Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er s name	Social security number					
ASH	OK KUMAR PONUGOTI	864-06-9322					
Spouse	's name	Spouse's so	cial secu	urity number			
Par	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	r year you	are aut	thorizing.)			
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	43,592.			
2	Total tax		2	3,347.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,934.			
4	Amount you want refunded to you		4	3,587.			
5	Amount you owe		5				

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

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

				FBO firm name		Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
_			-			16

	6	9	3	2	2	as						
Enter five digits, but don't enter all zeros												

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

Spouse's PIN: check one box only

I authorize

to enter or generate my 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—contin	le pel	ow							
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	_	6 nter a	 	2	7 1	

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

ERO's signature >			
ERO Must Retain This F Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use (Dnly—E	Do not wi	rite or sta	aple in this space.	
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling		I	20	s	iee sep	oarate	instructions.	
Your first name	and mi	iddle initial	Last r	name						 Y	our so	cial sec	urity number	
ASHOK KU	IMAR		PON	UGOTI									9322	
		s first name and middle initial	Last r										security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions. Apt.						P	Presidential Election Campaig			
_121, FRA	NK (COURT											ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	de		spouse if filing jointly, want \$3 to go to this fund. Checking a			
SOUTH PI	AIN	FIELD				NJ	J	07080					not change	
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreigr	n postal co	de y	our tax	or refu	_	
												∐ Yo	ou Spouse	
Filing Status		Single					Head of ho	buseho	ld (HOH)				
Check only		Married filing jointly (even if only o	ne hac	d income)			_							
one box.		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's name if the qualifying person is a child but not your dependent:												
	qu	allying person is a child but not you	ir depe	endent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for proper	ty or s	ervices);	or (b) sell,	_		
Assets	exch												es 🛛 No	
Standard	_	eone can claim: You as a de	•				a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was borr	n befo	e Janua	ry 2, 1	1959	 le	s blind	
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationshi	p (4)	Check th	e box	if qualif	ies for ((see instructions):	
If more	(1) F	irst name Last name			number		to you		Child ta	x cred	lit	Credit fo	or other dependents	
than four														
dependents, see instructions	s ——]				
and check									L	<u> </u>				
here														
Income	1a	Total amount from Form(s) W-2, b								•	1a	-	52,042.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b	+			
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)								1c 1d	+			
W-2G and	e	Taxable dependent care benefits f						• •		•	10			
1099-R if tax was withheld.	f	Employer-provided adoption bene								•	1f	+		
lf you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form	h	Other earned income (see instruct									1h	-	0.	
W-2, see instructions.	i	Nontaxable combat pay election (,	structions)			1 i							
	z	Add lines 1a through 1h									1z		52,042.	
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest				2b			
if required.	3a	Qualified dividends	3a			b C	ordinary dividen	nds .			3b			
Standard	4a		4a				axable amount			•	4b			
Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amount			•	5b			
 Single or Married filing 	6a	,	6a				axable amount	· ·		÷	6b			
separately,	_c	If you elect to use the lump-sum e				`	,	• •			_			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•				• •	• • •		7		0 4 5 0	
jointly or Qualifying	8	Additional income from Schedule						• •	· · ·	•	8		-8,450.	
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-		come	e	• •	· · ·	•	9		43,592.	
 Head of 	10	Adjustments to income from Sche				 m		• •	· · ·	•	10		10 500	
household, [\$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is	-					• •	• • •	•	11		43,592.	
If you checked any box under	13	Standard deduction or itemized						• •		•	12	+	13,850.	
Standard Deduction,	14	Qualified business income deduction from Form 8995 or Form 8995-A .								14		13,850.		
see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income							15		29,742.				
		2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						· ·		•				

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	3,347.			
Credits	17	Amount from Schedule 2, lir	ie 3				[17				
	18	Add lines 16 and 17					[18	3,347.			
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		[19				
	20	Amount from Schedule 3, lir	ie 8				[20				
	21	Add lines 19 and 20					[21				
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	3,347.			
	23	Other taxes, including self-e					[23	0.			
	24	Add lines 22 and 23. This is					[24	3,347.			
Payments	25	Federal income tax withheld							<u>.</u>			
	а	Form(s) W-2				25a 6	,934.					
	b	Form(s) 1099				25b						
	с	Other forms (see instruction				25c						
	d	Add lines 25a through 25c	<i>,</i>					25d	6,934.			
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	· · · · · · · · · · · · · · · · · · ·			
qualifying child,	27	Earned income credit (EIC)				27						
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	8, line 8		29						
	30	Reserved for future use .										
	31	Amount from Schedule 3, lir										
	32	Add lines 27, 28, 29, and 31				undable credits		32				
	33		Add lines 25d, 26, and 32. These are your total payments									
Refund	34	If line 33 is more than line 24						34	3,587.			
	35a	Amount of line 34 you want	-			, .		35a	3,587.			
Direct deposit?	b		Routing number 1 1 0 0 0 2 5 c Type: Checking Savings									
See instructions.	d	Account number 4 8 8	Ũ									
	36	Amount of line 34 you want				36						
Amount	37	Subtract line 33 from line 24										
You Owe	0.	For details on how to pay, g		37								
	38	Estimated tax penalty (see in				38						
Third Party	Do	you want to allow another	,									
Designee							omplete be	low.	🗙 No			
U	De	signee's		Phone			onal identific	ation				
	na			no.			ber (PIN)					
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com										
Here			ploto. Doolaration (·	, ,			
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here			
Joint return?					SOFTWARE 1	ENGINEER	(see in		,			
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the II	RS ser	nt your spouse an			
Keep a copy for your records.									ection PIN, enter it here			
your records.								SL.)				
		one no. (469) 468-280		Email address	PONUGOTI.ASHO	KKUMAR@GMAIL.C						
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:			
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/26/2024	P02082		Self-employed			
Use Only	Fir	m's name GLOBAL TA					Phone	no. (678)965-9522			
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's	EIN	84-3171965			
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/21/24 PRO			Form 1040 (2023)			

