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	I security	y numb	er
AJA	AY BABU DHULIPALLA	70	4-69-	-5816	
Spouse	o's name	Spous	se's soci	ial secu	rity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ent	ər year	you ar	re aut	horizing.)
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	55 , 382.
2	Total tax			2	4,763.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			3	10,788.
4	Amount you want refunded to you			4	6,025.
5	Amount you owe			5	
Par				y of y	our return)

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		En
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	<u> </u>
			-			19

9	5	8	1	6	
Ente don	er fiv n't er	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 N	ethod Returns Only—continue below
Part III Certification and Authentication – Pr	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur five-digit self-selected 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 signature 🕨		Date 🕨	
	Must Retain This Form — See t This Form to the IRS Unless		
For Paparwork Poduction Act Nation son your	tax raturn instructions	REV 01/27/24 RRO	Eorm 8879 (Bey, 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use O	nly—Do not	write or st	taple in this space	e.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	eparate	instructions.	
Your first name	and mi	iddle initial	Last r	name						Your s	ocial se	curity number	r
AJAY BAE	BU		DHU	LIPALI	LA					704	69	5816	
		s first name and middle initial	Last r									al security num	ıber
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Presid	ential El	ection Campa	aign
		TORM AVENUE										you, or your	* ~
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ite	ZIP co	ode			i jointly, want ind. Checking	
TAMPA						FI	-	336		box be		not change	
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	in postal coo	le your ta	ax or ref		
		a									<u> </u>	ou Spo	use
Filing Status		Single					Head of h	ouseh	old (HOH)				
Check only		Married filing jointly (even if only on the second se	ne hao	l income)						. (000)			
one box.		Married filing separately (MFS)		-f					• •	. ,			
		you checked the MFS box, enter the alifying person is a child but not you											
Digital		ny time during 2023, did you: (a) rec											
Assets		hange, or otherwise dispose of a dig					-	et)? (Se	e instruct	ions.)	∐ Y	'es 🛛 No	
Standard	_	eone can claim: You as a de	•				a dependent						
Deduction		Spouse itemizes on a separate retur	n or ye	ou were a	dual-status	alien	1						
Age/Blindness	S You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bor	n befo	ore Januar	y 2, 1959		ls blind	
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	ip (4) Check the	box if qua	lifies for	(see instructio	ns):
If more	(1) F	irst name Last name			number		to you		Child tax	credit	Credit f	or other depend	ents
than four													
dependents, see instructions	s ——												
and check													
here L	4	To be have a set from a for a set (a) M(o h			- 1'								2
Income	1a ⊾	Total amount from Form(s) W-2, b			,					. 1	-	68,912	<u>.</u>
Attach Form(s)	b c	Household employee wages not re Tip income not reported on line 1a	•		.,					· 1			
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep	•		,					. 1			
W-2G and	e	Taxable dependent care benefits f		•	, ,					. 1			
1099-R if tax was withheld.	f	Employer-provided adoption bene			-					. 1			
lf you did not	g	Wages from Form 8919, line 6 .								. 1	g		
get a Form W-2, see	h	Other earned income (see instruct								. 1	h	().
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i						
	z	Add lines 1a through 1h	• •							. 1	z	68,912	2.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2	b		
if required.	3a		3a				Ordinary divide			. 3			
Standard	4a		4a				axable amoun			. 4			
Deduction for—	5a		5a				axable amoun			. 5			
 Single or Married filing 	6a	, _	6a				axable amoun	t		. 6	b		
separately, \$13,850	c 7	If you elect to use the lump-sum e						• •			,		
 Married filing 	7	Capital gain or (loss). Attach Scher										-13 500	<u> </u>
jointly or Qualifying	8 9	Additional income from Schedule	,					• •		. <u>8</u> . 9		-13,530 55,382	
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche						• •		· ·			•
 Head of 	11	Subtract line 10 from line 9. This is						• •		. 1		55,382	>
household, [\$20,800	12	Standard deduction or itemized	-							· ·		13,850	
 If you checked any box under 	13	Qualified business income deduct								. 1	_		•
Standard Deduction,	14	Add lines 12 and 13								. 1		13,850).
see instructions.	15	Subtract line 14 from line 11. If zer		ess, enter	-0 This is y	our	taxable incom	ie .		. 1		41,532	

