Form <b>8879</b>
(Rev. January 2021)
Department of the Treesury

#### epartment 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)

Taxpaye	er's name	Social securi	ty numb	ber
VAR	SHITH SAI PEDDI	101-27	-332	8
Spouse	's name	Spouse's soc	ial secu	urity number
Part	<b>Tax Return Information – Tax Year Ending December 31,</b> 2023 (Ente	r year you a	ire au	thorizing.)
Enter	whole dollars only on lines 1 through 5.	<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	54,933.
2	Total tax		2	4,709.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	8,210.
4	Amount you want refunded to you		4	3,501.
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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
				ERO firm name		

7	3	3	2	8	00 mV
Ent don	er fiv i't en	ve di Iter a	gits, all ze	but ros	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 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—cont	inue be	low	,					
Part III Certification and Authentication – Practitioner PIN Method O	nly							
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PI	1. 2	2	2		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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/21/24 PRO	Form 8879 (Rev. 01-2021)

Single or Married filing separately, \$13,850       6a       Social security benefits	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	y—Do not v	/rite or sta	aple in this space.
Your first name and middle initial         Last name         YU or social security number           101         127         1328           F joint refurn, spocee's first name and middle initial         Last name         Spocee's social security number           Home address (number and street). If you have a Prob. box, see instructions.         Apt. no.         Presidential Election Campaign           SBD_RUTH_MAX         Campaign         Presidential Election Campaign         Presidential Election Campaign           SBD_RUTH_MAX         Foreign province/state/caunty         Foreign province/state/caunty         Presidential Election Campaign           Foreign contrip rame         Foreign province/state/caunty         Foreign province/state/caunty         Presidential Election Campaign           Filing Status         Single         Intel Checking in the campaints (MIS)         Qualifying sprouse (QSS)         Intel Checking in the campaints (MIS)           Digital         Married filing jointly (even f only one had income)         Qualifying sprouse (QSS)         If you checked the MIS box, anter 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 your your social ascentry in use child but not your your your social ascentry (Var)         If a way the child's name if the qualifying person is a child but not your your your social ascentry (Var)         If a way the child's name if the qualifying person is a child but not your your your social ascentry (Var)         If a	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
If joint return, spoule's first name and middle initial       Last name       Spoule's cellal security number         Home address (number and street). If you have a P.O. box, see instructions.       Apt. no.       Presidential Election Campaign         SBD_RUTH_IDAY       Chart Note:       Presidential Election Campaign       Presidential Election Campaign         City, town, or port office.       Chart Note:       Presidential Election Campaign       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Presidential Election Campaign         Foreign country name       Foreign province/state/county       Foreign province/state/county       Presidential Election Campaign         If you checket the MFS box, enter the name of your spouse. If you checket the MFI or CSS box, enter the child's name if the qualifying surviving spouse (CSS)       If you checket the MFS box, enter the name of your spouse. If you checket the MFI or CSS box, enter the child's name if the qualifying surviving spouse can advect the advect that allows the cont spouse as a dependent:         Deduction       Spouse Elemistry on a separate return or you were allow-dadvectatualine       If the cont spouse advec	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and sites), if you have a P.O. box, are instructions.       Apt. no.       Presidential Election Campaign         SBD_RUTH_INAY       Campaign       Presidential Election Campaign       Presidential Election Campaign         City, town, or port office, if you have a foreign address, also complete spaces below.       Sate       2/P Code       theorem Finding Jointy, your of the presidential Election Campaign         Foreign contry name       Foreign province/state/county       Pereign province/state/county       Pereign province/state/county       Pereign province/state/county       Pereign county name       Up to below will not change province/state/county       Pereign province/state/county       Per	VARSHITH	I SA	I	PED	DI						101	27	3328
580       RUTH NAY       Check hore if you draw a foreign address, also complete spaces below.       State       2/D code       2/D code       1000000000000000000000000000000000000											Spouse	's social	security numbe
580       RUTH NAY       Check hore if you draw a foreign address, also complete spaces below.       State       2/D code       2/D code       1000000000000000000000000000000000000													
City: conditions, or pose office. If you have a foreign address, also complete spaces below.       State       2/2 code       94550       spouse if filling jointly, went 35         DiverseMores       CA       94550       box below will not change       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign country is anne       Image: country is anne       Image: country is anne         Foreign country name       Married filling jointly (went 35       Country is surviving spouse (CSS)       Image: country is anne	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
