Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

Submission Identification Number (SID)	
Taxpayer's name	Social security number
UDAY KUMAR REDDY PAKKIRU	820-56-1682
Spouse's name	Spouse's social security number
NIKITHA REDDY YEDLA	993-94-5316
Part I Tax Return Information — Tax Year Ending December	31, 2023 (Enter year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	
2 Total tax	· · · · · · · · · · · · · · · · · · ·
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4 Amount you want refunded to you	
5 Amount you owe	
Part II Taxpayer Declaration and Signature Authorization (Be Under penalties of perjury, I declare that I have examined a copy of the income tax ret	
return (original or amended) I am now authorizing. I consent to allow my intermediate to send my return to the IRS and to receive from the IRS (a) an acknowledgement of for any delay in processing the return or refund, and (c) the date of any refund. If app Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financipayment of my federal taxes owed on this return and/or a payment of estimated tax, authorization is to remain in full force and effect until I notify the U.S. Treasury Finapayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Pabusiness days prior to the payment (settlement) date. I also authorize the financial in taxes to receive confidential information necessary to answer inquiries and resolve personal identification number (PIN) below is my signature for the income tax return Electronic Funds Withdrawal Consent.	receipt or reason for rejection of the transmission, (b) the reason blicable, I authorize the U.S. Treasury and its designated Financial all institution account indicated in the tax preparation software for and the financial institution to debit the entry to this account. This ancial Agent to terminate the authorization. To revoke (cancel) a syment cancellation requests must be received no later than 2 stitutions involved in the processing of the electronic payment of the issues related to the payment. I further acknowledge that the
Taxpayer's PIN: check one box only	
· ·	to enter or generate my PIN 6 1 6 8 2 as my
ERO firm name signature on the income tax return (original or amended) I am now a	don't enter all zeros
,	
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below.	
Your signature ►	Date ▶
Spouse's PIN: check one box only	
X I authorize GLOBAL TAXES LLC	to enter or generate my PIN 4 5 3 1 6 as my
ERO firm name	Enter five digits, but don't enter all zeros
signature on the income tax return (original or amended) I am now a	authorizing.
I will enter my PIN as my signature on the income tax return (origin if you are entering your own PIN and your return is filed using the below.	
Spouse's signature ▶	Date ►
Practitioner PIN Method Returns Or	nly—continue below
Part III Certification and Authentication — Practitioner PIN M	-
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	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 electr authorized to file for tax year indicated above for the taxpayer(s) indicated above. I requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized	confirm that I am submitting this return in accordance with the
ERO's signature ▶	Date ►
ERO Must Retain This Form —	

