(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 securit	Social security number					
LAHARI PUTTY	808-68-	808-68-0707					
Spouse's name	Spouse's soc	ial securi	ity number				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter vear vou a	re auth	orizina.)				
Enter whole dollars only on lines 1 through 5.			···-····g·/				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income		1	44,	905.			
2 Total tax		2	3,	509.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,	267.			
4 Amount you want refunded to you		4	2,	758.			
5 Amount you owe		5		1			
Part II Taxpayer Declaration and Signature Authorization (Be sure you get a Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amount of the income tax return of the income tax return of the income tax return or amount of the income tax return or amount of the income tax return of the income tax return or amount of the income							
return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accoupayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial in authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terpayment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellatio business days prior to the payment (settlement) date. I also authorize the financial institutions involved taxes to receive confidential information necessary to answer inquiries and resolve issues related to personal identification number (PIN) below is my signature for the income tax return (original or amende Electronic Funds Withdrawal Consent.	for rejection of the tr the U.S. Treasury and intindicated in the ta stitution to debit the minate the authoriza in requests must be in the processing of the payment. I furt	ansmiss and its de ax prepa entry to ation. To receive the elect	ion, (b) the esignated Fration soft this account revoke (ced no later ctronic paynowledge	e reason financial ware for unt. This ancel) a than 2 ment of that the			
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generated	erate my DINI	0 7	0 7	00 1001			
ERO firm name	Ent	er five di	gits, but	as my			
signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Your signature ▶ Date	e▶						
Spouse's PIN: check one box only							
I authorize to enter or gene	arate my DIN			as my			
ERO firm name	,	er five di	gits, but	as my			
signature on the income tax return (original or amended) I am now authorizing.	doı	n't enter	all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I if you are entering your own PIN and your return is filed using the Practitioner PIN below.							
Spouse's signature ▶ Date	e ▶						
Practitioner PIN Method Returns Only—continue b	elow						
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.		- -	8 2 7	1			
	Don't ente	er all zero	os				
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual inco authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided	submitting this retu	rn in ac	cordance				
ERO's signature ▶ Date	e ▶						
ERO Must Retain This Form — See Instruction	ns						
Don't Submit This Form to the IRS Unless Requested	To Do So						

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		eartment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Ja	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	Ť	See se	parate	instructions	 s.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	curity number	er
LAHARI			PUTT	Υ									0707	
	pouse's	s first name and middle initial	Last na										security nu	mber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Camp	paign
11411 L	UNA I	RD						2	26204				ou, or your	
City, town, or	oost offi	ice. If you have a foreign address, also co	omplete s	paces bel	low.	Sta	te	ZIP c	ode				jointly, wan nd. Checkin	
FARMERS	BRA	NCH				TX	ζ	752	34		0		not change	•
Foreign countr	y name		F	Foreign pr	rovince/state/	count	ty	Foreig	ın postal c	ode	your tax	or refu	ınd	
												Yo	ou Sp	ouse
Filing Status	s 🗵	Single					☐ Head of h	ouseh	old (HOI	⊣)				
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying		0 1	,	,			
		you checked the MFS box, enter the			oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ur depen	ndent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🗵 No)
Standard	Som	neone can claim:	pendent	t 🗌	Your spous	e as	a dependent							
Deduction	\square :	Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Ago/Blindnes	s Vall	: Were born before January 2, 1	050	Are bl	ind Sn	ouse	: Was bor	n hofe	oro Janus	an, 2	1050		s blind	
			939 _	Ī	·			11					(see instructi	ione).
Dependent		instructions): First name Last name	(2) Coolar Scourty (6) Telationship						or other depen					
If more than four	(1)	- Last Harrie												
dependents,													\dashv	
see instruction	s —												\dashv	
and check here [1												$\overline{\Box}$	
Income	- 1a	Total amount from Form(s) W-2, b	ox 1 (se	⊥ e instruc	tions) .					<u> </u>	1a		51,13	2.
IIICOIIIE	b	Household employee wages not re	,		,						1b			
Attach Form(s) W-2 here. Also	C	Tip income not reported on line 1a	•		. ,						1c			
attach Forms	d	·	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and 1099-R if tax	е		Faxable dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene									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 instr	ructions)			1i							
	z	Add lines 1a through 1h									1z		51,13	2.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interes	t.			2b			
if required.	3a_	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			
N	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	_		
Married filing separately,	С	If you elect to use the lump-sum e				`	,			. [
\$13,850 Married filing					, check here				7					
jointly or Qualifying	8	Additional income from Schedule									8		-6,22	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-	our total inc	come	e				9		44,90	5.
\$27,700 • Head of	10	Adjustments to income from Sche									10	_		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		44,90	
If you checked	12	Standard deduction or itemized									12		13,85	0.
any box under Standard	13	Qualified business income deduct									13			
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	
	15	Subtract line 1/1 tram line 11 If zon	ro or loca	contor	II Ibic ic v	1011F #	ravabla incom	••			1 45	1	4 I () h	. ~