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	4,763.
Credits	17	Amount from Schedule 2, lin	e3				-	17	
	18	Add lines 16 and 17						18	4,763.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	4,763.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	4,763.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 1	D,788.		
	b	Form(s) 1099				25b	·	-	
	С	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	10,788.
	26	2023 estimated tax payment						26	
If you have a l qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin				31		1	
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-			• •	33	10,788.
Defined	34	If line 33 is more than line 24						34	6,025.
Refund	34 35a		·			, .	· ·	34 35a	6,025.
Direct deposit?	b soa	Amount of line 34 you want Routing number $0 \mid 5 \mid 1$				Checking		358	0,023.
See instructions.		Account number 4 3 5					Savings		
	d	· · · · · ·							
	36	Amount of line 34 you want a				36		-	
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete	bolow	× No
Designee							•		INO NO
	nai	signee's ne		Phone no.			sonal identi 1ber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	edules and stateme	nts, and to	the best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informat	ion of whic	h prepar	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	e IRS se	nt you an Identity
					-				IN, enter it here
Joint return?					MANAGER			inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.								inst.)	sector r inv, enter it here
	Ph	one no. (571) 461-968	Λ	Email address		JAY@GMAIL.C	 ∩M		
		eparer's name	Preparer's signat	I	AUTITITITI	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P0208	2703	Self-employed
Preparer		n's name GLOBAL TAX		ITTUI DAGAN	GOLIN INDAM	102/07/2024			(678) 965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816			ne no. (n's EIN	
Co to united into an		1040 for instructions and the late		NOWICK N				5 EIIN	84-3171965 Form 1040 (2023)
GO IO WWW.IIS.go	wrom	no40 for instructions and the late	st mornation.		BAA	REV 01/27/24 PRO			Form IUHU (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social secu
AJAY BABU DHULIPALLA	704-69-5816

1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a Aimony received 2a bate of original divorce or separation agreement (see instructions): 3 3 Business income or (loss). Attach Schedule C 3 4 Other gains or (losse). Attach Schedule F 5 6 Farm income or (loss). Attach Schedule F 6 7 Unemployment compensation 8a (8 Other income: 8a (9 Cancellation of debt 8c 6 Farmi ncome or Mess3 8a (7 Other income: 8b 8 Cancellation of debt 8c 7 Backed 8d 8 Foreign earned income exclusion from Form 2555 8d (9 Alaska Permanent Fund dividends 8g 9 Houry duty pay 8h 1 Income from Form 8883 8f 9 Alaska Permanent Fund dividends 8g 1 Income from Form 8883 8f 1 Income from the rental of personal property if you engaged in the rental for profit but ware not in the business of renting	Par	t I Additional Income			
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for profit but were not in the business of renting such property 81 m Olympic and Paralympic medals and USOC prize money (see instructions) 81 n Section 951(a) inclusion (see instructions) 8n o Section 951A(a) inclusion (see instructions) 8n p Section 461(l) excess business loss adjustment 8o q Taxable distributions from an ABLE account (see instructions) 8g 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 8s (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 here and on Form	k				
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 z Other income. List type and amount:				- 1	
9 Total other income. Add lines 8a through 8z	u			- 1	
 9 Total other income. Add lines 8a through 8z	Z	Other income. List type and amount:			
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form	~				
10 Combine lines 1 through / and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	-	I otal other income. Add lines 8a through 8z	 _	9	
1040, 1040, 1040, 1040, 1040, 1010, 1010, 1010, 00, 00, 00, 00, 00,	10	Complue lines 1 through / and 9. This is your additional income . Enter here and or	i Form		_12 520
For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040) 2023	For Po			-	

1	t II Adjustments to Income Educator expenses				. 11	
				• •		
2	Certain business expenses of reservists, performing artists, and fee	-basis	s gov	ernmei	nt . 12	
•	officials. Attach Form 2106	• •	• •	• •	· 12 · 13	
3	Health savings account deduction. Attach Form 8889					
4	Moving expenses for members of the Armed Forces. Attach Form 3903					
5	Deductible part of self-employment tax. Attach Schedule SE					
6	Self-employed SEP, SIMPLE, and qualified plans					
7	Self-employed health insurance deduction					
8	Penalty on early withdrawal of savings					
9a	Alimony paid					1
b	Recipient's SSN	·			_	
С	Date of original divorce or separation agreement (see instructions):				_	
20	IRA deduction					
21	Student loan interest deduction					
22	Reserved for future use					
3	Archer MSA deduction				. 23	
24	Other adjustments:					
а	Jury duty pay (see instructions)	24a				
b	Deductible expenses related to income reported on line 8I from the					
	rental of personal property engaged in for profit	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					
Ŭ	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f				
g	Contributions by certain chaplains to section 403(b) plans	24g			_	
•	Attorney fees and court costs for actions involving certain unlawful	279			_	
	discrimination claims (see instructions)	24h				
		2411			_	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect					
	tax law violations	04:				
		24i			_	
j	Housing deduction from Form 2555	24j			_	
ĸ	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				n	
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>		<u> </u>	. 26	

