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)

Taxpay	er s name	Social security number
SHI	VA RAMI REDDY PANYAM	114-79-6796
Spouse	's name	Spouse's social security number
Part	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 74,305.
2	Total tax	2 8,612.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 12,148.
4	Amount you want refunded to you	4 3,536.
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 r m	Er
Y	l authorize	GLOBAL	TAYES	T.T.C	to enter or generate my PIN	5

9	6	7	9	6	as my
Ente					

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	mv	PIN
ιO	enter	0I	yenerale	IIIY	

Enter five digits, but don't enter all zeros

as mv

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—cont	inue be	low						_
Part III Certification and Authentication – Practitioner PIN Method O	nly							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	I . 2	2	2	 _	0	 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 Fo Don't Submit This Form to the II			5 9970 (5 of each)	
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 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 Only	∕−Do not w	/rite or sta	aple in this space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SHIVA RA	AMI I	REDDY	PAN	YAM						114	79	6796
-		s first name and middle initial	Last r									security numbe
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pr						Preside	ntial Ele	ection Campaigr				
<u>1204 HII</u>	DDEN	RDG									,	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		0	jointly, want \$3 nd. Checking a
IRVING						TΣ		750	38	box bel	ow will	not change
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_
		7 . .									∐ Yo	ou Spouse
Filing Status	; 🗵	Single		、			Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only on Married filing and arotate (MEC)	he hac	i income)								
one box.	L.	Married filing separately (MFS) you checked the MFS box, enter the	nomo	ofvouro	nouce If you	. obc			ving spouse	. ,	ild'a na	ma if tha
		alifying person is a child but not you									nu s na	
Digital		ny time during 2023, did you: (a) rec										
Assets		hange, or otherwise dispose of a digit						et)? (Se	e instructio	ns.)	∐ Ye	es 🛛 No
Standard	_	eone can claim: 🗌 You as a de	•		-		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	bu 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 befo	ore January 2	2, 1959		s blind
Dependent	s (see	instructions):		(2) \$	Social security	/	(3) Relationsh	ip (4				(see instructions):
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four dependents,												
see instructions	s ——											
and check	ı —											
here	10	Total amount from Form(a) W(2, b)	ov 1 (c		ationa)					10		87,768.
Income	1a b	Total amount from Form(s) W-2, b Household employee wages not re			,					. 1a . 1b	-	07,700.
Attach Form(s)	c	Tip income not reported on line 1a	•		. ,					. 10		
W-2 here. Also attach Forms	ď	Medicaid waiver payments not rep								. 10	-	
W-2G and	e	Taxable dependent care benefits f			, ,					. 1e		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	:	
lf you did not	g	Wages from Form 8919, line 6 .								. 1g	I	
get a Form W-2, see	h	Other earned income (see instruct								. 1h	1	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)			1 i					
	z	Add lines 1a through 1h	• •		· · ·					. 1z	:	87,768.
Attach Sch. B	2a		2a				axable interest			. 2b	-	
if required.	<u>3a</u>		3a				Ordinary divider			. 3b	-	
Standard	4a		4a				axable amoun			. 4b	-	
Deduction for—	5a Ga		5a				axable amoun			. 5b	-	
 Single or Married filing 	6a	, _	6a	mothed	chock har-		axable amoun	ι	 г	. 6b	•	
separately, \$13,850	с 7	If you elect to use the lump-sum e						• •	L	7		
 Married filing 	8	Capital gain or (loss). Attach Scher Additional income from Schedule						• •	l	. 8	-	-13,463.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						•••	• • •	. 9	_	74,305.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		74,305.
\$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	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	ourt	taxable incom	ie .		. 15	;	60,455.