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 🗌 4972	3 🗌		16	3,509.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17					🗔	18	3,509.
	19	Child tax credit or credit for	other dependen	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	3,509.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21		:	23	0.
	24	Add lines 22 and 23. This is	your total tax					24	3,509.
Payments	25	Federal income tax withheld							<u> </u>
,	а	Form(s) W-2				25a 6	,267.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	6,267.
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	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	e 15			31			
	32	Add lines 27, 28, 29, and 31.	;	32					
	33	Add lines 25d, 26, and 32. T					[33	6,267.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	;	34	2,758.
	35a	Amount of line 34 you want i	refunded to you	u. If Form 8888	is attached, chec	ck here	. 🗆 🖪	5a	2,758.
Direct deposit?	b	Routing number 1 1 1				_	Savings		
See instructions.	d	Account number 9 2 7							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the am o	ount vou owe.					
You Owe	•	For details on how to pay, go					;	37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	·			See			
Designee		structions	•				mplete belo	ow. 🛭	☑ No
•		signee's		Phone			nal identifica	tion	
	naı			no.			er (PIN)		
Sign		der penalties of perjury, I declare the							
Here		elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whic						-	ou an Identity
	YO	ur signature		Date	Your occupation			, .	enter it here
Joint return?		SOFTWARE ENG					(see inst		
See instructions.	Sp	ouse's signature. If a joint return, b	ooth must sign.	Date	Spouse's occupati	on			our spouse an
Keep a copy for your records.						Identity (see inst		on PIN, enter it here	
, ca. 1000.ac.						•	,	.,	
		one no. (469) 961-786		Email address	SAIG.ALPHA	A@GMAIL.COM		- 01-	
Paid		eparer's name	Preparer's signat			Date	PTIN		neck if:
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	03/22/2024	P020827		Self-employed
Use Only		m's name GLOBAL TAX			- 00015				8) 965-9522
		m's address 245 ROONE		INSWICK N			Firm's E	IN	4010
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 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