Don't Submit This Form to the IRS Unless Requested To Do So

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta)		urn	202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or staple ir	n this space.
For the year Jai	n. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate instr	uctions.
Your first name	e and m	iddle initial	Last na	ıme						Your so	ocial security	/ number
UDAY KUI	MAR	REDDY	PAKK	KIRU						820	56 16	82
		s first name and middle initial	Last na								's social seci	
NIKITHA	RED	DY	YEDI	ıΑ						993	94 53	316
		er and street). If you have a P.O. box, see						Α.	pt. no.		ential Electio	
2213 EA	ST F	LANDREAU ROAD								ł	here if you, o	
		ice. If you have a foreign address, also co	mplete s	paces be	low.	Sta	ite	ZIP co	ode		if filing joint	
PHOENIX						AZ	Z	850	24		o this fund. C low will not a	•
Foreign countr	y name			Foreign p	rovince/state/o	count			n postal code	I	x or refund.	mange
											You	Spouse
Filing Status	s [Single					Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had i	income)					, ,			
one box.		Married filing separately (MFS)		,			☐ Qualifying s	surviv	ing spouse	(QSS)		
	If	you checked the MFS box, enter the	name o	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name i	f the
		ialifying person is a child but not you		-								
	^+ -		-: /							/l=\ ==!!		
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi	•					-		. ,	Yes	⊠ No
		neone can claim: You as a de					a dependent): (O	o instruction	113.)		
Standard Deduction		Spouse itemizes on a separate retur	•		•		•					
Deduction	<u> Ш</u>	Spouse iternizes on a separate retur	ii or you	ı wele a	uuai-siaius i	allell	<u> </u>					
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	lind Spo	use	: Was born	befo	re January 2	2, 1959	Is blir	nd
Dependent	s (see	instructions):		(2)	Social security		(3) Relationship) (4) Check the b		1	
If more	(1) F	irst name Last name			number		to you		Child tax c	redit	Credit for other	er dependents
than four												<u>]</u>
dependents, see instruction	ıs ——											<u> </u>
and check	- —											<u></u>
here L											L	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	ctions)					. 1a	7	9,370.
Attach Form(s)	b	Household employee wages not re	•		• •					. 1k)	
W-2 here. Also	С	Tip income not reported on line 1a	`		,					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep		,	,	nstru	ıctions)			. 10	t t	
1099-R if tax	е	Taxable dependent care benefits f								. 16	•	
was withheld.	f	Employer-provided adoption bene	efits fron	n Form 8	839, line 29					. 11	f	
If you did not get a Form	g	Wages from Form 8919, line 6.								. 10	3	
W-2, see	h	Other earned income (see instruct	,							. <u>1</u>	1	0.
instructions.	İ	Nontaxable combat pay election (s	see inst	ructions)			<u>li</u>					0 070
	<u>z</u>	Add lines 1a through 1h	· ;		· · · ·					. 1z		9,370.
Attach Sch. B if required.	2a	•	2a				axable interest			. 2t		
ii required.	3a_		3a				Ordinary dividen					
Standard	4a		4a				axable amount					
Deduction for—	5a		5a				axable amount					
 Single or Married filing 	6a	,	6a				axable amount			. 6k)	
separately, \$13,850	C	If you elect to use the lump-sum e				`	,		L	╡┞ <u></u>		2 000
 Married filing 	7	Capital gain or (loss). Attach Sche							L	- 7 - 0		3,000.
jointly or Qualifying	8	Add lines 17 2b 2b 4b 5b 6b 7								. 8		6,173.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		0,197.
 Head of 	10	Adjustments to income from Sche								. 10		0 107
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11		0,197.
 If you checked 	12	Standard deduction or itemized		•		,				. 12		7,700.
any box under Standard	13	Qualified business income deducti				899	ю-А			. 13		7 700
Deduction, see instructions.	14	Add lines 12 and 13				· ·				. 14		7,700.
	7 7 5	SUBTROOT UPO 1/1 trom Upo 11 It 70r	O OF IOC	c ontor	II INC IC V		ravania inaama	•		1 46		/ /1 4 /

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	з 🗌	16	
Credits	17	Amount from Schedule 2, lir					17	
	18	Add lines 16 and 17					18	3,457.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, lin	•				20	1
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0			22	3,457.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21		23	
	24	Add lines 22 and 23. This is			•		24	
Payments	25	Federal income tax withheld						·
	а	Form(s) W-2				25a 9,	,766.	
	b	Form(s) 1099				25b		
	С	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					250	9,766.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return		26	1
qualifying child,	27	Earned income credit (EIC)				27		
attach Sch. EIC.	28	Additional child tax credit from	m Schedule 8812	2		28		
	29	American opportunity credit	from Form 8863	3, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lin	ne 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits	32	!
	33	Add lines 25d, 26, and 32. T	hese are your to	otal payments			33	9,766.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	34	
	35a	Amount of line 34 you want	refunded to you	u. If Form 8888	3 is attached, chec	k here	. 🗌 35	6,309.
Direct deposit?	b	Routing number 1 2 1				Checking S	Savings	
See instructions.	d	Account number 3 2 5	0 5 4 2	5 3 2	4 5			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36		
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g					37	
	38	Estimated tax penalty (see in	_	-		38	V .	
Third Party	Do	you want to allow another	person to disc	cuss this retu		See	mplete below	/. × No
Designee		signee's		Phone			nal identificatio	
,	nai			no.			er (PIN)	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com						
Here	Yo	ur signature		Date	Your occupation			sent you an Identity PIN, enter it here
Joint return?					SOFTWARE E	NGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupati	on		sent your spouse an
Keep a copy for your records.				HOME MAKER			(see inst.)	otection PIN, enter it here
		one no. (703) 609–070		Email address	UDAYREDDYPAK	KIRU@GMAIL.CO		
Paid	Pre	eparer's name	Preparer's signat			Date	PTIN	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/28/2024	P02082703	
Use Only	Fire	m's name GLOBAL TA					Phone no.	(678) 965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's EIN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, or 1040-NR.

