IRS e-file Signature Authorization

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

Social accurity number

Submission Identification Number (SID)

Taxpayer's name

l axpayer's name	Social security number				
KAMAL SIVANOORI	733-53-8958				
Spouse's name	Spouse's social security number				
NAVEENA KALAVALA	701-38-8740				
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)				
Enter whole dollars only on lines 1 through 5.					
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1 Adjusted gross income	1 53,580.				
2 Total tax	2 2,665.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 9,747.				
4 Amount you want refunded to you	4 7,082.				
5 Amount you owe	5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and I	keep a copy of your return)				

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 Consert.

Taxpayer's PIN: check one box only

	1 authorize		1111110	ERO firm name	to enter or generate my r m	Er
\mathbf{V}	l authorize	CLOBAL	TAYES	TTC	to enter or generate my PIN	3

	3 Ent	8 or fix	9 (e di	5 nite	8 but	as					
Enter five digits, but don't enter all zeros											

7

Enter five digits, but don't enter all zeros

0

as mv

4

8 8

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 🕨

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC
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 🕨	Da	te 🕨	•						
	Method Returns Only—continue	belo	w						
Part III Certification and Authentication –	Practitioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by	v your five-digit self-selected PIN.	2	2	 	 6 0	 2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature 🕨		Date 🕨			
	 		-	0070 /=	04.0004

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Date

to enter or generate my PIN

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or sta	aple in this space.
For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	oarate i	instructions.
Your first name	and mi		Last na	ame					Your so	cial sec	urity number	
KAMAL				ANOORI								8958
	oouse's	s first name and middle initial	Last na									security number
NAVEENA			KDT.Z	AVALA								8740
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign
13085 MC									.0308			ou, or your
		ce. If you have a foreign address, also co	mplete s	spaces bel	low.	Sta	te	ZIP c		spouse	if filing	jointly, want \$3
ALPHAREI		, <u> </u>	•			GA	4	300	04	, v		nd. Checking a not change
Foreign country				Foreign pr	rovince/state/o				n postal code	your tax		
											🗌 Yo	ou 🗌 Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne had	income)					()			
one box.		Married filing separately (MFS)		,			Qualifying	surviv	ving spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	oouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	r the chi	ld's na	me if the
	qu	alifying person is a child but not you	ır depei	ndent:	-							
Divital	At or	ny time during 2023, did you: (a) rec		a roward	h award or	00.00	mont for propo	rtu or	convicos): or			
Digital Assets		ange, or otherwise dispose of a dig				-		-			ΠYe	es 🛛 No
Standard	_	eone can claim: You as a de		<u> </u>			a dependent	.). (0.				
Deduction	_	Spouse itemizes on a separate retur	•		•		•					
		· · ·					_			. 4050		
		Were born before January 2, 1	929 [_ Are bl	•	use		14	ore January 2			s blind see instructions):
Dependents		instructions): irst name Last name		(2) 5	Social security number		(3) Relationsh to you	ip ("	Child tax c			or other dependents
lf more than four	(.,						- ,					
dependents,												
see instructions	s ——											
and check here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)				<u> </u>	. 1a		72,609.
	b	Household employee wages not re	eported	on Form	ı(s) W-2					. 1b		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see in	struction	s)					. 1c		
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	ictions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fror	n Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruct	ions)							. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i					
	z	Add lines 1a through 1h	• •			•				. 1z		72,609.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest			. 2b		
required.	3a	Qualified dividends	3a			bО	ordinary divider	nds .		. 3b		
Standard	4a		4a			bΤ	axable amoun	t		. 4b		
Deduction for—	5a		5a				axable amoun			. 5b		
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6b	_	
separately,	С	If you elect to use the lump-sum e						• •	L			
\$13,850 Married filing	7	Capital gain or (loss). Attach Scher		•	-				l		_	
jointly or Qualifying	8	Additional income from Schedule								. 8		-19,029.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-						. 9		53,580.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11		53,580.
If you checked	12	Standard deduction or itemized								. 12		27,700.
any box under Standard	13	Qualified business income deduct		n ⊢orm 8	995 or Form	899	5-A	• •		. 13		
Deduction, see instructions.	14 15	Add lines 12 and 13								. 14		27,700.
	15	Subtract line 14 from line 11. If zer	o or les	s, enter -	-u This is y	ourt	axable incom	е.		. 15		25,880.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	2,665.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	2,665.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,665.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	2,665.
Payments	25	Federal income tax withheld							
2	а	Form(s) W-2				25a 9	,747.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	9,747.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			[33	9,747.
Refund	34	If line 33 is more than line 24						34	7,082.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗆 🗄	35a	7,082.
Direct deposit?	b	Routing number 0 7 4	0 0 0 0	1 0	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 1 5	9 2 3 7	7 0					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe					
You Owe		For details on how to pay, g						37	
	38	Estimated tax penalty (see ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retu	rn with the IRS?	See			
Designee		structions	•				omplete bel	ow.	🗙 No
_		signee's		Phone			onal identifica	ation	
	nar			no.			per (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here		ur signature		Date				•	nt you an Identity
	10	ur signature		Dale	Your occupation				N, enter it here
Joint return?					SOFTWARE 1	PROFESSIONA	L (see ins	t.)	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.						Identity (see ins		ection PIN, enter it here	
your rooordo.	HOME MAKER						,		
		one no. (727) 239-597		Email address	SIVANOORIKA	MAL@GMAIL.CO			Ob a statis
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/13/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX							678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's I	EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/08/24 PRO			Form 1040 (2023)