LAHARI PUTTY

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

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

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

Sequence No. 01

Your social security number
808-68-0707

	Additional Income			
	axable refunds, credits, or offsets of state and local income taxes		1	
	dimony received		2a	
b [Date of original divorce or separation agreement (see instructions):			
	Business income or (loss). Attach Schedule C		3	
	Other gains or (losses). Attach Form 4797		4	6 005
	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-6,227
	arm income or (loss). Attach Schedule F		6	
	Inemployment compensation		7	
	Other income:			
	let operating loss	8a ()	
	Gambling	8b		
	Cancellation of debt	8c		
	oreign earned income exclusion from Form 2555	8d ()	
	ncome from Form 8853	8e		
	ncome from Form 8889	8f		
•	laska Permanent Fund dividends	8g		
	ury duty pay	8h		
i P	Prizes and awards	8i		
j A	ctivity not engaged in for profit income	8j		
	Stock options	8k		
I Ir	ncome from the rental of personal property if you engaged in the rental			
fo	or profit but were not in the business of renting such property	81		
m C	Dlympic and Paralympic medals and USOC prize money (see			
ir	nstructions)	8m		
n S	Section 951(a) inclusion (see instructions)	8n		
o S	Section 951A(a) inclusion (see instructions)	80		
	Section 461(I) excess business loss adjustment	8p		
q T	axable distributions from an ABLE account (see instructions)	8q		
r S	Scholarship and fellowship grants not reported on Form W-2	8r		
	Iontaxable amount of Medicaid waiver payments included on Form			
	040, line 1a or 1d	8s ()	
	Pension or annuity from a nonqualifed deferred compensation plan or			
	nongovernmental section 457 plan	8t		
	Vages earned while incarcerated	8u		
z C	Other income. List type and amount:			
		8z		
) T	otal other income. Add lines 8a through 8z		9	

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-basis governr	nent		
	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		9a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use	_	22	
23	Archer MSA deduction	🔯	23	
24	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	-		
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award			
	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	:	26	

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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

Department of the Treasury Internal Revenue Service Name(s) shown on return

Your social security number

LAHA	ARI PUTTY						808-68	3-0707		
Par										
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use	Schedule	C . See	instru	ctions. If you a	re an indiv	ridual, rep	ort farm	
Λ	Did you make any payments in 2023 that would require you	to file	Form(a) 1	0002.0	San inc	atu rationa			s VINa	
D	f "Yes," did you or will you file required Form(s) 1099? .				• •			те	s No	
1a	Physical address of each property (street, city, state, ZIF	ode	e)							
Α	62-1-13, FLAT NO:-206 PATAMATA VIJAYAWA	ADA]	IN 5200	10						
В										
С										
1b		2 For each rental real estate property listed above, report the number of fair rental and				Fair Rental Days			QJV	
Α	personal use days. Check the Q			Α		365	Day	0		
B	if you meet the requirements to f	ile as	a Î	B		363		U		
C	qualified joint venture. See instru	ictions	3.	С						
	of Property:									
	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Residence 4 Commercial	tai	6 Roya			Other (descr	ihe)			
	Width Farming Fleshaerice 4 Commercial		- O Hoye							
						Propertie	es:			
Incon				Α		В			С	
3	Rents received	3		4	50.					
4	Royalties received	4								
Expe		_								
5	Advertising	5								
6	Auto and travel (see instructions)	6			0.5					
7	Cleaning and maintenance	7		6	25.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10			- 0					
11	Management fees	11		5	50.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13		1 /	2.0					
14	Repairs	14			26.					
15 16	Supplies	16		1,0	06.					
17	Utilities	17		2 /	70.					
18	Depreciation expense or depletion	18		۷, ٩	70.					
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		6,6	77					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			0,0	, , .					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21		-6,2	27.					
22	Deductible rental real estate loss after limitation, if any,	<u> </u>			-					
	on Form 8582 (see instructions)	22	(6,22	27.)	()(()	
23a	Total of all amounts reported on line 3 for all rental prope				23a	•	450.			
b	Total of all amounts reported on line 4 for all royalty prop				23b		$\neg \neg$			
C	Total of all amounts reported on line 12 for all properties				23c		$\neg \neg$			
d	Total of all amounts reported on line 18 for all properties				23d		$\neg \neg$			
е	Total of all amounts reported on line 20 for all properties				23e	6	,677.			
24	Income. Add positive amounts shown on line 21. Do not						. 24			
25	Losses. Add royalty losses from line 21 and rental real estate		-		nter to	tal losses here		(6,227.)	
26	Total rental real estate and royalty income or (loss).								,	
-	here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 10/0) line 5. Otherwise include this ar	mount	in the tot	al on li	no /11	on nage 2	06		-6 227	