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

ame(s) shown on Form 1040, 1040-SR, or 1040-NR		Your so	cial s	ecurity nu	mber
	KUMAR REDDY PAKKIRU & NIKITHA REDDY YEDLA		820-5			
Par						
1	Taxable refunds, credits, or offsets of state and local income taxes			1		
2a	Alimony received			2a		
	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			5	-16,	173.
6	Farm income or (loss). Attach Schedule F			6		
7	Unemployment compensation			7		
8	Other income:					
а	Net operating loss	8a ()			
b	Gambling	8b				
С	Cancellation of debt	8c				
d	Foreign earned income exclusion from Form 2555	8d ()			
е	Income from Form 8853	8e				
f	Income from Form 8889	8f				
g	Alaska Permanent Fund dividends	8g				
h	Jury duty pay	8h				
i	Prizes and awards	8i				
j	Activity not engaged in for profit income	8j				
k	Stock options	8k				
ı	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				
	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 (١			
+	Pension or annuity from a nonqualifed deferred compensation plan or	05 (,			
L	rension of annuity from a nonqualified deferred compensation plan of	[

8t

8u

8z

u Wages earned while incarcerated

9

10

z Other income. List type and amount:

-16,173.

9

10

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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)	ła		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	ld		
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 24	lg		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	łh		
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	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
0 -			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E	nter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	

SCHEDULE D (Form 1040)

Department of the Treasury

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 12

intern	al Revenue Service Go to www.iis.gov/ScheduleD to	or mistructions and	the latest illionnat	ion.	`	sequence No. 12
	(s) shown on return AY KUMAR REDDY PAKKIRU & NIKITHA REDDY	YEDIA				ecurity number
	ou dispose of any investment(s) in a qualified opportunity		x year?			
If "Y	es," attach Form 8949 and see its instructions for additiona	al requirements for	r reporting your ga	in or loss.		
Pa	Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year o	or Less (se	e ins	tructions)
lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmer to gain or loss Form(s) 8949, line 2, colum	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (le	oss) from Forms 4	684, 6781, and 88	24	4	
5	Net short-term gain or (loss) from partnerships,			usts from	_	
6	Schedule(s) K-1			 Carryover	5	
U		-		-	6	(47,793.)
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise				7	-47,793.
Par	t II Long-Term Capital Gains and Losses—Ger	nerally Assets H	leld More Than	One Year	(see i	nstructions)
See	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmer	nts	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, line 2, colum	from Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			in or (loss)	11	
	Net long-term gain or (loss) from partnerships, S corporat	ions, estates, and	trusts from Scheo	dule(s) K-1	12	
					13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	/, from line 13 of y	our Capital Loss	Carryover	14	(3.314)

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

-3,314.

15

Schedule D (Form 1040) 2023 Page 2

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 **-51,107.** • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 3,000.) • (\$3,000), or if married filing separately, (\$1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Sequence No. 13

Name(s) shown on return Your social security number 820-56-1682 UDAY KUMAR REDDY PAKKIRU & NIKITHA REDDY YEDLA 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. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . 1a Physical address of each property (street, city, state, ZIP code) 2-40, ANANTHARAM BHONGIR TELANGANA IN 508116 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 661. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 3,756. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees 11 2,498. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,951. 14 Repairs 2,833. 15 Supplies 15 16 16 Taxes 17 Utilities 17 3,796. 18 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 16,834. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -16,173.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 16,173.) 661. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 23d Total of all amounts reported on line 18 for all properties 16,834. Total of all amounts reported on line 20 for all properties 23e 24 Income. 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 25 16,173. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 .

-16,173.

