Internal Revenue Service

## **IRS e-file Signature Authorization**

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpaver's name

Taxpay	er's name	Social secu	rity numb	er
SAI	MANISH BACHULA MADHUSUDHANR	278-45	5-6112	2
Spouse	's name	Spouse's so	cial secu	irity number
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter		oro out	borizing)
-		year you	are aut	nonzing.)
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	101,185.
2	Total tax		2	14,519.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	18,155.
4	Amount you want refunded to you		4	3,636.
5	Amount you owe		5	
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a co	ov of v	our 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

				ERO firm name		E	n
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	Ľ	_
			-			1 4	

Ent	er fiv	e di	gits,	but	as my
5	6	1	1	2	
	5 Ent	5 6 Enter fiv	5 6 1 Enter five dig	5 6 1 1 Enter five digits,	5 6 1 1 2 Enter five digits, but don't enter all zeros

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	
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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—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 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 >		Date 🕨	
	O Must Retain This Form — See nit This Form to the IRS Unless		
For Densmurel Deduction Act Nation and you	u tou votume instructions	DEV/ 01/07/04 DDO	Earm 8879 (Bay, 01 2021)

Deduction for-       Sa       Data and annutries       Sa       Data and annutries       Sa       Sa         • Single or Married filing separately, \$13,850       6a       b       Taxable amount	<b>1040</b>		artment of the Treasury—Internal Revenue Servio <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	vrite or sta	aple in this space.
SAT MANESH         EACHULA MADHUSUDHANR         228         45         6112           If pint return, spoule's first name and middle initial         Last name         2000000000000000000000000000000000000	For the year Jar	n. 1–Dec	:. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate i	instructions.
If joint return, spoule's first name and middle initial       Lat name       Spoule's cold is each initial         Ident return, spoule's first name and middle initial       Lat name       Apt. no.         3001       COLON TALL FKWY       Apt. no.         Grip, town, or post office. If you have a Pob. bax, see instructions.       Apt. no.         TX, town, or post office. If you have a fordign address, also complete spaces below.       State       ZP code         Filing Status       X Single       TX.       78.61.3         Foreign country name       Foreign powincelatitie/county       Foreign powincelatitie/county       Foreign powincelatitie/county       Tyru checked the filing jointy, want S3 too below will not change your target return.         Filing Status       X Single       Check the MS5 box, enter the name of your spouse. If you checked the HOH or OSS box, enter the child's name if the qualifying person is a child but not your dependent:       Tour spouse as a dependent       Your spouse as a dependent         Digital       Any time during 2023, did you: (a) ceevic (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes No         Standard       Someone can called eadpendent       You spouse as a dependent       You spouse as a dependent         Dependentis ce instructions)       Intort amount from Form(b) W-2, box 1 (see instructions)       <	Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number
If joint return, spoule's first name and middle initial       Lat name       Spoule's cold is each initial         Ident return, spoule's first name and middle initial       Lat name       Apt. no.         3001       COLON TALL FKWY       Apt. no.         Grip, town, or post office. If you have a Pob. bax, see instructions.       Apt. no.         TX, town, or post office. If you have a fordign address, also complete spaces below.       State       ZP code         Filing Status       X Single       TX.       78.61.3         Foreign country name       Foreign powincelatitie/county       Foreign powincelatitie/county       Foreign powincelatitie/county       Tyru checked the filing jointy, want S3 too below will not change your target return.         Filing Status       X Single       Check the MS5 box, enter the name of your spouse. If you checked the HOH or OSS box, enter the child's name if the qualifying person is a child but not your dependent:       Tour spouse as a dependent       Your spouse as a dependent         Digital       Any time during 2023, did you: (a) ceevic (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes No         Standard       Someone can called eadpendent       You spouse as a dependent       You spouse as a dependent         Dependentis ce instructions)       Intort amount from Form(b) W-2, box 1 (see instructions)       <	SAI MANI	ISH		BAC	HULA M	ADHUSUD	HAN	VR			278	45	6112
3001 COLONTAL PRWY       4124       Check here if you or you?         GP, town, or post office if you have a foreign address, also complete spaces below:       TX       78613       both here if you, or you?         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign country name       Check here if you, or you?         Filing Status       Single       Province/state/state/country       Foreign province/state/country       Foreign province/state/country       Foreign country name       (Married filing loint) (even if only one had income)       Outsitying surviving spouse (QSS)         If you checked the MPS box, enter the name of your spouse.       If you checked the UHO or OSS box, enter the child's name if the qualifying parsons is a child but not your dependent       Check here if you?       No         Standard       Someone can clients.       Your spouse a dade-status allen       Age/Bindness You:       Was born before January 2, 1959       Is bind         Dependents, see instructions, information       (I) First name       Last name       (Q Pacital samet)?       (Q Pacital samet)?       (Q Check the bare trauling to file instructions, information form form(§) W-2, box 1 (see instructions).       Is       Is       Total amount from Form(§) W-2, box 1 (see instructions).       Is       Is       Is       Is       Is       Is       Is<			s first name and middle initial										
