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

OMB No. 1545-0074

Social security number

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

Submission Identification Number (SID)

Taxpayer's name

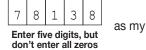
er siname	Social security number						
AVINASH NAGAMALLA 475-77							
's name	Spouse's social security number						
NUSHA RANI PORANDLA 851-18-4335							
Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you are authorizing.)						
whole dollars only on lines 1 through 5.							
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
Adjusted gross income	<b>1</b> 81,792.						
Total tax	<b>. 2</b> 6,049.						
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b> 14,065.						
Amount you want refunded to you	<b>4</b> 8,016.						
Amount you owe	5						
	NASH NAGAMALLA         's name         SHA RANI PORANDLA         I Tax Return Information — Tax Year Ending December 31, 2023 (Enter         whole dollars only on lines 1 through 5.         Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.         Adjusted gross income						

### Part II Taxpayer Declaration and Signature Authorization (Be sure you get and 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 taxes 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

X	I authorize	GLOBAL	TAXES		to enter or generate my PIN	Er
				ERO firm name		-



Enter five digits, but don't enter all zeros

as mv

8 4 3 3 5

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 🕨

to enter or generate my PIN

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 >	Date ►
Practitioner PIN Method Returns Only	-continue below
Part III Certification and Authentication – Practitioner PIN Meth	hod Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-select	cted PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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

ERO's sig	gnature 🕨		Dat	e 🕨		
		ERO Must Retain This Form Submit This Form to the IRS				
		 			 0070 -	

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

REV 02/05/24 PRO

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		202	3	OMB No. 1545-0	0074	IRS Use Only	–Do not v	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and mi	iddle initial	Last name						Your so	cial sec	urity number
AVINASH			NAGAMAI	LA					475	77	8138
If joint return, s	oouse's	s first name and middle initial	Last name								security number
ANUSHA F	RANI		PORANDI	A					851	18	4335
Home address	(numbe	er and street). If you have a P.O. box, see	instructions.				A	vpt. no.	Preside	ntial Ele	ection Campaign
11411 LU	INA I	RD					1	9308			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete spaces	s below.	Sta	te	ZIP co	ode			jointly, want \$3
FARMERS	BRAI	NCH			TX	ζ	752	34			nd. Checking a not change
Foreign country	name		Foreig	n province/state/	count	ty	Foreig	n postal code	your ta	k or refu	ind.
										Yo	ou 🗌 Spouse
Filing Status	; [	Single				Head of ho	useh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne had incon	ne)							
one box.		Married filing separately (MFS)				Qualifying s	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name of you	ur spouse. If you	u che	ecked the HOH	or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır dependent	:							
Digital	Atar	ny time during 2023, did you: (a) rece	eive (as a rev	vard award or	navr	ment for propert	tv or s	services): or	(b) sell		
Assets		ange, or otherwise dispose of a digi					-			Ye	es 🛛 No
Standard		eone can claim:  You as a de		Vour spous			, (		,		
Deduction		Spouse itemizes on a separate retur	•			•					
Age/Blindness		Were born before January 2, 1			ouse	_	n befo	ore January	2, 1959		s blind
Dependents		-		(2) Social security		(3) Relationship	14				(see instructions):
If more		irst name Last name		number		to you		Child tax c	redit	Credit fo	or other dependents
than four											
dependents,											$\overline{\square}$
see instructions and check	s —										
here											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see ins	tructions) .					. 1a	1	98,459.
	b	Household employee wages not re	eported on F	orm(s) W-2.					. 1k		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)									
attach Forms	d	Medicaid waiver payments not rep	orted on For	rm(s) W-2 (see i	nstru	ictions)			. 10		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Form 24	41, line 26					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits from For	m 8839, line 29					. 11	:	
If you did not	g	Wages from Form 8919, line 6 .							. 1ç		
get a Form W-2, see	h	Other earned income (see instructions)								1	0.
instructions.	i	Nontaxable combat pay election (s	Nontaxable combat pay election (see instructions)								
	z	Add lines 1a through 1h							. 12	:	98,459.
Attach Sch. B	2a	'	2a			axable interest			. 2t	-	
if required.	3a	Qualified dividends	3a			ordinary dividen			. 3t		
Standard	4a		4a			axable amount			. 4t		
Deduction for –	5a		5a			axable amount			. 5t		
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a			axable amount		· · · ,	. 6t	•	
separately,	С	If you elect to use the lump-sum e			•			ļ	$\exists \vdash$		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche	•	•				l	_ 7	_	
jointly or Qualifying	8	Additional income from Schedule							. 8	_	-16,667.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		-			• •		. 9		81,792.
\$27,700 • Head of	10	Adjustments to income from Sche					• •		. 10	-	
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-			· ·		. 11		81,792.
• If you checked	12	Standard deduction or itemized					· ·		. 12		27,700.
any box under Standard	13	Qualified business income deducti					• •		. 13		
Deduction, see instructions.	14					· · · ·			. 14	_	27,700.
	15	Subtract line 14 from line 11. If zer	o or less, en	ter -U This is y	ourt	axable income	э.		. 15		54,092.