SPOUSE'S PEN AND INK SIGNATURE

E-file Signature Authorization

2023

(Arizona Forms 140, 140A, 140EZ, 140NR and 140PY) Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years. Your First Name and Initial Last Name Your Social Security Number* **Enter** UDAY KUMAR REDDY PAKKIRU 820 | 56 | 1682 vour Your Spouse's First Name and Initial (if filed joint) Last Name Spouse's Social Security No.* SSN(s). NIKITHA REDDY YEDLA 94 | 5316 PART 1 – PURPOSE (If you are e-filing a Small Business Income Tax Return, also complete Form AZ-8879 SBI)*Do Not Truncate • To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return. • To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return. PART 2 - TAX RETURN INFORMATION PART 3 - FINANCIAL INSTITUTION INFORMATION Must be present when requesting direct debit or deposit. 76,370 **00** 1 Arizona Adjusted Gross Income ☐ Foreign Account Deposit/Debit: See instructions below. 2 Balance Of Tax 1,217 00 ROUTING NUMBER 1,611 00 ☑ Checking 1 0 0 ☐ Savings 3 Arizona Income Tax Withheld... ACCOUNT NUMBER Check box 4 or box 5: 3 2 5 0 5 4 2 5 3 2 4 394 00 5 **4** ■ **REFUND**: Enter the amount of refund...... DIRECT DEBIT REQUEST DATE იი DIRECT DEBIT PAYMENT AMOUNT 5 ☐ AMOUNT YOU OWE: Enter the amount owed 00 Box 4 Checkbox - Refund: You are due a refund based on the information Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account provided on your tax return. Your refund amount will be deposited in the Deposit/Debit" box if your deposit will be ultimately placed in or come account listed in the Financial Institution Information Section (Part 3). from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue. for payment. The payment will be withdrawn from the account and on the PO Box 29085, Phoenix, AZ 85038-9085. date listed in the Financial Institution Information Section (Part 3). PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2) I consent to my Electronic Return Originator (ERO) or On-Line Service Under penalties of perjury, I declare that I have examined a copy of my Provider (OLSP) sending my electronic Arizona individual income tax electronic Arizona individual income tax return and accompanying schedules return and accompanying schedules and statements to ADOR, and I and statements for the year ending December 31, 2023, and to the best of consent to my ERO or OLSP sending such information to ADOR through a my knowledge and belief, it is true, correct, and complete. I further declare transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter that the amounts of Arizona adjusted gross income, total tax, Arizona an acknowledgement of receipt of transmission and an indication of income tax withheld, and refund (or amount owed) listed above are the whether or not the transmission of my return is accepted and, if the return amounts shown on the copy of my electronic Arizona income tax return. is rejected, the reason(s) for the rejection. If the processing of my return **6a** X I consent that my refund be directly deposited as designated in the or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/ electronic portion of my 2023 Arizona individual income tax return. or transmitter the reason(s) for the delay, or when the refund was sent. If I have filed a joint return, this is an irrevocable appointment of If ADOR contacts my ERO for a copy of my return, any documents or the other spouse as an agent to receive the refund. schedules to my return, and/or this authorization form, I authorize my ERO **6b** \prod I do not want direct deposit of my refund or I am not receiving a to release copies of the requested documents to ADOR. refund 6c I authorize the Arizona Department of Revenue (ADOR) and its designated Financial Agent to initiate an ACH electronic funds I authorize GLOBAL TAXES LLC withdrawal (direct debit) entry to the financial institution account (ELECTRONIC RETURN ORIGINATOR) indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions to make the election that I want my electronic signature to my electronic involved in the processing of the electronic payment of taxes to federal individual income tax return to serve as my signature to my receive confidential information necessary to answer inquiries and electronic Arizona individual income tax return for the year ending December 31, 2023. I understand that when my ERO makes the election resolve issues related to the payment. that my electronic signature to my federal individual income tax return will If I have filed a balance due return, I understand that if the ADOR does not serve as my signature to my Arizona individual income tax return, I will receive full and timely payment of my tax liability by April 15, 2024, I will have signed my Arizona individual income tax return and declared under remain liable for the tax liability and all applicable interest and penalties. penalties of perjury that to the best of my knowledge and belief the return When electronically filing my federal and state tax returns, I understand is true, correct and complete. that if there is an error on my federal return, my state return will also be rejected. PLEASE SIGN HERE YOUR PEN AND INK SIGNATURE DATE