3001 COLONTAL PRWY       4124       Check here if you or you?         GP, town, or post office if you have a foreign address, also complete spaces below:       TX       78613       both here if you, or you?         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Foreign country name       Check here if you, or you?         Filing Status       Single       Province/state/state/country       Foreign province/state/country       Foreign province/state/country       Foreign country name       (Married filing loint) (even if only one had income)       Outsitying surviving spouse (QSS)         If you checked the MPS box, enter the name of your spouse.       If you checked the UHO or OSS box, enter the child's name if the qualifying parsons is a child but not your dependent       Check here if you?       No         Standard       Someone can clients.       Your spouse a dade-status allen       Age/Bindness You:       Was born before January 2, 1959       Is bind         Dependents, see instructions, information       (I) First name       Last name       (Q Pacital samet)?       (Q Pacital samet)?       (Q Check the bare trauling to file instructions, information form form(§) W-2, box 1 (see instructions).       Is       Is       Total amount from Form(§) W-2, box 1 (see instructions).       Is       Is       Is       Is       Is       Is       Is<													
City, town, or post office, If you have a foreign address, also complete spaces below.       State       212 code       spouse if filling jointly, went 35         CEDAR_PARK       Foreign control reading of the space space below.       TX       78 613       post address, also complete spaces below.       TX       78 613       box below will not change box below.       Image provide with the space sp	Home address	(numbe	r and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ction Campaigr
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Foreign powine/itate/courty       Foreign postal code       your tax or refund.         Filing Status       Single       Individual region of the second of the s			ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite					
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Coulifying 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 qualifying person is a child but not your dependent:													
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (OSS)         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 qualifying person is a child but not your dependent:       Cualifying surviving spouse (OSS)         Digital       Arany time during 2023, did you; (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can claim:       You as a dependent       Your spouse as a dependent       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Check the box if qualifies for (see instructions);       Yes       No         Age/Blindness       You:       Were bom before January 2, 1959       Are blind       Spouse;       Was bom before January 2, 1959       Is blind         Dependents       (see instructions);       (a) Finit name       (a) Check the box if qualifies for (see instructions)       Check the box if qualifies for (see instructions);       (b) Finit name       (c) Check the box if qualifies for (see instructions);       (c) Finit name       (c) Finit name <t< td=""><td>Foreign country</td><td>y name</td><td></td><td></td><td>Foreign p</td><td>rovince/state/o</td><td>coun</td><td>ty</td><td>Foreig</td><td>n postal code</td><td>your tax</td><td></td><td></td></t<>	Foreign country	y name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	your tax		
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Click Miny       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 is name if the qualifying person is a child but not your dependent:         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ves       No         Standard       Someone can claim:       You spouse as a dependent       Your spouse as a dependent       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions);       (i) First name       Lat name       Immediate       Im	-		-	aa haa	t incomo)				ousen	οια (ΠΟΠ)			
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qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Image: Comparison of the transment of transmen	one box.	lf v		name	of your s	nouse If voi	ı che			• •	. ,	ild's na	me if the
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Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       X No         Standard       Someone can claim:       You as a dependent       You repouse as a dependent       You so use a dependent         Age/Blinchess You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (9) Exel instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       number       (2) Social security Social Social Socinterest Socins       1a       11 (1,										· · ·			
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Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for see instructions;         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for see instructions;         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for see instructions;         Income       1       Total amount from Form(S) W-2, box 1 (see instructions)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	-				·				i) / (Se		115.)		
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions		_		•		-		-					
