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	ver's name	Social securi	ty numb	er					
SRE	EKANTH CHAPPIDI	820-71-1658							
Spouse	o's name	Spouse's soc	ial secu	rity number					
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	⊥ r year you a	ire aut	horizing.)					
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	115,742.					
2	Total tax		2	17,854.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,307.					
4	Amount you want refunded to you		4	453.					
5	Amount you owe		5						
Dar	Part II Taxpayor Declaration and Signature Authorization (Resure you get and keep a conv of your return)								

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

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	ERO firm name	to enter or generate my PIN	Er
$\overline{\mathbf{v}}$	مريبه والجريم			TTO	to outour our exercise your DIN	1 -

Enter five digits, but don't enter all zeros											
	1	1	6	5	8						

my

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 P	IN
---------------------------	----

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 ► C	ate 🕨									
Practitioner PIN Method Returns Only—continue below										
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				0 all zer	 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 ►			
ERO Must Retain Th Don't Submit This Form to t			
For Paperwork Reduction Act Notice, see your tax return instruction	ons. RAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—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	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SREEKANTH CHAP										820	71	1658
If joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's socia	l security number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	tions.				A	pt. no.			ection Campaigr
7112 CHA												ou, or your jointly, want \$3
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces bel	ow.	Sta		ZIP co				nd. Checking a
PLANO						T>		750				not change
Foreign country	/ name			Foreign pr	ovince/state/	coun	ty	Foreig	n postal code	your tax	c or refu	_
Filing Status] Single] Married filing jointly (even if only o	no hac	l income)			Head of ho	Jusen	οια (ποπ)			
Check only		Married filing separately (MFS)	ne nac	rincome)			Qualifying	surviv	ina snouse	(055)		
one box.	lf \	you checked the MFS box, enter the	e name	of your sr	oouse. If voi	ı che			•	. ,	ild's na	me if the
	-	alifying person is a child but not you										
<u></u>			• /						· 、	(1) 11		
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig										es 🛛 No
Standard		neone can claim: You as a de					a dependent	9. (00				
Deduction	_	Spouse itemizes on a separate retur	•				•					
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	ind Soc	ouse	• 🗌 Was bor	n befo	ore January	2 1959		s blind
Dependents	-				Social security		(3) Relationshi	14				(see instructions):
If more	(1) First name Last name			(2)	number		to you		Child tax o	credit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions) .					. 1a	ı 📃	126,920.
Attach Form(s)	b	Household employee wages not re	-					• •		. 1b		
W-2 here. Also	c								. 10			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 1d	_		
1099-R if tax	e	Taxable dependent care benefits t								. <u>1e</u>		
was withheld. If you did not	f	Employer-provided adoption bene						• •		. 1f		
get a Form	g h	Wages from Form 8919, line 6 .						• •		. <u>1g</u> . 1h		0.
W-2, see instructions.	n i	Other earned income (see instruct Nontaxable combat pay election (section)				• •		· ·			·	• •
instructions.	z	Add lines 1a through 1h	300 113	siluctions)		•••	"			. 1z		126,920.
Attach Sch. B	2a		2a			b Т	axable interest			. 12		,
if required.	3a	· · -	3a				Ordinary divider					
	4a	F	4a				axable amount				-	
Standard Deduction for —	5a	Pensions and annuities	5a			bТ	axable amount	t		. 5b		
 Single or 	6a	Social security benefits	6a			bТ	axable amount	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	election	method,	check here	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required	d. If not requ	uired	l, check here			7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		-11,178.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	3. This is y	our total inc	com	e			. 9	_	115,742.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10	_	
household,	11	Subtract line 10 from line 9. This is	-		-					. 11		115,742.
\$20,800 • If you checked T	12	Standard deduction or itemized						· ·		. 12		13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 89			95-A	• •		. 13	-	10.0=0
Deduction, see instructions.	14	Add lines 12 and 13			 0 This is .		· · · ·			. 14	_	13,850.
	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter -	-u This is y	our	taxable incom	e.		. 15		101,892.

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

Form **1040** (2023)