Chy. Number 2010; Type table a charged address, also compare spaces backs.       CA       94550       bit does by bit does will not charge your tax or refund.         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Ib go to this fund, checking a your tax or refund.         Filing Status       Married filing jointly (even if only one had income)       Ca       94550       box, one to the dimes of your spouse.       Ib does will not charge your tax or refund.         Check only       Married filing jointly (even if only one had income)       Caulifying 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 persons is a child but not your dependent.         Digital       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,       Sector II was born before January 2, 1950       Is bind         Deduction       Spouse temizes on a separate return or you were a dual-status allen       Age/Bindness You:       Was born before January 2, 1950       Is bind         Dependents, see instructions;       (1) First name       Last name       (2) Social security       (2) Social security       (2) Head had you (a) Check the box if qualifies for feer instructions;         Wx32 and tab form(b)       (1) First name       Last name       (2) Social security       (2) Check the bo													
LTVERMORE       CA       94550       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country       Province/state/country       Province/state/country         Filing Status       Single       Head of household (HOH)       Qualifying surviving spouse (QSS)         Hyou 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.       Qualifying surviving spouse (QSS)         Digital       At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services); or (b) sell.       Assets         Schange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions).       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status allen       Appendix       Assets         Acyelindness       Yes       Yes born before January 2, 1959       Is blind         Dependents, see instructions):       (I) First name       Last name       Impendix       Impendix         Itan form and undrew payments not reported on Form(s) W-2.       1a       63, 705.       Impendix       Impendix       Impendix       Impendix         Weather home       Impendix       Impendint from Form 3019, line 6.       Impendix	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode		0	
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Coualifying surviving spouse (OSS)         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 parents is a child but not your dependent:	-								945	50	box bel	ow will	not change
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying surviving spouse (OSS)         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:       Cualifying surviving spouse (OSS)         Digital       Any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Someone can claim:       You was a dependent in Your spouse as a dependent       Yes       No         Deduction       Spouse iteruises on a separate return or you were a dual-status alien       Age/Blindness       You: a dopondent in You were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse iteruite for Gene instructions);         If more       Last name       number       to you       Chell to the chell chell to chell the chell chell to you         In doeshold employee wagas not reported on Form(8) W-2.       1       Entit amount from Form(8) W-2, box 1 (see instructions)       1       Chell to chell the derived chell to the dividends         In donal check       Image       Taxable dependent care benefits from Form 2441, line 26       <	Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your ta	_	_
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If Wout Check 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:			۶										ou Spouse
Clinics Outry       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:	Filing Status				、			Head of he	buseh	old (HOH)			
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:         Digital Assets       At any time during 2023, did you: (a) raceive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Ives No         Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Vere No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) Fint name       Last name       number       Child tax credit       Credit for other dependent         if more than four dependents, see instructions;       (g) Social security       (g) Relationshing       (g) Check the box if qualifies for (see instructions)         tates forms       to all amount from Form(s) W-2, box 1 (see instructions)       1a       1a       63, 705.         tates forms       the dependent care benefits from Form 2441, line 26       1a       1a       1a         tates forms       the dependent care benefits from Form 2441, line 26       1a       1a       1a         tates forms       the dependent care benefits from Form 2441, line 26       1a				ne hac	i income)								
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Comparison of the transment of transment of the transment of the transment of the transment of transment of the transment of transment of transment of the transment of transmen	one box.	L If s		nomo	ofvouro	nouse If you	, oh	, ,		0.	,	ild'e ne	ma if tha
Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       □ Yes       X No         Standard Deduction       Someone can claim:       □ You as a dependent       □ Your spouse as a dependent       □         Age/Blindness       You:       Were born before January 2, 1959       □ Are blind       Spouse:       □ Was born before January 2, 1959       □ Is blind         Dependents, see instructions;       (f) First name       Last name       (g) Fedalionship       (d) Check the box if qualifies for (see instructions); Child tax credit       Check the box if qualifies for (see instructions); Child tax credit       □       □         If more there       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       63, 705.         It was withhed.       1       □       □       □       □         Ve2 aera       d       Medicaid waiver payments not reported on Form(s) W-2.       1b       1b         We2 aera       Medicaid waiver payments not reported on Form(s) 839, line 29       1f       1         We2 aera       f       Employee-provided adoption benefits from Form 2431, line 26       1b       1a         Medicaid naiver pay election (see instructions)       11       1												iiu s na	
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard Deduction       Someone can claim:       \orage vou were a dual-status alien       \orage vou settemizes on a separate return or you were a dual-status alien         Age/Blindness You:       \Vere born before January 2, 1959       Are blind       Spouse:       \Vere born the box if qualifies for (see instructions);         If more dependents, see instructions       (1) First name       Last name       (2) Social security number       (2) Relationship       (4) Check the box if qualifies for (see instructions);         If more dependents, see instructions       (1) First name       Last name       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions);         If more dependents, see instructions       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         If more two dependents, see instructions       1       1       1       1       1       1         If conta       and check here       1       1       1       1       1       1         Nota       and check here       1       1       1       1       1       1       1       1       1													
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Age/Blindness       You:       You as a dependent:       (a) Social security       (a) Relationship       (a) Check the box if qualifies for (see instructions):         If more       (i) First name       Last name       number       (b) You       (c) Check the box if qualifies for (see instructions)         If more       (i) First name       Last name       number       (c) Credit for other dependents         if more       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       63,705.         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1c       1c         if the forme       b       Household employee wages not reported on Form(s) W-2.       1a       63,705.         If you did not gift a form       g       Wages from Form 8919, line 6       1e       1a       63,705.         If you did not gift a form       g       Wages from Form 8919, line 6       1a       1a       63,705.         If you did not gift a form       g       Wages from Form 8919, line 6       1a       1a <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>,.</td> <td>.,</td> <td><b>—</b></td> <td></td>				•						,.	.,	<b>—</b>	
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (u) First name       Last name       (u) Pleationship       (d) Check the box if qualifies for (see instructions):         If more       (i) First name       Last name       mumber       (u) Pleationship       (d) Check the box if qualifies for (see instructions):         ese instructions								-	t)? (Se	e instructio	ons.)		es 🖄 No
Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         dependents, see instructions		_		•									
Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here	Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	allen	1					
If more than backing in more than four dependents in four dependents dependents in four dependents de	Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
If more       If more       If more       If more         than four       dependents, see instructions       Image: See instructions       Image: See instructions         and check       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         W-2g and 1099-R if tax       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         W-2g and 1099-R if tax       Image: See instructions       Imagee: See in	Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	ip (4				,
dependents, see instructions	If more	<b>(1)</b> F	(1) First name Last name			number		to you		Child tax o	credit	Credit fo	or other dependents
see instructions       a													
here       .		s ——											
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       63,705.         Attach Forms()       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 Arad.       C       Tip income not reported on line 1a (see instructions)       1c       1d         W-2 Arad.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-2 Arad.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-2 Arad.       Taxable dependent care benefits from Form 2441, line 26       1e       1d         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g         get a Form       Wages from Form 8919, line 6       1       1a       63,705.         V-2, see       in Other earned income (see instructions)       1i       1       0.         V-2, see       in Nontaxable combat pay election (see instructions)       1i       1z       63,705.         Zatad       b       Ordinary dividends       3b       1z       63,705.         Attach Sch. B       required.       3a       0       0rdinary dividends       3b         Attach Sch. B       if required.       3a		ı —											