Dependents (see instructions):       (2) Social security number       (3) Relationship to you       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here					_		aller	_					
In protecting       (i) First name       Last name       number       (i) Proceeding       (ii) Child tax credit       Credit for other dependents         dependents, see instructions and check				959	Are bl	lind <b>Spo</b>	ouse	: 📋 Was bor					
If more       the four       image instructions       image instructions         and check       image instructions       image instructions       image instructions         and check       image instructions       image instructions       image instructions         Attach Form(s)       the Household employee wages not reported on Form(s) W-2.       image instructions       image instructions         Attach Form(s)       the Household employee wages not reported on Form(s) W-2.       image instructions       image instructions         W-28 and       toge.nt tax       the Medicaid waiver payments not reported on Form (SW-2 (see instructions))       image instructions       image instructions         W-28 and       g Wages from Form 8919, line 6       image instructions)       image instructions       image instructions         W-2, see       instructions.       image instructions)       image instructions)       image instructions       image instructions         W-2, see       instructions.       image instructions)       image instructions       image instructions       image instructions       image instructions         if required.       3a       Qualified dividends       3a       b Taxable amount       4b         Standard       5a       Pensions and annuitles       5a       image instructions)       image instructions) <td< td=""><td>Dependent</td><td></td><td></td><td></td><td>(2) S</td><td></td><td></td><td></td><td>ip <b>(4</b></td><td>-</td><td></td><td></td><td></td></td<>	Dependent				(2) S				ip <b>(4</b>	-			
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       Image: see instructions       Image: see instructions       Image: see instructions       Image: see instructions         V:2 Arer, Also       d       Medicaid waiver payments not reported on Form (SW-2 (see instructions))       Image: see instructions       Image: see instructions       Image: see instructions         V:2 Arer, Also       d       Medicaid waiver payments not reported on Form 8439, line 29       Image: see instructions       Image: s		(1) F	irst name Last name			number		to you			realt	Credit to	
see instructions       Image: Constructions       Ima													
here       Image: structure in the ima	see instruction	s ——											
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       116,031.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1b         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1b         W-2 for attach Form(s)       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1c       1d         W-2 Gand       Taxable dependent care benefits from Form 2441, line 26       1e       1g         get a Form       g       Wages from Form 8919, line 6       1g       1d       0.         W-2, see       h       Other earned income (see instructions)       1i       1z       116, 031.         w.2, see       instructions.       iii       1a       1.       0.       1b       0.         W-2, see       instructions.       iz       1a       1.       0.       1b       0.       1c       11b       0.       1c       1a       1.       1a       1.       1c       1a       1.       1c       1a		ייין 💴											
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-26 and       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and       e       Taxable dependent care benefits from Form 2441, line 26       1e         1099-RI ftax       was withheld.       f       Employer-provided adoption benefits from Form 8399, line 29       1f         If you did not get a form       g       Wages from Form 8919, line 6       1e       1g         get a form       W-2, see       h       Other earned income (see instructions)       1i       1z       116, 031.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Dranz deviations       3b         If required.       3a       Qualified dividends       3a       b       Dranz dividends       3b         If additributions       4a       b       Dranz deviations       4b       5b         Deduction forforforfer       6a       Scala deviation (oss), Attach Schedule D if required. If not required, check here       7         Standard       Dediation forforforf       6a       Calital gain or (loss), Attach Schedule D if required. If not		 1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a		116.031.
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2 here, Also C       Taxable dependent care benefits from Form 2441, line 26       1d         Uoge R if tax       e       Taxable dependent care benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       116, 031.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       5a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       5a       b       Taxable amount       6b         Standard       5a       Scial security benefits       5a       b       Taxable amount       6b         Standard       5a       Scial security benefits       6a       b       Taxable amount       6b         Marind filling separately, Sting spouse, Stata						,						-	110,001.