(Form 1040) (From		rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)							20	23		
Department of the Treasury Internal Revenue Service G		Go to ww	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. www.irs.gov/ScheduleE for instructions and the latest information.				Attachment Sequence No. 13					
Name(s) shown on return										ur social security number		
AJAY BABU DHULIPALLA 704-69-						9-5816						
Part	Note: If yo	ou are in	the business o	of renting personal prope	rtv. use		c . See	e instruc	ctions. If you a	re an indiv	ridual, repo	ort farm
A [4835 on page 2, line 40. that would require you		Earm(a) 1	0002 0	200 ino	tructions			
 1a												
						,			NDEQU TN	E00001		
 	1-41/1, KASYAPURAM PANGULURU, ADDANKI PRAKASAM, ANDHRA PRADESH IN 523201											
C												
 1b	Type of Prope	erty 2 For each rental real estate property listed Fair Rental Personal Use						0.11/				
	(from list below			rental and				Days	Days		QJV	
Α	3					Α		365		0		
B				pint venture. See instru			В					
<u> </u>			. ,				С					
	of Property: Single Family R	Poeidon	00 2 Vo	cation/Short-Term Rer	tal	5 Land		7	Self-Rental			
	Multi-Family Re			mmercial	itai	6 Roya			Other (descri	be)		
								0				
Incom							•		Propertie	es:		<u>^</u>
Incom 3		4			3		A	80.	В			С
4					4			.00.				
Exper												
5					5							
6	•				6							
7	Cleaning and maintenance			7		ç	950.					
8	Commissions			8								
9					9							
10	•	•			10							
11	•			· · · · · · · ·	11		1,4	00.				
12 13		-		tc. (see instructions)	12							
14					14		2.0)50.				
15	a				15			510.				
16					16							
17	Utilities				17		7,1	.00				
18	•	expense	e or depletion		18							
19	Other (list)				19							
20	•		-	gh 19	20		14,0	10.				
21				and/or 4 (royalties). If o find out if you must								
					21		-13,5	30.				
22				after limitation, if any,								
	on Form 8582 (see instructions)			22	(13,53	30.)	()	(
23a	Total of all am	otal of all amounts reported on line 3 for all rental properti						23a		480.		
b	Total of all amounts reported on line 4 for all royalty prope						23b	·				
С				ne 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties Total of all amounts reported on line 20 for all properties						23d		010			
е 24				ne 20 for all properties own on line 21. Do no		 do any loy		23e	14	,010. 24		
24 25		-		21 and rental real estat		-		nter to	tal losses here		(1	3,530.
		Juny 10		una ionta iou ootat							<u> </u>	

Supplemental Income and Loss

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

26

-13,530.

OMB No. 1545-0074

SCHEDULE	Е
(Form 1040)	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8889 Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

	2023			
	Attachment Sequence No. 52			
mber of HSA beneficiary.				

Internal	nternal Revenue Service Go to www.irs.gov/Form8889 for instructions and the latest information.				Sequence No. 52		
. ,	If both spous		If both spouses h	number of HSA beneficiary. s have HSAs, see instructions.			
AJAY	-581	.6					
Befor	re you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requi	ired.		
Part		partributions and Deduction. See the instructions before completing h you and your spouse each have separate HSAs, complete a separate					
1	Check the bo See instruction	Self-only Eamily					
2	HSA contribut unextended d contributions	nade by the	2	0.			
3	were, or were	nder age 55 at the end of 2023 and, on the first day of every month during considered, an eligible individual with the same coverage, enter \$3,850 ge). All others , see the instructions for the amount to enter	(\$7,750 for	3	3,850.		
4	Enter the amount lines 1 and 2. include any ar	g 2023, also	4	0.			
5	Subtract line 4	from line 3. If zero or less, enter -0		5	3,850.		
6		ount from line 5. But if you and your spouse each have separate HSAs and er an HDHP at any time during 2023, see the instructions for the amount to e		6	3,850.		
7		je 55 or older at the end of 2023, married, and you or your spouse had fami IP at any time during 2023, enter your additional contribution amount. See ins		7	0.		
8		d7		8	3,850.		
9		tributions made to your HSAs for 2023	12.				
10		funding distributions		44	1.0		
11				11 12	12.		
12 13		11 from line 8. If zero or less, enter -0		12	3,838.		
15		e 2 is more than line 13, you may have to pay an additional tax. See instruction		13	0.		
Part	_	stributions. If you are filing jointly and both you and your spouse eac ate Part II for each spouse.	h have sepa	rate H	HSAs, complete		
14a	Total distribut	ions you received in 2023 from all HSAs (see instructions)		14a			
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions						
с	-	14b from line 14a		14b 14c			
15		ical expenses paid using HSA distributions (see instructions)		15			
16	Taxable HSA	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f					
17a		istributions included on line 16 meet any of the Exceptions to the Addition uctions), check here					
b	are subject to	% tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Scheduline 17c	ule 2 (Form	17b			
Part	III Income complet	e and Additional Tax for Failure To Maintain HDHP Coverage. See ting this part. If you are filing jointly and both you and your spouse easte a separate Part III for each spouse.	the instruction	ons b			
18	Last-month ru	le		18			
19		funding distribution		19			
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .			20			
21	1040), Part II,	x. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched line 17d		21	-		
For Pa	perwork Reduct	tion Act Notice, see your tax return instructions. BAA REV 01/23	7/24 PRO		Form 8889 (2023)		