Attach Form(s) W-2 here.Also       b       Household employee wages not reported on Form(s) W-2		1	Total amount from Form(a) M/ 0, b	av 1 /a		ationa)					4.		62 705
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2 Ptere, Also       C       Tip income not reported on Form(s) W-2 (see instructions)       1d         W-2G and 1099-R if tax       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         Was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1e         If you did not get a Form W-2, see       g       Wages from Form 8919, line 6       1g         W-2, see       in Nontaxable combat pay election (see instructions)       1h       0.         W-2, see       instructions.       1i       1z       63,705.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       4a       b       Taxable amount       4b       5b         Standard       5a       b       Taxable amount       6b       5b         Standard       5a       C       If you el	Income			•		,						_	03,703.
attach Forms W-2G and 109-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         109-R if tax was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see instructions.       g       Wages from Form 8919, line 6       1g         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         M-2, see instructions.       h       Other earned income (see instructions)       1g         W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Add lines 1 a through 1h       .       .       1z       63,705.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         Standard       a       IRA distributions       .       4a       b       Taxable amount       4b         Standard       a       IRA distributions       .       .       .       .       .         Standard       a       IRA distributions       .       .       .       .       .       .         Standard       a       IRA distributions       .       .       . <td>• • •</td> <td></td> <td colspan="7"></td> <td></td> <td></td> <td></td>	• • •												
W-26 and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         If you did not get a Form W-2, see instructions.       Wages from Form 8919, line 6       1g         If you did not get a Form W-2, see instructions.       Wages from Form 8919, line 6       1g         Z       Add lines 1a through 1h       1i         Z       Add lines 1a through 1h       1z         Z       Add lines 1a through 1h       2a         Z       Add lines 1a through 1h       2b         Jtandard       Qualified dividends       3a         Gualified dividends       3a       b Ordinary dividends       3b         Standard       Pensions and annuities       5a       b Taxable amount       4b         Standard       C       If you elect to use the lump-sum election method, check here (see instructions)       7         Maried filing jointly or Oualifying surviving spouse, Standard deduction or itemized deduction from Schedule 1, line 10       7         Maried filing surviving spouse, Standard       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         Standard deduction or		-		•		-							
Independent of the second s		e											
ger a 10 min       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1a through 1h       1a       1a       1a         Attach Sch. B       za       Add lines 1a through 1h       1a       2b         Attach Sch. B       za       Qualified dividends       2a       b       b       Caracteria       2b         Attach Sch. B       za       Qualified dividends       za       2a       b       Ordinary dividends       za       2b         Standard       4a       IRA distributions       za       4a       b       Taxable amount       db       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       db       6b         Standard       5a       Social security benefits       6a       b       Taxable amount       db       7         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       db       7         Married filing       Standard       Additional income from Schedule D if required. If not required, check here       7       8       -8,772. <td></td> <td>f</td> <td>·</td> <td></td> <td colspan="4">m Form 8839, line 29</td> <td></td> <td>. 1f</td> <td></td> <td></td>		f	·		m Form 8839, line 29					. 1f			
ger a 10 min       h       Other earned income (see instructions)       1h       0.         w-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1a through 1h       1a       1a       1a         Attach Sch. B       za       Add lines 1a through 1h       1a       2b         Attach Sch. B       za       Qualified dividends       2a       b       b       Caracteria       2b         Attach Sch. B       za       Qualified dividends       za       2a       b       Ordinary dividends       za       2b         Standard       4a       IRA distributions       za       4a       b       Taxable amount       db       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       db       6b         Standard       5a       Social security benefits       6a       b       Taxable amount       db       7         Married filing       c       If you elect to use the lump-sum election method, check here (see instructions)       db       7         Married filing       Standard       Additional income from Schedule D if required. If not required, check here       7       8       -8,772. <td>lf you did not</td> <td>g</td> <td>Wages from Form 8919, line 6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 10</td> <td>I</td> <td></td>	lf you did not	g	Wages from Form 8919, line 6								. 10	I	
instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       .       .       1i       63,705.         Attach Sch. B       2a       Tax-exempt interest       .       2a       b       Taxable interest       .       2b         Attach Sch. B       2a       Qualified dividends       .       2a       b       Taxable interest       .       .       2b         Bandard Deduction for-       5a       Qualified dividends       .       4a       b       Taxable amount       . <th< td=""><td></td><td>h</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>. 1h</td><td>1</td><td>0.</td></th<>		h									. 1h	1	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-Single or Married filing separately, \$13,850       4a       IRA distributions       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       c       f         Value of filing is separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         8       Additional income from Schedule 1, line 10       .       .       9       54,933.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       .       10       11         9       54,933.       12       Standard deduction or itemized deductions (from Schedule A)       .       12       13,850.         11       54,933.       12       Standard deduction or itemized deductions (from Schedule A)       .       .       13         12       13,850.       13       Add lines 12 and 13       .       .       14       13,850.		i	Nontaxable combat pay election (s	see ins	structions)	)		<b>1</b> i					
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for- Single or Single or Single or Single or Ga       5a       5a       b       Taxable amount       4b         5a       5a       5a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing jointly or Qualifying surving spouse, \$27,700       8       Additional income from Schedule 1, line 10       77         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       54,933.         10       11       54,933.       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       54,933.         12       13,850.       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14		z	U I	• •							. 1z	:	63,705.
Out       Galarity dividends :												-	
Standard Deduction for -       5a       5a       b       Taxable amount	If required.												
Deduction for- Single or Married filing jointly or Qualifying surviving spouse, \$27,700       Sa       Def taxable amount	Standard											-	
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for—											-	
separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying spouse, \$27,700       8       Additional income from Schedule 1, line 10       8       -8,772.         9       54,933.       \$27,700       10       Adjustments to income from Schedule 1, line 26       9       54,933.         \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       10       11       54,933.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.					moth	oback have			ι	· · ·	. 61	)	
Married filing jointly or Qualifying surviving spouse, \$27,700Additional income from Schedule 1, line 10Interfequiled, check hereInterfequiled, check h							•	,	• •		<b>7</b>		
Qualifying surving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income954, 933.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1154, 933.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 1314	<ul> <li>Married filing</li> </ul>								• •	!			-8.772
10       Adjustments to income from Schedule 1, line 26       10         11       Subtract line 10 from line 9. This is your adjusted gross income       11       54,933.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	Qualifying								• •				
Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       54,933.         \$12       13,850.       12       13,850.         \$14       13												,	
\$20,80012Standard deduction or itemized deductions (from Schedule A)1213,850.If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1313If d lines 12 and 13131413,850.14	<ul> <li>Head of</li> </ul>		•										54,933.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314131413,850.	\$20,800			-	-	-							
Deduction,         14         Add lines 12 and 13         14         13,850	any box under							95-A				-	
	Deduction,	14	Add lines 12 and 13								. 14		13,850.
	see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	e.		. 15	5	41,083.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	4,709.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	4,709.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,709.
	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 <b>total tax</b>					24	4,709.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 8	3,210.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,210.
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)			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	ie 15			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 <b>to</b>	tal payments				33	8,210.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	3,501.
	35a	Amount of line 34 you want			3 is attached, che	ck here	🗌	35a	3,501.
Direct deposit?	b	Routing number 3 2 2			c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 6 2	5 2 9 5	6 3					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> v	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	structions					omplete b		X No
	De na	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Cian		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity
		0							IN, enter it here
Joint return?					DEVOPS EN		(see ii	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in	-	ection Fin, enter it here
	Ph	one no. (925)758-290	6	Email address	Ι	PEDDI@GMAIL.C	 ∩M	-	
		eparer's name	0 Preparer's signat						Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		ITTU DAGAN	SOLIA IADDAM	101/01/2024	-		678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIDNICIC IN			1 1 11 11 1		Form <b>1040</b> (2023)
GO 10 W WW.115.90	JVII OII	in the instructions and the late	st mornation.		BAA	REV 01/21/24 PRO			10111 10-10 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

### Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	al security number
VARSHITH SAI	PEDDI	101-27	-3328
Part I Additio	onal Income		

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	-8,772.
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)	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	<u>8s (</u>	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	_	
u	Wages earned while incarcerated	<u>8u</u>	_	
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 <b>additional income</b> . Enter 1040, 1040-SR, or 1040-NR, line 8	here and on Form	10	-8,772.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	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			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			
ĥ	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 a	nd on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	<b>BAA</b> REV 01/21/24 PRO		Schedule 1 (	Form 1040) 2023

SCHEDULE	Ε
(Form 1040)	

### **Supplemental Income and Loss**

OMB No. 1545-0074  $\frown$ 

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

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.

.,	2023
	Attachment Sequence No. <b>13</b>

Name(s)	) shown on return						Your so	cial security	number
VARSHITH SAI PEDDI 101-27						27-3328			
Part	I Income or Loss From Rental Real Estate Note: If you are in the business of renting personal pro- rental income or loss from Form 4835 on page 2, line 4	operty, use		<b>C</b> . See	instru	ctions. If you	are an inc	lividual, rep	ort farm
Α	Did you make any payments in 2023 that would require y		Form(s) 1	0992.5	See ing	structions			s X No
	f "Yes," did you or will you file required Form(s) 1099?								
1a	Physical address of each property (street, city, state,								
					-				
<u> </u>	VIKAS NAGAR EXTENSION GUNTUR ANDHRA	PRADE	SH IN 5	2200	/				
B C									
 1b	Type of Property <b>2</b> For each rental real estate pro	on orthy lie	tod		Ба	ir Rental	Deree	nal Use	
10	Type of Property (from list below) 2 For each rental real estate pro- above, report the number of f				Га	Days		ays	QJV
A	personal use days. Check the	QJV bo	x only	Α		365		0	
В	if you meet the requirements			B					
С	qualified joint venture. See ins	struction	s.	С					
Туре	of Property:						1		
1	Single Family Residence 3 Vacation/Short-Term F	Rental	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert			
Incom	ne:			Α		B			С
3	Rents received	3			25.				•
4	Royalties received	4		-					
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	62.				
8	Commissions	8		2	30.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,4	30.				
12	Mortgage interest paid to banks, etc. (see instructions								
13	Other interest	13		1 0					
14	Repairs	14			11.				
15	Supplies	15		1,4	97.				
16 17	Taxes	16 17		2,5	67				
17 18	Depreciation expense or depletion	18		4,5	07.				
19	Other (liet)	10							
20	Total expenses. Add lines 5 through 19	20		9,2	97.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties).			-,4					
	result is a (loss), see instructions to find out if you mu								
	file Form 6198 <sup>°</sup>	21		-8,7	72.				
22	Deductible rental real estate loss after limitation, if an	ıy,							
	on Form 8582 (see instructions)	22	(	8,77	2.)	(		)(	)
23a	Total of all amounts reported on line 3 for all rental pro-				23a		525.		
b	Total of all amounts reported on line 4 for all royalty p	-			23b				
c	Total of all amounts reported on line 12 for all propert				23c				
d	Total of all amounts reported on line 18 for all properties   23d								
e		Total of all amounts reported on line 20 for all properties   23e   9,297.							
24 25	<b>Income.</b> Add positive amounts shown on line 21. <b>Do</b>				· ·	••••••••••••••••••••••••••••••••••••••	· 24	_	0 770 \
25 26	Losses. Add royalty losses from line 21 and rental real es								8,772.)
26	Total rental real estate and royalty income or (lose here. If Parts II, III, and IV, and line 40 on page 2 do								
	Schedule 1 (Form 1040), line 5. Otherwise, include this						. 26		-8,772.

# DEPARTMENT OF REVENUE

## **2023 Form M1, Individual Income Tax** Do not use staples on anything you submit.



VARSHITH SAI Your First Name and Initial		PEDDI Last Name			07131996 Your Date of Birth (MM/DD/YYYY)		
580	Return, Spouse's First Name and Initial RUTH WAY Home Address	Spouse's Last Name		Spouse's Social Security Numbe Check if Address is:	r Spouse's Da	te of Birth	
	ERMORE			<u>CA</u> State	<u>94550</u> ZIP Code		
	B Federal Filing Status (	place an X in one	box):				
<b>X</b> (1	) Single (2) Married Filing Jointly	Spouse Name		(4) Head of Household	(5) Qualifyin	g Surviving Spouse	
	E Elections Campaign F \$5 to this fund, enter the code for the party		dates for state offices pa	y campaign expenses. This will not i	increase your tax	or reduce your refund	
Your Coc		•		Grassroots/Legalize Cannabis 14 Libertarian16			
Fron	n Your Federal Return (	see instructions)					
A. Wage	63705 es, salaries, tips, etc. B. IRA, p	0 pensions, and annuities	C. Unemployme	0 D. Fe	4108 deral taxable in		
1	Federal adjusted gross income (fro	om line 11 of federal Form 1	040 and 1040-SR)		1 🗖	54933	
2	Additions to income from line 10 oj	f Schedule M1M and line 9 c	of Schedule M1MB (s	ee instructions)	2		
3	Add lines 1 and 2				3	54933	
4	Itemized deductions (from Schedu	le M1SA) or your standard c	deduction (see instru	ictions)	4	13825	
5	Exemptions (from Schedule M1DQ	C)			5		
6	State income tax refund from line 1	l of federal Schedule 1			6		
7	Subtractions from line 35 of Schedu	ule M1M and line 21 of Sche	edule M1MB (see ins	tructions)	7 🔳		
8	Total subtractions. Add lines 4 thro	ugh 7			8	13825	
9	Minnesota taxable income. Subtra	act line 8 from line 3. If zero	or less, leave blank.		9	41108	
10	Tax from the table or schedules in t	the Form M1 instructions			10	2362	
11	Alternative minimum tax (enclose s	Schedule M1MT)			11 🔳		
12	Add lines 10 and 11				12	2362	
13	Full-year residents: Enter the amound         Part-year residents and nonresider         line 13, from line 28 on line 13a, and         13a       0         13a	nts: From Schedule M1NR, er	nter the amount from	n line 32 on	13	2362	