attach Forms W-26 and 1099-R if tax       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-26 and 1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1e         Wages from Form 8919, line 6       .       1f         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         Instructions.       i       Other earned income (see instructions)       1i       1         W-2, see       i       Other earned income (see instructions)       1i       1         Add lines 1a through 1h       .       .       1a       1       1         Add lines 1a through 1h       .       .       1a       2b       1       16, 031.         Standard       a       Qualified dividends       3a       b       b       5a       b       0       3b         Standard       4a       IRA distributions       .       4a       b       Taxable amount       4b       5b         Standard       5a       b       Taxable amount       .       6b       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		c		•		.,						;	
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not       g       Wages from Form 8919, line 6       1g         W-2, see       h       Other earned income (see instructions)       1h       0.         W-2, see       Nontaxable combat pay election (see instructions)       1i       1z       116, 0.01.         Attach Sch. B       za       Add lines 1a through 1h       2a       b       Tax-exempt interest       2b         Attach Sch. B       a       Qualified dividends       3a       b       b       Taxable amount       2b         Standard       Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b         Geductin for-       Ga       Social security benefits       6a       b       Taxable amount       6b         Married fling separately, strasse       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married fling jointly or Qualifying shouse, Strasse       g       Additional income from Schedule 1, line 10       10       101, 185.         Strasse       Ga       A	attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d	1	
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2-2, see       in       Other earned income (see instructions)       1i       1h       0.         w2-2, see       in       Nontaxable combat pay election (see instructions)       1i       1t       0.         w2-2, see       in       Nontaxable combat pay election (see instructions)       1i       1z       116, 031.         w2-2, see       add lines 1a through 1h       .       .       1z       116, 031.         w2-2, see       add lines 1a through 1h       .       .       .       2b         if required.       3a       b       b Taxable interest       .       .         add lines 1a through 1h       .       .       .       .       .       .         b       Tax-exempt interest       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .		е	Taxable dependent care benefits f	rom F	orm 2441,	line 26					. 1e	•	
get a Form h Other earned income (see instructions) 11   W-2, see isstructions. i   instructions. i   Attach Sch. B 2a   Tax-exempt interest 2a   a Qualified dividends   3a b   Ordinary dividends 3b   a b   a Qualified dividends   a a   a b   a Qualified dividends   a a   b Taxexempt interest   a a   b b   a Qualified dividends   b a   b Taxexexempt interest   a a   b b   c a   c a   diffiging   c if you elect to use the lump-sum election method, check here (see instructions)   c if you elect to use the lump-sum election method, check here (see instructions)   c if you elect to use the lump-sum election method, check here (see instructions)   c if you elect to use the lump-sum election method, check here   c if you elect to use the lump-sum election method, check here   during a   during Additional income from Schedule 1, line 10   iontdo a   iontdo a   during a   during Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income   iontdo a   iontdo a   during <		f	Employer-provided adoption bene	fits fro	om Form 8	839, line 29					. 1f	:	
W-2, see       in       Other earlied income (see instructions)       in       0.         instructions.       i       Nontaxable combat pay election (see instructions)       1i       1i         Attach Sch. B       z       Add lines 1a through 1h       1z       116,031.         Attach Sch. B       za       Tax-exempt interest       2a       b       b         Attach Sch. B       za       Qualified dividends       3a       b       b       0         4a       IRA distributions       4a       b       Taxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Social security benefits       6a       b       Taxable amount       6b       6b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or       8       Additional income from Schedule 1, line 10       10       11       101,185.         \$27,700       10       Adjustments to income from Schedule 1, line 26       10       11       101,185.         \$20,800       14       Standard deduction or itemized deductions (from Schedule A)       12 </td <td>,</td> <td>g</td> <td>Wages from Form 8919, line 6 .</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1g</td> <td>ı</td> <td></td>	,	g	Wages from Form 8919, line 6 .								. 1g	ı	
z       Add lines 1a through 1h       116,031.         Attach Sch. B       2a       b       Tax-exempt interest       2b         if required.       3a       b       Ordinary dividends       2b         Standard       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       HRA distributions       4a       b       Taxable amount       4b         Standard       Pensions and annuities       5a       b       Taxable amount       4b         Single or       6a       Social security benefits       6a       b       Taxable amount       5b         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing       c       If you elect to use the lump-sum election method, check here       7       7         8       Additional income from Schedule 1, line 10       7       8       -14,846.         9       101,185.       9       101,185.       10         14       Add lines 12 and 13       13       13		h	Other earned income (see instructi	ons)					· ·		. 1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       b       Taxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         Married filing jointly or       Qualifying spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7         8       -14,846.       9       101,185.       9       101,185.         \$20,800       14       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       101,185.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.	instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