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Department of the Treasury Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ASHOK KUMAR PONUGOTI 864-06-9322

Par	Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-8,450.
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	-	
I	Income from the rental of personal property if you engaged in the rental	01		
	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	-	
n o	Section 951A(a) inclusion (see instructions)	80	-	
a a	Section 461(I) excess business loss adjustment	8p	-	
ч р	Taxable distributions from an ABLE account (see instructions)	8q	-	
r r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
Ū	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or		<u> </u>	
-	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-8,450.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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	Alimony paid				19a	
b	Recipient's SSN					
C	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:					
 a		24a				
-	Deductible expenses related to income reported on line 8I from the					
		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				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
••	discrimination claims (see instructions)	24h				
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				
i	Housing deduction from Form 2555	24j				
, k	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			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

(Form	(Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)								90	23		
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.mal Revenue ServiceGo to www.irs.gov/ScheduleE for instructions and the latest information.											
) shown on return		GO 10 WWW.II'S	.gov/Scheduler 10	n insur			alest ii		Your soci	al security	ce No. 13
	K KUMAR PO	NUGOTI	г								6-9322	lumber
Part				Real Estate an	nd Ro	valties				0040	0 9522	
T GI C	Note: If yo	ou are in t	the business of rent	ting personal prope on page 2, line 40.	rty, use		c . See	e instru	ctions. If you	are an indi	vidual, repo	ort farm
Α	Did you make ar	ny payme	ents in 2023 that	would require you	to file	Form(s) 1	099? 8	See ins	structions .		. 🗌 Ye	s 🛛 No
Bİ	f "Yes," did you	ı or will y	ou file required F	orm(s) 1099? .							. 🗌 Ye	s 🗌 No
1a	Physical add	ress of e	ach property (str	eet, city, state, ZI	P code	e)						
Α	KARLAKUNT	A,ROME	PICHERLA PAL	NADU ANDHRA	PRAI	DESH IN	1 522	615				
В												
С											1	
1b	Type of Prope (from list below			real estate prope he number of fair				Fa	ir Rental Days		nal Use ays	QJV
Α	3			ays. Check the Q			Α		365			
В				requirements to enture. See instru			В					
С			quaimed joint v	enture. See instru	JULION	5.	С					
Туре	of Property:											
1	Single Family R	lesidence	e 3 Vacatior	n/Short-Term Rer	ntal	5 Lanc	1		Self-Rental			
2	Multi-Family Re	esidence	4 Comme	rcial		6 Roya	alties	8	Other (desc	ribe)		
									Propert			
Incom	ne:						Α		B			С
3		d			3			80.				•
4					4							
Exper												
5					5							
6	0		structions)		6							
7			ance		7		ç	50.				
8					8							
9	Insurance .				9							
10	Legal and othe	er profes	sional fees		10							
11	Management	fees .			11		1,4	60.				
12	Mortgage inte	rest paid	l to banks, etc. (s	ee instructions)	12							
13	Other interest				13							
14	Repairs				14			60.				
15	Supplies .				15		2,2	00.				
16					16							
17					17		2,3	60.				
18		expense	or depletion		18							
19	Other (list)											
20	•		nes 5 through 19		20		8,9	30.				
21				or 4 (royalties). If dout if you must								
					21		-8,4	50.				
22			estate loss after structions)	limitation, if any,	22	(8,4	50.)	()	()
23a		-		or all rental prope		, ,		23a	`	480.		/
b				or all royalty prop				23b				
С				for all properties				23c				
d				for all properties				23d				
е				for all properties				23e	{	3,930.		
24				on line 21. Do no						. 24		
25				nd rental real estat				nter to	tal losses he	re 25	(8,450.)
26	Total rental r	eal esta	te and royalty ir	ncome or (loss).	Comb	ine lines	24 and	25. E	nter the res	ult		

Supplemental Income and Loss

SCHEDULE E

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

Schedule E (Form 1040) 2023

26

-8,450.

OMB No. 1545-0074