mum										
VENKATA HARSHAVARDHA KONDRU 820-58-9631													
Spouse	's name	Spouse's so	cial secu	urity number									
Par	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	78,259.									
2	Total tax		2	9,481.									
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,212.									
4	Amount you want refunded to you		4	4,731.									
5	Amount you owe		5										

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

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

	1 autriorize		1111110	ERO firm name	to enter of generate my ring	Ę
\mathbf{Y}	l authorize	CLOBAL	TAYES	LLC	to enter or generate my PIN	2

8	9	6	3	1	
Ent don	er fiv n't er	ve di Iter 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 Me	thod Returns Only—continue below
Part III Certification and Authentication – Pra	ctitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 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 >		
	<i>I</i> lust Retain This Form — See Instructions This Form to the IRS Unless Requested To D)o So
For Denominary Deduction Act Nation and your to	Earm 8879 (Boy, 01 2021)	

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 03/07/24 PRO

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 Jan	. 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	Your social security number			
		SHAVARDHA	KON	DRU								9631		
		s first name and middle initial	Last r							1		I security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
420 SUNN	IYRI	DGE LN								Check I	nere if y	ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3		
AUBREY						ТΣ	K	762	27	, v		nd. Checking a not change		
Foreign country		Foreign p	rovince/state/c	count	ty	Foreig	n postal code			0				
											Y	ou 🗌 Spouse		
Filing Status	; 🛛	Single					Head of he	ouseho	old (HOH)					
Check only		☐ Married filing jointly (even if only one had income)												
one box.		Married filing separately (MFS) Qualifying surviving spouse (QSS)												
		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												
	qu	ialifying person is a child but not you	ur depe	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 s	services); oi	· (b) sell,				
Assets	exch	tt any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, xchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	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	ip (4) Check the b	ox if quali	fies for	(see instructions):			
If more	•	irst name Last name	(_)	number		to you		Child tax o	redit	Credit fo	or other dependents			
than four														
dependents, see instructions														
and check	,													
here														
Income	1a	Total amount from Form(s) W-2, b								. 1a	1	96,814.		
Attach Form(s)	b		•		on Form(s) W-2					. 1b				
W-2 here. Also	C		•		ictions) .<					. 10				
attach Forms W-2G and	d	Medicaid waiver payments not rep								. 1d				
1099-R if tax	e	Taxable dependent care benefits f		-						. 1e				
was withheld. If you did not	f	Employer-provided adoption bene						• •	· · ·	. 1f				
get a Form	g b	Wages from Form 8919, line 6 .				• •		• •		. <u>1</u> g		0.		
W-2, see	h i	Other earned income (see instruct Nontaxable combat pay election (s	,	· · ·		• •	· · · · ·	ì		. <u>1h</u>		0.		
instructions.	z	Add lines 1a through 1h	500 1113	siluctions)		• •	11			. 1z		96,814.		
Attach Sch. B	 2a	-	2a			• Т	axable interest	• •		. 12				
if required.	3a		3a				Ordinary divider			. <u>3</u> b				
	4a		4a				axable amount			. 4b				
Standard Deduction for—	5a		5a				axable amoun			. 5b				
Single or	6a	Social security benefits	6a				axable amount			. 6b	,			
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here ((see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	ired	, check here		[7				
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-18,555.		
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	ome	e			. 9		78,259.		
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26								. 10				
household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11		78,259.		
\$20,800 If you checked r	12	Standard deduction or itemized	deduo	ctions (fro	m Schedule	A)				. 12	:	13,850.		
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 13				
Deduction,	14	Add lines 12 and 13								. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	e.		. 15		64,409.		

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	n(s): 1 🗌 881	4 2 4972	3 🗌	16	6 9,481.
Credits	17	Amount from Schedule 2, line 3				17	7
	18	Add lines 16 and 17				18	9 ,481.
	19	Child tax credit or credit for other depender	nts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, line 8				20)
	21	Add lines 19 and 20	2	1			
	22	Subtract line 21 from line 18. If zero or less,	enter -0			22	2 9,481.
	23	Other taxes, including self-employment tax	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is your total tax				24	
Payments	25	Federal income tax withheld from:					
	а	Form(s) W-2			25a 14	,212.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	d 14,212.
If you have a	26	2023 estimated tax payments and amount a				20	
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28		
	29	American opportunity credit from Form 886			29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15			31		
	32	Add lines 27, 28, 29, and 31. These are you	32	>			
	33	Add lines 25d, 26, and 32. These are your t					
Refund	34	If line 33 is more than line 24, subtract line 2				34	
neruna	35a	Amount of line 34 you want refunded to yo			, .		
Direct deposit?	b	Routing number 0 4 4 0 0 0 0		_		Savings	
See instructions.	ď	Account number 8 3 9 6 0 2 7				Javingo	
	36	Amount of line 34 you want applied to your		ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the am					
You Owe	31	For details on how to pay, go to <i>www.irs.go</i>				37	7
	38	Estimated tax penalty (see instructions)			38		
Third Party		you want to allow another person to dis					
Designee						mplete belov	v. 🗙 No
Deciginee	De	signee's	Phone			nal identificatio	
	nai	ne	no.		numb	er (PIN)	
Sign		der penalties of perjury, I declare that I have examine					, ,
Here	bel	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is b I	ased on all informatio		, ,
	Yo	ur signature	Date	Your occupation			sent you an Identity
loint votuvo?				SOFTWARE	FNGINFFP	(see inst.)	n PIN, enter it here
Joint return? See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the IBS	sent your spouse an
Keep a copy for	op		Duto	opouoo o occupu			rotection PIN, enter it here
your records.						(see inst.)	
	Ph	one no. (940)297-9408	Email address	KVHARSHA1	11@GMAIL.CO	M	
Daid	Pre	eparer's name Preparer's signa	ture		Date	PTIN	Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA SYAM PRIY	A RAM SAG	GAR GUPTA	04/12/2024	P0208270	3 Self-employed
Preparer	Firi	n's name GLOBAL TAXES LLC				Phone no	. (678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BRI	JNSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 03/07/24 PRO		Form 1040 (2023)
-					·		

