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

### 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)

Taxpay	er's name	Social secur	ty numb	ber
VIJ	AYABHASKAR REDDY ANNEM	866-27	-099	9
Spouse	s's name	Spouse's so	cial secu	urity number
Par	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	year you a	are au	thorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		1	55,387.
2	Total tax		2	4,763.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	7,190.
4	Amount you want refunded to you		4	2,427.
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
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X l authorize GLOBAL TAXES LLC to enter or generate my PIN

	er fiv n't er	as my			
7	0	9	9	9	

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. aller

Your signature

Date 🕨	02/05/2023

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 ►	Da	ate 🕨	•								
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method	l Only										
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.	2	2			 	0 {	_	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 🕨	
	st Retain This Form — Se is Form to the IRS Unless		
For Department Reduction Act Nation and your tax re		REV 01/27/24 RBO	Earm 8879 (Payr 01 2021)

Deduction for-       Sa       Definition and annulation annulation annulatintexterial annulating annulatingeteet annulatin	<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	vrite or sta	aple in this space.
Your thera mean and mode initial         Last name         Your social security number           VILITAY DERKARE REDOV         ANNEM         AGE [27] 0.939           Hjohn refurn, apouer's first name and mode initial         Last name         Spoure's social security number           Home address (number and affeet). If you have a P.O. box, see instructions.         Apt nm.         Presidential Election Campaign           74.9         MILDECON         RC, trown, or port office.         Totak have a P.O. box, see instructions.         Apt nm.           74.9         MILDECON         RC         Check have a P.O. box, see instructions.         The comparison of the	For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
If joint return, sposer's first name and middle initial       Last name       Sposer's social security number         14 detables (jumber not stree), if you have a P.O. box, see instructions.       A       A         74.9       MTDGEON DR       Ba       Creack instructions.       A         600.90       Forsign control files.       I/2 Code       Concernsity number       Creack instructions.       Creack instructio	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
I joint return, spoze's tint name and middle initial       Lat name       Spoze's social security number         Home address number in dravel, if you have a P.O. box, see instructions.       APL no.       Peridential Election Campaign         7.4.9 MIDG2OM DR       City, town, or post office. If you have a foreign address, also complete spaces below.       State       ZIP code       G0.0.9 Obsections       Toget on the foreign province/state/caunty       Foreign postal code       your tax or relind.       Toget on the foreign province/state/caunty       Foreign postal code       your tax or relind.       Toget on the foreign province/state/caunty       Toget postal code       your tax or relind.       Toget on the foreign province/state/caunty       Toget postal code       your tax or relind.       Toget on the foreign province/state/caunty       Toget postal code       your tax or relind.       Toget on the foreign province/state/caunty       Toget postal code       your tax or relind.       Toget on the foreign province/state/caunty       Toget postal code       your tax or relind.       Toget on the foreign province/state/caunty       You code code       Toget on the foreign province/state/caunty       Toget postal code       You code       Toget on the foreign province/state/caunty       You code       Toget postal code       You code       Toget postal cod	VIJAYABH	IASK	AR REDDY	ANN	ΈM						866	27	0999
749 WIDGEON DR       3A       Check here if you or you,"         Giv, tow, or past office. If you have a foreign address, also complete spaces below.       State       ZIP code         HEEELING       Check here if you, or you,"       State       ZIP code       by oth there if you or you,"         Foreign country name       Foreign province/state/country       Foreign country name       Check here if you, or you,"         Filing Status       Single       Check here if you, or you,"       Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign country name       Foreign country name       Check here if you, or you,"       Foreign country name       Country name       Country name       Foreign country name													
749 WIDGEON DR       3A       Check here if you or you,"         Giv, tow, or past office. If you have a foreign address, also complete spaces below.       State       ZIP code         HEEELING       Check here if you, or you,"       State       ZIP code       by oth there if you or you,"         Foreign country name       Foreign province/state/country       Foreign country name       Check here if you, or you,"         Filing Status       Single       Check here if you, or you,"       Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign country name       Foreign country name       Check here if you, or you,"       Foreign country name       Country name       Country name       Foreign country name		· · ·											
Import				Instruc	tions.					•			
IIL       60090       b go to this fund. Checking a         Foreign country name       Foreign province/state/county       Foreign postal code       your tax or rotund.         Filing Status       Married filing jointly (even if only one had income)       Oualifying survivas posues (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:         Digital       At any time during 2023, did you: (a) receive (as a reward, ward, 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       Mo         Standard       Someone can climic       You as a dependent       You as a dependent       Yes       Mo         Dependentis, see instructions):       (I) First name       Last name       Yes       Mo         Standard       Spouse itemizes on a separate return or you were a dual-status alien       Cedit for other dependent         Dependentis, see instructions):       (I) First name       Last name       (I) Social accurity       (I) First name       Last name         If the origin province/state/count       (I) Exist name       Last name       III       Codit for other dependent         W-20 and       (I) First name       Last name       IIII       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	-			mplete	spaces be	low	Sta	ite	ZIP c	-	1	,	· •
Foreign country name       Foreign province/state/county       Foreign patal code       your tax or infund.         Filing Status       Single       Image: Space and Space an			,,,										•