if required.       3a       3a       b       Ordinary dividends       3b         Standard Deduction for- Deduction for- Single or Married filing separately, \$13,850       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or Married filing separately, \$13,850       5a       Social security benefits       5a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       7         6a       Social security benefits       6a       b       Taxable amount       7         6b       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married filing jointy or Qualifying surving spouse, \$27,700       8       Additional income from Schedule 1, line 10       7         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       101,185.         10       Adjustments to income from Schedule 1, line 26       10       11         11       101,185.       12       13,850.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from For		Z	Ŭ	···		· · · · ·	• •				. 1z	:	116,031.
Out       Guardination of a line of the order of the ord													
Standard Deduction for -       5a       Pensions and annuities												-	
Substract filing separately, \$13,850       6a       Social security benefits       6a       b Taxable amount       6b         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       7       8       -14,846.         9       101,185.       9       101,185.       10       11       101,185.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       101,185.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.	Standard												
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .	Deduction for –	-											
7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying souse, \$27,700       8       Additional income from Schedule 1, line 10       8       -14,846.         9       101,185.       9       101,185.       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       101,185.         12       Standard deduction or itemized deduction from Form 8995 or Form 8995-A       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13	Married filing				mothod				ι	· · ·		,	
<ul> <li>Married filing jointly or Qualifying spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> </ul>									• •	[			
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9101,185.\$27,70010Adjustments to income from Schedule 1, line 261010Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11101,185.\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A13If you checked any box under Standard Deduction,131413,850.	<ul> <li>Married filing</li> </ul>				•	•			•••	· · · L		-	-14.846
10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       101,185.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	Qualifying												
Head of household, standard deduction or itemized deductions (from Schedule A)       11       101,185.         Subtract line 10 from line 9. This is your adjusted gross income       12       11       101,185.         Standard deduction or itemized deductions (from Schedule A)       12       13,850.       13         Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.													, _ 0000
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995 A13131413,850.1413,850.	<ul> <li>Head of household,</li> </ul>												101,185.
13Qualified business income deduction from Form 8995 or Form 8995-A13Standard Deduction,13141413,850.	\$20,800			-									
Deduction,         14         Add lines 12 and 13         14         13,850	any box under							5-A			. 13	;	
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 87, 335.	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	taxable incom	ie .		. 15	5	87,335.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	14,519.
Credits	17	Amount from Schedule 2, lin	ie 3					17	
	18	Add lines 16 and 17						18	14,519.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	14,519.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	14,519.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				<b>25a</b> 18	3,155.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c		1	
	d	Add lines 25a through 25c	,					25d	18,155.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T		-			• •	33	18,155.
Defined	34	If line 33 is more than line 24						34	3,636.
Refund	34 35a	Amount of line 34 you want	,			, .		34 35a	3,636.
Direct deposit?	b 35a	Routing number $\begin{vmatrix} 1 \\ 1 \end{vmatrix} \begin{vmatrix} 1 \\ 1 \end{vmatrix}$				Checking		35a	5,050.
See instructions.		Account number 5 8 6					Savings		
	d								
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete k	olow	🗙 No
Designee							•		
	nai	signee's ne		Phone no.			onal identi ber (PIN)	Ication	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and statemer	its, and to t	he best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all informati	on of which	n prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE 1		(see	,	
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 action PIN, enter it here
your records.							(see	,	ection Fin, enter it here
	Ph	one no. (737) 529-141	Л	Email address		OSACMATT C	`	,	
		one no. (737) 529-141 parer's name	4 Preparer's signat		SATMAN12H2	B30GMAIL.CO	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM						2702	Self-employed
Preparer				NAM SAGAK	GUFIA IALLAM	02/05/2024	P02082		
Use Only		m's name GLOBAL TAX			J 08816				678) 965-9522
			Y CT E BRU	NSWICK N			Firm	's EIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	1040 for instructions and the late	st information.		BAA	REV 01/27/24 PRO			Form <b>1040</b> (2023)