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

Form **1040** (2023)

Form 1040 (2023	)							Page <b>2</b>
Tax and	16	Tax (see instructions). Check in	f any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌	16	6,049.
Credits	17	Amount from Schedule 2, line					17	
	18	Add lines 16 and 17					18	6,049.
	19	Child tax credit or credit for o	ther dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line	8				20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			22	6,049.
	23	Other taxes, including self-en	nployment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is y	our <b>total tax</b>				24	6,049.
Payments	25	Federal income tax withheld	from:					
	а	Form(s) W-2				<b>25a</b> 14	,065.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions)				25c		
	d	Add lines 25a through 25c .					25d	14,065.
If you have a	26	2023 estimated tax payments	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 f	rom Form 8863	8, line 8		29		
	30	Reserved for future use				30		
	31	Amount from Schedule 3, line	915			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. Th	-				33	14,065.
Refund	34	If line 33 is more than line 24,					34	8,016.
	35a	Amount of line 34 you want r						8,016.
Direct deposit?	b	Routing number 1 1 1					Savings	
See instructions.	d		1 1 4 4				U U	
	36	Amount of line 34 you want a	pplied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24.				1 1		
You Owe	•.	For details on how to pay, go					37	
	38	Estimated tax penalty (see ins	-	-		38		
Third Party	Do	you want to allow another				See		
Designee		structions	•				omplete below	. 🗙 No
<b>J</b>	De	signee's		Phone			onal identification	ı
	nar			no.			ber (PIN)	
Sign		der penalties of perjury, I declare that ief, they are true, correct, and comp						
Here			lete. Declaration (	I.	1		1	
	Yo	ur signature		Date	Your occupation			ent you an Identity PIN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see inst.)	
See instructions.	Sp	ouse's signature. If a joint return, be	oth must sign.	Date	Spouse's occupat		If the IRS s	ent your spouse an
Keep a copy for		<b>0</b>	0					ptection PIN, enter it here
your records.					HOME MAKEI	3	(see inst.)	
	Ph	one no. (469) 883-9028		Email address	AVINASH.123C	AREER@GMAIL.CC	M	-
Paid			Preparer's signat			Date	PTIN	Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/10/2024	P02082703	Self-employed
Use Only	Firi	m's name GLOBAL TAX					Phone no.	(678)965-9522
	Firi	m's address 245 ROONEY	CT E BRU	NSWICK N	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the lates	t information.		BAA	REV 02/05/24 PRO		Form <b>1040</b> (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

Attachment Sequence No. **01** 

Your social security number

475-77-8138

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo Name(s) shown on Form 1040, 1040-SR, or 1040-NR