DATE

RETURN.			Arizona Form 140	Resident Pe	ersonal Inc	ome Tax f	Return	FO	r calendar year 2023	₹
R	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGINN	ING	12.0.2.3	AND ENDING		1 1	. 66F
			First Name and Middle Initial		Last Name				ocial Security N	umber
10 THE	1	UD	AY KUMAR REDDY		PAKKIRU		Enter	820	56 16	82
	_	Spou	se's First Name and Middle Initi	al (if box 4 or 6 checked)	Last Name		your	Spouse	e's Social Securi	ty No.
DO NOT STAPLE ANY ITEMS	1		KITHA REDDY		YEDLA		SSN(s	993		16
Ξ	_		ent Home Address - number and	•		Apt. No.	— i	,	with area code)	
≽	2		13 EAST FLANDREAU F					703)609		
₹	_	-	Town or Post Office	State	ZIP Code	•	Last Names Used	in Last Four	Prior Year(s) (if dif	terent)
쁫	3	PH	OENIX 	AZ	85024					97
₫	TATUS	4	Married filing joint return	4a Injured Spouse Pro	tection of Joint Ov	verpayment	REVENUE USE O	NLY. DO NO	I MARK IN THIS A	AREA.
S	STA	5	Head of household. Enter	r name of qualifying child or depe	ndent on next line.					
9										
0	FILING	6	_	turn. Enter spouse's name and S	Social Security Numl	ber above.				
Ω	-	7	Single✓ Enter the number claims	ed. Do not put a check mar	k					
	EXEMPTIONS	8		or spouse) If completing lines 8		mnlete lines 38				
	PTI	9	Blind (you and/or spouse	' 00 144 = 11	10a and 10b, also cor		81 PM		80 RCVD	
	EM	10a	Dependents: Under age of	´	dents: Age 17 and	d over.				
	EX	11a	Qualifying parents and gr							
			(Box 10a and 10b): Depende	ent Information. See instructi	ons. For more s	pace, check th	e box 🔲 and co	omplete pa	ge 4, Part 1.	
			(a)	OT MANE	(b)	(c)	(d) NO. OF MONTHS	(e) / Dependent A	ge (f)	-4 alaina
	nts		FIRST AND LAS (Do not list yourself		OCIAL SECURITY NUMBER	RELATIONSHIP	LIVED IN YOUR	included in:	this person	of claim on your
	Dependents		` •	, ,			HOME IN 2023	1 2 Box 10a) (Box	educational	
	ebe	10c								
	٥	10d								
		10e							<u> </u>	
_:			(Box 11a): Qualifying parents	s and grandparents. See inst	ructions. For moi	re space, check	the box 🔲 and	complete p	age 4, Part 2.	
after Form 140.	Qualifying Parentsand Grandparents		(a) FIRST AND LAS	ST NIAME S	(b) OCIAL SECURITY	(c) RELATIONSHIP	(d) NO. OF MONTHS •	(e)	OR (f) ✓ IF DIE	
Ξ	arent		(Do not list yourself	· · · · · · · · · · · · · · · · · · ·	NUMBER	RELATIONSTIII	LIVED IN YOUR	OVER	IN 2023	
ᅙ	ing F						HOME IN 2023			
ē	ualify Gra	11b								
	σ,	11c						Ц		
schedules or other documents		l .	Federal adjusted gross incom					I	76,370	
neı		l .	Small Business Income: 138 cf					I	76 270	00
5			Modified federal adjusted gross						76 , 370	100
용	Suc		Non-Arizona municipal interest Partnership Income adjustment							00
ē	Addition		Total federal depreciation							00
₹	Ą		Other Additions to Income: Co					I		00
5		19	Subtotal: Add lines 14 through 1	8 and enter the total				19	76 , 370	00
<u>es</u>		20	Total net capital gain or (loss).	See instructions		20	-3,0	00 00		
Ę			Total net short-term capital gair							
ÿ			Total net long-term capital gain					314 00		
		l .	Net long-term capital gain from					I		
ΙŻ		l .	Multiply line 23 by 25% (.25) ar						U	00
anc			Net capital gain derived from in							00
ਛ	ctions	l .	Recalculated Arizona depreciate Partnership Income adjustment							00
je	ract	l .	Interest on U.S. obligations suc							00
ē	Subtra		Exclusion for federal, Arizona s							00
eq .eq	0,	l .	Exclusion for benefits, annuities	=						00
⋽		l .	U.S. Social Security or Railroad							00
rec		l .	Certain wages of American Ind							00
any required federal and		l .	Pay received for active service					I		00
еа			Net operating loss adjustment.					I		00
Jace		34	Contributions to: 34a 529 College		·	counts)	00 add 34a and			00
		25	Culphy of the second Alexander 0.4 - 5	rom line 10. Enter the differen				25	76 370	1100