## 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

Attachment Sequence No. 01 social security number -45-6112

Department of the Treasury	
Internal Revenue Service	

Name(s) sh	nown on Fo	rm 1040, 1040-SR, or 1040-NR	Your social s
SAI MAN	IISH BAC	HULA MADHUSUDHANR	278-45-63
Part I	Additio	onal Income	

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
і 2а		1 2a	
za b	Date of original divorce or separation agreement (see instructions):	Za	
3	Business income or (loss). Attach Schedule C	3	
3 4	Other gains or (losses). Attach Form 4797	4	
4 5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<del>4</del> 5	-14,846.
6	Farm income or (loss). Attach Schedule F.	6	14,040.
7		7	
8	Other income:	-	
o a	Net operating loss		
a b	Gambling	4	
c	Cancellation of debt	-	
d	Foreign earned income exclusion from Form 2555	7	
e	Income from Form 8853	4	
f	Income from Form 8889	-	
g	Alaska Permanent Fund dividends	-	
9 h	Jury duty pay	-	
i	Prizes and awards	-	
;	Activity not engaged in for profit income	-	
, k	Stock options	-	
Т	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)	-	
p	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		
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 here and on Form		
	1040, 1040-SR, or 1040-NR, line 8	10	-14,846.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedu	ule 1 (Form 1040) 2023

1	t II       Adjustments to Income         Educator expenses				. 11	
				• •		
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmei	nt . 12	
•	officials. Attach Form 2106	• •	• •	• •	· 12 · 13	
3	Health savings account deduction. Attach Form 8889					
4	Moving expenses for members of the Armed Forces. Attach Form 3903					
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					1
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals					
_	and USOC prize money reported on line 8m	24c				
d	Reforestation amortization and expenses	24d				
e	Repayment of supplemental unemployment benefits under the Trade					
Ŭ	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			_	
g	Contributions by certain chaplains to section 403(b) plans	24g			_	
•	Attorney fees and court costs for actions involving certain unlawful	279			_	
	discrimination claims (see instructions)	24h				
		2411			_	
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	04:				
		24i			_	
j	Housing deduction from Form 2555	24j			_	
ĸ	Excess deductions of section 67(e) expenses from Schedule K-1 (Form					
	1041)	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				n	
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>		<u> </u>	. 26	

SCHEDULE E (Form 1040)		Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								OMB No. 1545-0074		
		Attach to Form 1040, 1040-SR, 1040-SR, or 1041.								20 <b>23</b>		
				structions and the latest information.					Attachment Sequence No. <b>13</b>			
Name(s) shown on return								,	Your soci	al security		
SAI MANISH BACHULA MADHUSUDHANR 278-45-6112												
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 individual, report farm rental income or loss from Form 4835 on page 2, line 40.											
A Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
	"Yes," did you or will you file required Form(s) 1099?											
1a	Physical address of each property (street, city, state, ZIP code)											
Α	H.NO10-243/11/1,VASANTPURI MALKAJGIRI,HYDERABAD TELANGANA IN 500047											
B												
C												
1b										nal Use	QJV	
	(from list below) above, report the number of fair rental personal use days. Check the QJV boy if you meet the requirements to file as					and conly A		Days		Days		
A								365	0			
В		qualified joint venture. See ins		В								
	of Property:				<b>5</b> 1		7					
	Single Family R			tental	5 Land	-		Self-Rental	ha)			
	2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)											
						Proper			ties:			
Incom						Α		В			C	
3	Rents received	3		6	542.							
4		ived		4								
Expen 5				5								
6	Auto and trave	6										
7	Cleaning and r	7		2.0	17.							
8		8		213	· _ / •							
9		ommissions										
10	Legal and othe	10										
11	Management f	11		2,5	60.							
12		to banks, etc. (see instructions	) 12									
13	Other interest											
14	Repairs	14		2,8	52.							
15	Supplies	15		2,7	44.							
16	Taxes	16										
17	Utilities	17			.28.							
18 19	Depreciation e	18 19		2,2	87.							
20	Other (list)		es 5 through 19	20		15,4	88					
20			ne 3 (rents) and/or 4 (royalties).			,						
- 1			structions to find out if you mu									
	,			21	-	-14,8	46.					
22	Deductible ren	ntal real e	state loss after limitation, if an	у,								
			ructions)	22	(	14,84	16.)	(	)	(		
<b>23</b> a			orted on line 3 for all rental pro	-			23a		642.			
b		of all amounts reported on line 4 for all royalty properties .										
С		al of all amounts reported on line 12 for all properties										
d									287.			
е 24	Total of all amounts reported on line 20 for all properties       23e       15,488.         ncome. Add positive amounts shown on line 21. Do not include any losses											
24 25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here <b>25</b> ( 14,846.										14 816	
25 26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result											
20	here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on											
			), line 5. Otherwise, include this						26		-14,846.	
For Pa			ptice, see the separate instruction		NE			-14,846.	-		orm 1040) 202	

Schedule E (Form 1040) 2023