Department of the Treasury

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**

Your social security number

 Internal Revenue Service
 Go to www.irs.gov/Fo

 Name(s) shown on Form 1040, 1040-SR, or 1040-NR

KAMA	L SIVANOORI & NAVEENA KALAVALA		733-53	-895	8
Par	t I 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. Attac			5	-19,029.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b		8b			
С	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
е		8e			
f		8f			
g	Alaska Permanent Fund dividends	8g			
ĥ		8h			
i		8i			
j		8j			
k		8k			
1	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)	3m			
n	Section 951(a) inclusion (see instructions)	8n			
0		80			
р		8р			
q		8q			
r		8r			
S	Nontaxable amount of Medicaid waiver payments included on Form				
	,	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or				
	8 1 –	8t			
u		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	here and on	Form		10 000
<u> </u>	1040, 1040-SR, or 1040-NR, line 8			10	-19,029.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Sc	hedule	1 (Form 1040) 2023

Part	Adjustments to Income				
11	Educator expenses		 	11	
12	Certain business expenses of reservists, performing artists, and fee				
	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				19a	
b	Recipient's SSN				
	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:		 • •		
		24a			
	Deductible expenses related to income reported on line 81 from the	2-10			
Ň		24b			
с	Nontaxable amount of the value of Olympic and Paralympic medals	210			
Ŭ	and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade	2-14			
C	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f		-	
	Contributions by certain chaplains to section 403(b) plans	24g	 	-	
	Attorney fees and court costs for actions involving certain unlawful	2 7 9		-	
		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	24i			
:	Housing deduction from Form 2555	241 24j		-	
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j	 		
K		24k			
_		24K		-	
z	Other adjustments. List type and amount:	24z			
05				OF	
25	Total other adjustments. Add lines 24a through 24z		• •	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	1 (Form 1040) 2

			Supplement							OMB No	o. 1545-0074
(Form	1040)	(Fro	m rental real estate, royalties, partner		-			trusts, REMICs,	, etc.)	20	023
	ent of the Treasury		Attach to Form 104					f		Attachn	ment 10
	Revenue Service		Go to www.irs.gov/ScheduleE f	or instru	uctions an	d the la	itest ir				nce No. 13
	shown on return	- -								al security	
-			NAVEENA KALAVALA					/	33-5	3-8958	
Part	Note: If vo		oss From Rental Real Estate a in the business of renting personal prop	orty use	yalties Schedule	C See	instru	ctions. If you are	an indiv	vidual ren	ort farm
	rental inco	ome or	loss from Form 4835 on page 2, line 40).	ochedule	0.000	, 1130.0		annan	nuuai, rop	
Α	Did you make ar	iy pay	ments in 2023 that would require yo	u to file	Form(s) 1	099? 5	See ins	structions		. 🗌 Ye	es 🛛 No
B	f "Yes," did you	or wi	ll you file required Form(s) 1099?							. 🗌 Ye	es 🗌 No
1a	Physical addr	ress of	f each property (street, city, state, Z	ZIP cod	e)						
A	WEST MARRI	EDPA	LLY SECUNDERABAD TELANG	יד בת	, v 50002	6					
B				11411 11		. 0					
1b	Type of Prope	rtv	2 For each rental real estate prop	perty lis	ted		Fa	ir Rental	Person	al Use	
10	(from list below		above, report the number of fai				10	Days	Da		QJV
Α	3	/	personal use days. Check the (QJV bo	x only 🛛	Α		365		0	
В			if you meet the requirements to			В				-	
С			qualified joint venture. See inst	ructions	5.	С					
Туре	of Property:	1					I	I			
1	Single Family R	eside	nce 3 Vacation/Short-Term Re	ental	5 Land		7	Self-Rental			
2	Multi-Family Re	siden	ce 4 Commercial		6 Roya	lties	8	Other (describ	e)		
					-			Properties			
Incom						Α		B			С
3		4		3			21.	D			C
4				4			<u> </u>				
Exper		iveu .									
5				5		5	00.				
6	0		instructions)	6			00.				
7				7		3 0	70.				
8				8			/0.				
9				9							
10			fessional fees	10							
11	•	•		11		3.8	80.				
12			aid to banks, etc. (see instructions)	12							
13				13							
14	Repairs			14		3,9	40.				
15	- ···			15			20.				
16	Taxes			16							
17				17		3,9	40.				
18			se or depletion	18							
19	Other (list)			19							
20	Total expense	s. Add	d lines 5 through 19	20		19,6	50.				
21	Subtract line 2	0 fron	n line 3 (rents) and/or 4 (royalties). I	f							
	,		e instructions to find out if you mus	t							
				21	-	-19,0	29.				
22			al estate loss after limitation, if any	,							
			instructions)	22	(19,02	29.)	-)	(
23a			reported on line 3 for all rental prop				23a	(621.		
b			reported on line 4 for all royalty pro			•	23b				
С			reported on line 12 for all propertie				23c				
d			reported on line 18 for all propertie				23d				
е			reported on line 20 for all propertie				23e	19,6	650.		
24			ve amounts shown on line 21. Do n				• •		24	1	10 000
25			losses from line 21 and rental real esta						25	(19,029.
26			state and royalty income or (loss)								
			and IV, and line 40 on page 2 do r 040), line 5. Otherwise, include this						26		-19,029.
				amoun				- page	20		

Schedule E (Form 1040) 2023

-19,029.