Yo	ur l	lame (as shown on page 1)		Your Social Security Numb	er						
U	DA	Y KUMAR REDDY PAKKIRU & NIKITHA REDDY YEDI	LA	820-56-1682							
	_	1									
	6	Other Subtractions from Income. Complete Other Subtraction from Ar	76 272								
	7	Subtract line 36 from line 35. Enter the difference									
E	8	Age 65 or over: Multiply the number in box 8 by \$2,100									
를 3	9 10	Other Exemptions. See instructions40E Multiply the number in									
i i	1	Qualifying parents and grandparents: Multiply the number in box 11a by \$									
_ _	2	Arizona adjusted gross income: Subtract lines 38 through 41 from line 3			76 270						
	3	Deductions: Check box and enter amount. See instructions			05 500						
	4	If you checked box 43 S and claim charitable contributions, check 44 C [
	5	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than a	40 600								
× 4	6	Tax: Multiply line 45 by 2.5% (.025). Enter the result			1 01 7						
<u>ख</u> ∣	7	Tax from recapture of credits from Arizona Form 301, Part 2, line 31									
	8	Subtotal of tax: Add lines 46 and 47. Enter the total			4 64 - 1						
Balance 4	9	Dependent Tax Credit. See instructions		49	00						
<u>e</u> 5	0	Family income tax credit (from the worksheet - see instructions)									
5	1	Nonrefundable Credits from Arizona Form 301, Part 2, line 62									
5	2	Balance of tax: Subtract lines 49, 50 and 51 from line 48. If the sum of lines			1,217 00						
5	3	2023 AZ income tax withheld			1,611 00						
5	4	·	Right 54b								
ဋ 5	5	2023 AZ extension payment (Form 204)		55	00						
Refundable Credits	6	Increased Excise Tax Credit (from the worksheet - see instructions)			00						
<u>e</u> 5	7	Property Tax Credit from Arizona Form 140PTC									
ğ 5	8	Other refundable credits: Check the box(es) and enter the total amount	58 1 308-l 58	2 □ 334 58 3 □ 349 58							
를 <u>5</u>	9	1,611 00									
6	0	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52. Enter									
E 6	1	OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59									
E 6	2	Amount of line 61 to be applied to 2024 estimated tax									
§ —	3	Balance of overpayment: Subtract line 62 from line 61. Enter the difference			394 00						
○ 6	54 -	74 Voluntary Gifts to: Assigned to Schools 64	Arizona Wildlife								
2		Child Abuse Prevention	Political Gift								
5		Neighbors Helping Neighbors 69 00 Special Olympics	00 Veterans' Donations 00 Spay/Neuter of Anin								
Volumary Gills											
<u> </u>		Political Party (if amount is entered on line 68 - check only one): 751 Demo			00						
		771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 includ-									
alt,	' '8	Add lines 64 through 74 and 76; enter the total		70	00						
<u>o</u>	9	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed			204						
- 1	•	Direct Deposit of Refund: Check box 79A if your deposit will be ultimately pla	aced in a foreign account ; se	ee instructions. 79A							
ĕ		C Checking or ROUTING NUMBER ACCOUNT NU									
=		— C cavings) 5 4 2 5 3 2 4 5								
Amount Owed	0	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona D	'	, , ,							
₹		and include with your return		80	00						
		nder penalties of perjury, I declare that I have read this return and an									
	tr	ue, correct and complete. Declaration of preparer (other than taxpayer) is based on all informati	ion of which preparer ha	s any knowledge.						
•	•			SOFTWARE ENGIN	770						
!	Y	DUR SIGNATURE		CCUPATION	21217						
•											
→	•		j	HOME MAKER							
	SF	OUSE'S SIGNATURE	DATE SI	POUSE'S OCCUPATION							
]		SYAM PRIYA RAM SAGAR GUPTA TALLAM 01282024	GLOBAL TAXES I								
		ID PREPARER'S SIGNATURE DATE	FIRM'S NAME (PREPARER'S I	,							
i		245 ROONEY CT		84-317196							
•		ID PREPARER'S STREET ADDRESS		PAID PREPARER'S							
		E BRUNSWICK NJ 08816 ID PREPARER'S CITY STATE	ZIP CODE	(678) 965- PAID PREPARER'S							
	r/	ID I NEI ANERO OITI STATE	ZIF GODE	LVID LVELWUEK 9	I LICIAL MOMBEL						

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. Include the payment with Form 140. If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138.

ADOR 10413 (23) 1.555 AZ Form 140 (2023) REV 01/13/24 PRO Page 2 of 6