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	8,612.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	8,612.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	8,612.
	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	8,612.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 12	2,148.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,148.
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	2		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	12,148.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you overpaid		34	3,536.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆	35a	3,536.
Direct deposit?	b	Routing number 0 8 1				Checking	Savings		
See instructions.	d	Account number 3 5 5	0 1 2 9	8 2 3 3	1 1				
	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					
You Owe		For details on how to pay, g						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	structions	·			🗌 Yes. C	omplete b	elow.	🗙 No
		signee's		Phone			onal identif	ication	
<u></u>	na			no.			ber (PIN)	a baat	
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here								• •	nt you an Identity
	10	Your signature Date Your occupation						IN, enter it here	
Joint return?		SOFTWA		SOFTWARE	DEVELOPER	(see i			
See instructions.	Spouse's signature. If a joint return, both must s		ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
Keep a copy for your records.							Identi (see i		ection PIN, enter it here
your rooordo.							,	1151.)	
		one no. (240) 791-840		Email address	PANYAMSHI	VA@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer			SYAM PRIY	A RAM SAG	GAR GUPTA	04/15/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm'	s EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

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 202 23

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	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SHIVA RAMI RED	DY PANYAM	114-79	-6796

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1		0.
2a	Alimony received		a	
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		1	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5	5	-13,463.
6	Farm income or (loss). Attach Schedule F.		3	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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 8			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions)			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
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)		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:			
~	Table the increase Addition of the set of			
9	Total other income. Add lines 8a through 8z)	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on F	-orm		-13 160
Fer D-	1040, 1040-SR, or 1040-NR, line 8			-13,463.
FOR Pa	perwork Reduction Act Notice, see your tax return instructions.	Sch	eanle	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 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)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses 24d		
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		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE E (Form 1040)		Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							OMB No. 1545-0074				
									s, etc.)	⁾ 20 23			
				40-SR, 1040-NR, or 1041. structions and the latest information.					Attachment Sequence No. 13				
Name(s) shown on return									Your soci	al security			
SHIV	A RAMI RED	DY I	PANY	АМ						114-7	9-6796		
Part	I Income	or L	OSS	From Rental Real Estate a	nd Ro	yalties			I				
	Note: If yo	ou are	in the	business of renting personal prope	erty, use	Schedule	c . See	e instru	ctions. If you are	e an indi	vidual, rep	ort farm	
				from Form 4835 on page 2, line 40								57	
				s in 2023 that would require you									
B li				I file required Form(s) 1099?				• •			. Ye	es 🗌 No	
1a	Physical addr	ess o	of eac	h property (street, city, state, Z	IP code	e)							
Α	SRT-692 ,	SAN	NATH	NAGAR SANATH NAGAR	HYDE	ERABAD,	TELA	NGAN	A IN 500	J18			
В						`							
С													
1b	Type of Prope	rty	2	or each rental real estate prop	ertv list	ted		Fa	air Rental	Personal Use		0.11/	
	(from list below				r rental	and		Days		Days		QJV	
Α	3			personal use days. Check the C			Α		345		0		
В				f you meet the requirements to			В						
С			(qualified joint venture. See instr	uctions	».	С						
Туре	of Property:								·			•	
1	Single Family R	eside	ence	3 Vacation/Short-Term Re	ntal	5 Land		7	Self-Rental				
2	Multi-Family Re	sider	nce	4 Commercial		6 Roya	lties	8	Other (descril	be)			
							•		Propertie	5:		0	
Incom		J			0		Α	45.	В			С	
3 4					3		C	45.					
		ivea			4								
Expen					5								
5				· · · · · · · · · · · · · ·	5								
6		el (see instructions)			6			F 0					
7	-	g and maintenance					9	58.					
8					8								
9					9 10								
10		gal and other professional fees					1 (0.5					
11							1,6	85.					
12				banks, etc. (see instructions)	12								
13	Deneire	·	• •		13		2 1	50					
14 15	Repairs . </td <td>14 15</td> <td></td> <td></td> <td>50.</td> <td></td> <td></td> <td></td> <td></td>				14 15			50.					
15 16					15		د, د	51.					
17					17		1 5	80.					
18					18			84.					
19	Other (list)	xpen	156 01		19		4,5	. 40					
20				s 5 through 19	20		14,3	0.8					
				e 3 (rents) and/or 4 (royalties). If			14,3	00.					
21				ructions to find out if you must									
					21	-	-13,4	63					
22				tate loss after limitation, if any,									
22				ictions)	22	(13,40	53 N	()	(,	
23a				rted on line 3 for all rental prop				23a	(845.	()	
zsa b				rted on line 4 for all royalty pro			•	23a					
c				rted on line 12 for all properties			•	23c					
d							•	23d	2	984.			
e	Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties							23e		308.			
24				nounts shown on line 21. Do no				200		24			
25				s from line 21 and rental real esta							(13,463.)	
26				and royalty income or (loss).							\		
20				V, and line 40 on page 2 do n									
				line 5. Otherwise, include this a						26		-13,463.	