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Attachment Sequence No. 01							
Name(s) shown on Fo	Your soc	ial security number						
VENKATA HARSHA	VENKATA HARSHAVARDHA KONDRU 820-58-9							

Par	t 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	ach Schedule E .	5	-18,555.
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	0		
	instructions)	8m	-	
	Section 951(a) inclusion (see instructions)	8n	-	
0	Section 951A(a) inclusion (see instructions)	80	-	
p	Section 461(I) excess business loss adjustment	8p 8q	-	
q	Scholarship and fellowship grants not reported on Form W-2	8r	-	
r s	Nontaxable amount of Medicaid waiver payments included on Form		-	
3	1040, line 1a or 1d	8s (
+	Pension or annuity from a nonqualifed deferred compensation plan or		4	
Ľ	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	00	-	
~		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	-18,555.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023

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

	EDULE E 1040)	(Erc	om ro	ntal real of	-						trusts, REMICs	oto)	OMB N	o. 1545	-0074
		(FIC	onne			o Form 1040,		-			II USIS, NEIVIIOS	, e.c.,			
	nent of the Treasury Revenue Service			Go to ww		ScheduleE for			'		nformation.		Attachment Sequence No. 13		
Name(s) shown on return										Y	our socia	ial security number		
	ATA HARSHA										8	820-5	8-9631		
Part	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 indiv									vidual ron	ort for	m			
	rental inco	me o	or loss	from Form	4835 on pa	ige 2, line 40.	ty, use	Scheuule	C . 366	- 115110	ctions. If you are	annun	nuuai, rep	Jont Tai	111
	Did you make an		-					()							
B	f "Yes," did you	or w	vill yo	u file requ	ired Form(s) 1099? .							. 🗌 Ye	es 🗌	No
1a	Physical addr	ess (of ea	ch propert	ty (street, c	ity, state, ZIF	⊃ code	e)							
Α	PLOT NO:90),93	3 FL	AT NO:3	06 SRIN	IVASANAGA	AR CO	DLONY N	IIZAM	PET,	HYDERABAD,	TELAN	GANA I	N 50	0090
В															
C											1				
1b	Type of Prope		2			estate prope				Fa	_	Person		G	λlγ
	(from list below	V)				mber of fair Check the Q			•		Days	Da	•		
 	3	_				irements to f			A B		365		0		
<u>С</u>		_		qualified j	oint ventur	e. See instru	ictions	S.	C						
	of Property:								0					<u> </u>	
	Single Family R	eside	ence	3 Va	cation/Shc	ort-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Re			4 Co	mmercial			6 Roya	lties	8	Other (describ	be)			
											Properties				
Incom	ne.								Α		B	5.		С	
3	Rents received	Ι.					3			80.				<u> </u>	
4	Royalties recei						4								
Exper															
5							5								
6	Auto and trave						6		2	20.					
7	Cleaning and r	naint	tenar	nce			7		1,8	20.					
8	Commissions						8								
9	Insurance						9								
10	Legal and othe						10								
11	Management f						11		1,3	60.					
12	Mortgage inter					,	12								
13 14	Other interest						13		5 5	65.					
14	Repairs Supplies						14			60.					
16	Taxes						16		5,2	.00.					
17	Utilities						17		4,9	10.					
18	Depreciation e						18		, -						
19	Other (list)						19								
20	Total expenses	s. Ad	dd line	es 5 throu	gh 19 .		20		19,1	35.					
21	Subtract line 2														
	result is a (loss														
	file Form 6198						21	-	-18,5	55.					
22	Deductible ren on Form 8582						22	(18,55	55.))	(
23a	Total of all amo									23a		580.			
b	Total of all amo									23b					
c	Total of all amo									23c					
d	Total of all am									23d	1.0	125			
е 24	Total of all am							 do any loy		23e	19,	135.			
24 25	Income. Add p Losses. Add ro									 nter to		24 25	(18,5	55
25 26	Total rental re												(10,5	
20	here. If Parts I														
	Schedule 1 (Fo											26		-18,	555.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023