2023 M1, page 2



14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)	
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14
15	Tax before credits. Add lines 13 and 14	152362
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16
17 18	Subtract line 16 from line 15 (if result is zero or less, leave blank)         Nongame Wildlife Fund contribution (see instructions)         This will reduce your refund or increase the amount you owe	17     2362       18 ■
19	Add lines 17 and 18	192362
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	<b>20 ■</b> 3789
21	Minnesota estimated tax and extension payments made for 2023	21
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22
23 24	Total payments. Add lines 20 through 22 <b>REFUND</b> . If line 23 is more than line 19, subtract line 19 from line 23 (see instructions).For direct deposit, complete line 25	
25	Direct deposit of your refund (you must use an account not associated with a foreign bank): Checking Savings 322271627 962529563	24
26 27	Routing Number       Account Number         AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)          Penalty amount from Schedule M15 (see instructions). Also subtract       this amount from line 24 or add it to line 26 (enclose Schedule M15)	
28 IF Y	Penalty and interest (see instructions)	28 🔳
29	Amount from line 24 you want sent to you	29 🗖
30	Amount from line 24 you want applied to your 2024 estimated tax	30
Тахр	ayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.	

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)		
9257582906 Daytime Phone	VARSHITHSAIPEDDI@GMAIL.COM			
SYAM PRIYA RAM SAGAR GUPTA TALLAM Paid Preparer's Signature 6789659522 Preparer's Daytime Phone	01312024P02082703Date (MM/DD/YYYY)PTIN or VITA/TCE # (reqsyam@gtaxfile.comPreparer's Email Address			
I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Reven	nue to discuss this tax return		

with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules. Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

## DEPARTMENT OF REVENUE



## 2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VARSHITH SAI	PEDDI	101273328
Your First Name and Initial	Last Name	Your Social Security Number
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

	Α	B—Box 13	C—Box 15	D—Box 16	E—Box 17
	If the Form W-2 is for:	If Retirement Plan	Employer's seven-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
	<ul> <li>you, enter 1</li> </ul>	box is checked,	Tax ID Number	(round to nearest whole dollar)	(round to nearest whole dollar)
	• spouse, enter 2	mark an X below.			
	a1 <u>1</u>	b1	c1 MN3794676	d163705	e13789
	a2	b2	c2 MN	d2	e2
	a3	b3	c3 MN	d3	e3
	a4	b4	c4 MN	d4	e4
	a5	b5	c5 MN	d5	e5
	Subtotal for additior	nal Forms W-2 (from	n line 5 on page 2)		
	Total Minnesota tax	withheld on all Fo	rms W-2 (add amounts in line 1, co	olumn E)	1 3789
2	Minnesota tax with	neld on Forms 1099	, W-2G, and 1042-S. If you have m	ore than four forms, complete line	6 on the back.
	Α		В	С	D
	If the Form 1099, W-2G	, or 1042-S is for:	Payer's seven-digit Minnesota Tax II	D Income amount <i>(see the table on</i>	Minnesota tax withheld
	• you, enter 1		Number (if unknown, contact the po	ayer) the back for amounts to include)	(round to nearest whole dollar
	• spouse, enter 2				
	a1		b1 MN	c1	d1
	a2		b2 MN	c2	d2
	a3		b3 MN	c3	d3
	a4		b4 MN	c4	d4
	Subtotal for additior	nal 1099, W-2G, and	1042-S (from line 6 on page 2)		
	Total Minnesota tax	withheld on all 10	99, W-2G, and 1042-S (add amour	nts in line 2, column D)	2
3			erships, S corporations, and fiduc		
		,			3
4			on lines 1, 2, and 3.		2000
	Enter the total here	and on line 20 of F			4 3789
			Include this schedule wi		
			If required, include Schedu		
	REV 01/21	/24 PRO	103	1	,