Form 1040 (2023	5)							Page 2
Tax and	16	Tax (see instructions). Check if	any from Form	(s): 1 🗌 881	4 2 4972	3	16	17,854.
Credits	17	Amount from Schedule 2, line	3				17	
	18	Add lines 16 and 17					18	17,854.
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line	8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18.	lf zero or less, (enter -0			22	17,854.
	23	Other taxes, including self-em	ployment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is year	our total tax				24	17,854.
Payments	25	Federal income tax withheld f	rom:					
2	а	Form(s) W-2				25a 18,	307.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions)				25c		
	d	Add lines 25a through 25c .					25 d	18,307.
If you have a	26	2023 estimated tax payments	and amount a	pplied from 20	22 return .		26	
qualifying child,	27	Earned income credit (EIC) .				27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit fi				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 your	total other pa	ayments and ref	undable credits	32	
	33	Add lines 25d, 26, and 32. Th	-				33	18,307.
Refund	34	If line 33 is more than line 24,					34	453.
	35a	Amount of line 34 you want re	funded to you	I. If Form 8888	is attached, che	ck here	. 🗌 35a	453.
Direct deposit?	b	Routing number 1 1 1	0 0 0 6	1 4	c Type: 🛛 🗙] Checking 🛛 🗍 S	avings	
See instructions.	d	Account number 9 0 3	3 2 9 9	58				
	36	Amount of line 34 you want a	oplied to your :	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24.	This is the amo	ount vou owe				
You Owe		For details on how to pay, go					37	
	38	Estimated tax penalty (see ins	structions) .			38		
Third Party	Do	you want to allow another				See		
Designee	ins	structions				🗌 Yes. Cor	mplete below.	🗙 No
_		signee's		Phone			nal identification	
<u></u>	na			no.		numbe	· /	
Sign		der penalties of perjury, I declare that ief, they are true, correct, and comp						
Here				Date	i i i i		1	ent you an Identity
	10	ur signature		Dale	Your occupation			PIN, enter it here
Joint return?					SOFTWARE 1	(see inst.)		
See instructions.	Sp	ouse's signature. If a joint return, bo	o th must sign.	Date	Spouse's occupat	ion		ent your spouse an
Keep a copy for your records.							-	tection PIN, enter it here
your rooordo.							(see inst.)	-
		one no. (626) 222-0256	Duran 1 1 1	Email address	SRI.CSKN40	62@GMAIL.COM		Objects 1
Paid			Preparer's signati				PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/25/2024 1	202082703	Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone no.	(678)965-9522
	Fir	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest	information.		BAA	REV 01/12/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

SREEKANTH CHAPPIDI

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

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR

	Attachment Sequence No. 01							
Your social security number								
820-71	-1658							

Par	t 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	-11,178.
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		
ĥ	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			
	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 ()	
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			11 170
	1040, 1040-SR, or 1040-NR, line 8		10	-11,178.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gove	ernment		
	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		-	
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)		-	
İ	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			
;	Housing deduction from Form 2555		-	
ן א	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		-	
n	1041)			
7	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 here	and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 01/12/24 PF	RO		1 (Form 1040) 2023

SCHEDULE E (Form 1040)			Supplemental Income and Loss											OMB No. 1545-0074	
		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)											20 2 3		
Departm	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.										Attachment				
					w.irs.gov/Schedu	s.gov/ScheduleE for instructions and the latest information.							Sequence No. 13		
Name(s) shown on return													Your social security number		
SREEKANTH CHAPPIDI 820-7 Part I Income or Loss From Rental Real Estate and Royalties												1-1658			
Part	Note: If yo	ou are	e in th	e business (of renting personal 4835 on page 2, li	propert			c . See	e instru	ictions. If you	are an indi	vidual, rep	ort farm	
Α	 A Did you make any payments in 2023 that would require you to file Form(s) 1099? See in B If "Yes," did you or will you file required Form(s) 1099? 										structions .		. 🗌 Ye	s 🛛 No	
B I													. 🗌 Ye	es 🗌 No	
1a					y (street, city, sta										
Α	SAIRAM STREET ANNAMAYYA DISTRICT ANDHRA PRADESH IN 517214														
B											-				
С															
1b	Type of Prope (from list below			For each rental real estate proper above, report the number of fair						Fair Rental Days			nal Use ays	QJV	
Α	3	,		personal use days. Check the Q		the QJ	V box	only	A B	185			0		
В						ne requirements to file as t venture. See instructions									
С				quaimeu j		; mouru	CIUIS).	С						
Туре	of Property:														
1 Single Family Residence 3 Vacation/Short-Term Rental											Self-Rental				
2	Multi-Family Re	mily Residence 4 Commercial						6 Roya	alties	8	Other (deso	cribe)			
											Proper	ties:			
Income:									A B				С		
3 Rents received							3		6	550.					
4		ived					4								
Expen							_								
5	-						5								
6	Auto and travel (see instructions)						6 7		1 5	520.					
7 8							8		±, .	020.					
9															
10				9 10											
11	Management fees								1,4	58.					
12	Mortgage interest paid to banks, etc. (see instructions)														
13	Other interest														
14	Repairs						14			200.					
15						15 16		3,1	.50.						
16															
17 18	Utilities								4,5	500.					
19	Other (list)	•		•			18 19								
20	· · · ·	s. Ac	dd lin	es 5 throug	gh 19		20		11,8	28.					
21				-	and/or 4 (royaltie				,					·	
				· · ·	o find out if you	,									
							21	-	-11,1	78.					
22					after limitation, if		22	(11 , 1 ⁻	78.)	()	()	
23a	Total of all am	ount	ts rep	orted on li	ne 3 for all rental	proper	rties			23a		650.			
b	Total of all amounts reported on line 4 for all royalty properties									23b					
С	Total of all am				23c										
d	Total of all amounts reported on line 18 for all properties									23d		1 0 0 0	-		
e	Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not inclu									23e	1	1,828.			
24 25					own on line 21. L 21 and rental rea			•		 ntor +/	· · · ·	. 24 ere 25	(11,178.)	
25 26					alty income or (I								1	11,1/0.)	

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 . NPA For Paperwork Reduction Act Notice, see the separate instructions.

26

-11,178.

-11,178.