26

-13,463.

Form 4562		Depreciatio	on and A	mortizatio	on		OMB No. 1545-0172	
		(Including Infor	mation on	Listed Prope	rty)		2023	
Department of the Treasury	0		h to your tax				Attachment	
Internal Revenue Service	Go to i	www.irs.gov/Form4562					Sequence No. 179	
Name(s) shown on return SHIVA RAMI REDDY		-	hich this form rela			1-79-6796		
					NAGAR	114	1-/9-0/90	
		rtain Property Under ed property, completed property, completed property, completed property and property and property of the			nplete Part I.			
1 Maximum amount	•	,				1	1,160,000.	
	2 Total cost of section 179 property placed in service (see instructions)					2		
3 Threshold cost of section 179 property before reduction in limitation (see instructions)						3	2,890,000.	
					-0 If married filing	5		
separately, see ins								
<u>6</u> (a) [Description of proper	rty	(D) Cost (Dusi	ness use only)	(c) Elected cost		-	
							-	
7 Listed property. E	nter the amount	from line 29		7			-	
		property. Add amount			7	8		
						9		
	Tentative deduction. Enter the smaller of line 5 or line 8					10		
12 Section 179 exper			•	,		11 12		
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . 13							1	
Note: Don't use Part II	or Part III below	for listed property. Ir	nstead, use P	art V.				
Part II Special De	preciation All	owance and Othe	r Depreciat	ion (Don't in	clude listed property	. See	instructions.)	
14 Special depreciat	ion allowance f	for qualified property	/ (other than	listed proper	ty) placed in service			
during the tax yea	r. See instructior	ns				14		
15 Property subject to	.,.					15		
16 Other depreciation						16		
Part III MACRS D	epreciation (D	on't include listed		e instruction	s.)			
			Section A			47		
17 MACRS deduction18 If you are electing						17		
asset accounts, cl								
						Svst	em	
(a) Classification of property	Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation (a) Classification of property (b) Month and year (c) Basis for depreciation (b) Month and year (c) Basis for depreciation (b) Basis for depreciation (c) Basis for depreciation					(g) Depreciation deduction		
19a 3-year property	service	only-see instructions)	period	(-,	(4)	(3) -		
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property			25 yrs.		S/L			
h Residential rental	01/23	85,641.	27.5 yrs.	MM	S/L		2,984.	
property			27.5 yrs.	MM	S/L			
i Nonresidential rea	al		39 yrs.	MM	S/L			
property				MM	S/L			
	-Assets Place	d in Service During	2023 Tax Ye	ar Using the <i>I</i>	Iternative Depreciation	on Sy	stem	
20a Class life					S/L	ļ		
b 12-year			12 yrs.		S/L			
c 30-year			30 yrs.	MM	S/L			
d 40-year			40 yrs.	MM	S/L			
-	(See instructio	,						
21 Listed property. E						21		
22 Total. Add amou						22	2 004	
-		of your return. Partne	-	-		22	2,984.	

23	For assets shown above and placed in service during the current year, enter the		
	portion of the basis attributable to section 263A costs	23	