( )				·	
AVINASH	NAGAMALLA	&	ANUSHA	RANI	PORANDLA

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	-16,667.
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			
	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	-	
n	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) Scholerzhin and fellowshin grante net reported on Form $W_{2}$	8q	-	
r	Scholarship and fellowship grants not reported on Form W-2 Nontaxable amount of Medicaid waiver payments included on Form	8r	-	
S	1040, line 1a or 1d	8s (		
t	Pension or annuity from a nonqualifed deferred compensation plan or	05 (	4	
Ľ	a nongovernmental section 457 plan	8t		
	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	<u>u</u>	-	
2		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-16,667.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis govern	nment		
	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)			
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		-	
h				
_	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)			
-			-	
2	Other adjustments. List type and amount:			
25	Total other adjustments. Add lines 24a through 24z		25	
25 26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here a	nd on	20	
20	Form 1040, 1040-SR, or 1040-NR, line 10		26	
				1 (Form 1040) 2023
	BAA REV 02/05/24 PRO		Soncuuie	

SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										b. 1545-0	0074		
•	ent of the Treasury	(		Attach to Form 1040	•	-				,	20	)2;	5
	Revenue Service		Go to	www.irs.gov/ScheduleE fo					formation.		Attachn Sequen	nent ce No. 1	13
Name(s)	shown on return									Your soci	al security	number	
				A RANI PORANDLA						475-7	7-8138		
Part	Note: If yo	ou are in <sup>.</sup>	the busin	Rental Real Estate ar ess of renting personal prope orm 4835 on page 2, line 40.	rty, use		<b>C</b> . See	e instru	ctions. If you a	re an indi	vidual, rep	ort farn	n
Α				023 that would require you		Form(s) 1	099? \$	See ins	structions .		. 🗌 Ye	s X	No
				equired Form(s) 1099?								_	No
1a				oerty (street, city, state, ZI									
Α	-			VIDYANAGAR, KARIM			GANA	TN	505001				
B		01111 01	020112				011111		000001				
С													
1b	Type of Prope	erty 2	For ea	ch rental real estate prope	erty list	ted		Fa	ir Rental	Persor	nal Use	•	N/
	(from list below		above	, report the number of fair	rental	and			Days	Da	ays	Q	JV
Α	3		perso	nal use days. Check the Q meet the requirements to	JV box	conly	Α		285		0		
В				ed joint venture. See instru			В						
<b>C</b>			-1				С						
	of Property:							_					
	Single Family R			Vacation/Short-Term Rer	ntal	5 Land			Self-Rental	(l)			
2	Multi-Family Re	sidence	9 4	Commercial		6 Roya	ities	8	Other (descr	ibe)			
									Propertie	es:			
Incom							Α		В			С	
3					3		6	10.					
		ived .			4								
Exper					_								
5	•				5								
6				าร)	6		1 /	85.					
7 8					8		1,4	:0					
9					9								
10				· · · · · · · · · · ·	10								
11	•	•			11		1.5	95.					
12	•			ks, etc. (see instructions)	12		<u> </u>						
13		•			13								
14					14		3,9	88.					
15	•				15			56.					
16					16								
17	Utilities				17		1,9	55.					
18				tion	18		4,9	98.					
19	Other (list)				19								
20	I otal expense	s. Add II	ines 5 th	rougn 19	20		17,4	77.					
21				nts) and/or 4 (royalties). If									
				ns to find out if you must			100						
00					21		-16,6	./0					
22				ss after limitation, if any,	22	(	16,60	57 )	(	)	(		)
23a				on line 3 for all rental prope				23a	1	810.	\		)
23a b			•	on line 4 for all royalty prop				23a		<u> </u>	-		
c			•	on line 12 for all properties				23c					
d			•	on line 18 for all properties				23d	4	,998.			
е			•	on line 20 for all properties				23e		,477.			
24			•	s shown on line 21. <b>Do no</b>						04			
25	Losses. Add ro	yalty los	sses from	line 21 and rental real estat	te losse	es from lin	e 22. E	nter to	tal losses here	e <b>25</b>	(	16,60	67 <b>.</b> )
26				royalty income or (loss).									
				d line 40 on page 2 do no									
				. Otherwise, include this a				ine 41		- 26		-16,6	
For Pa	perwork Reduct	ion Act I	Notice. se	e the separate instructions	<b>.</b>	NP	A		-16,667	<ul> <li>Sc</li> </ul>	hedule E (F	orm 104	10) 2023