Filing Status       Single       Head of household (HOH)         Check only       Married filing jointly (even if only one had income)       Cualifying 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 serviving spouse, or common second to a digital asset (or a financial interest in a digital asset)? (See instructions)       Yes       No         Standard       Someone can clippicate as a dependent       Your as a dependent       Yes       No         Standard       Someone can clippicate as a dependent       Your gouse itemizes on a separate return or you were a dual-status alien       Yes       No         Standard       Someone can clippicate as a dependent       Your gouse itemizes on a separate return or you were a dual-status alien       Yes       No         Dependents       (See instructions);       (Perse instructions);       (Perse instructions);       Order dee instructions;         If more       1       Total amount from Form(s) W-2, box 1 (see instructions)       1       Sister for other dependent see instructions;       1       1       Sister for the dependent see instructions;       1					Foreign p	rovince/state/	-						•
Check only       Married filing isoparately (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:	0 ,				0 1						,	_	_
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If wou checked the MPS 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		] Single					Head of he	ouseh	old (HOH)			
one box.          Married filing separately (MFS)                Caulifying survives (QSS)          If you checked the MFS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse. If you checked the HOH or QSS box, enter the anne of your spouse as a dependent          Standard       Someone can claim:   You as a dependent   You spouse as a dependent               Press VM (MES)               Yes VM (MES)          Age/Bindness You:   Were born before January 2, 1959   Are blind             Pouses iterizes on a separate return or you were a dual-status allen               Pouses iterizes on a separate return or you were a dual-status allen          Age/Bindness You:   Were born before January 2, 1959   Are blind             Dependents                  (IFirst name Last name number in number in you checked the IPS box, environments	Check only		] Married filing jointly (even if only or	ne hac	l 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,         Assets       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 sous a dependent       Your spouse as a dependent       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) Pisst name       Image       Image       Image         If more       Last name       number       to you       Image       Image       Image         In ord check       Image       Image       Image       Image       Image       Image         In ord check       Image								, ,		• •	. ,		
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       ⊠ No         Standard Deduction       Someone can claim:       □ You as a dependent       □ Your spouse as a dependent       □       <						pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the chi	ild's na	me if the
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard       Someone can claim:       \our you were a dual-status alien       \our spouse as a dependent       \our spouse as a dependent         Age/Blindness You:       \Were born before January 2, 1959       \Are blind       Spouse:       \Was born before January 2, 1959       \status blind         Dependents       (a) First name       Last name       (a) Spouse:       \Was born before January 2, 1959       \status blind         If more       (1) First name       Last name       (a) Spouse:       \Was born before January 2, 1959       \status born before January 2, 1959       \status born before January 2, 1959       \status born born (a) Work to realifies for (see instructions);         If more       (1) First name       Last name       (a) Spouse:       \Was born before January 2, 1959       \status born born (a) Work to realifies for (see instructions);       than four dependent; than four dependent;         ese instructions		qu	alifying person is a child but not you	ir depe	endent:								
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:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (i) First name       Last name       (i) First name       Credit for other dependents         If more       (i) First name       Last name       number       (g) Relationship       (e) Credit for other dependents         if more       iii       Internet       Internet       Internet       Internet       Internet         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       55, 387.         Hitsch Forme       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1c       Internet         W-20 and not       g       Wages from Form 8918, line 6       1d       Internet       Internet         W-21 and not       g       Wages from Form 8918, line 6       1a       1a       55, 387.         Hittach Forme       g       Wages from Form 8918, line 6       1a       Internet </td <td>Digital</td> <td>At ar</td> <td>ny time during 2023, did you: (a) rece</td> <td>eive (a</td> <td>s a reward</td> <td>d, award, or</td> <td>payr</td> <td>ment for prope</td> <td>rty or</td> <td>services); or</td> <td>(b) sell,</td> <td></td> <td></td>	Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       A re blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (u) First name       Last name       (u) Relationship       (d) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (u) Relationship       (d) Check the box if qualifies for (see instructions):         Idependents, see instructions       and check       and check       and check       and check       and check         here       and theck       b       and check       b       and check       and check         here, Also       tastach Form(s)       W-2, box 1 (see instructions)       ta       55, 387.         Attach Form(s)       tastach forms       d       d       d       d         You di du       gwages from Form 8919, line 6	Assets	-						-	et)? (Se	e instructio	ns.)	<b>Y</b>	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       Image: Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependent         and check       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Image: Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependent         and check       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for		_		•									
Dependents (see instructions):       (2) Social security number       (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 return	n or yo	ou were a	dual-status	alien	1					
Control (II) First name       Last name       (C) Grant backet()       (C) Heat obtaining       (C) Heat obta	Age/Blindness	You	: Were born before January 2, 1	959	Are b	lind <b>Spo</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
If more       Interventions       Image between the set of th	Dependents	s (see	instructions):		(2) \$		/		ip <b>(4</b>	•	· · ·		,
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2       Image: see instructions       Image: see instructions       Image: see instructions         V=2 are Also       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         V=2 are Also       d       Medicaid waiver payments not reported on Form Seng Jine 29       Image: see instructions       Image: see instructions       Image: see instructions         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       Image: see instructions       Image: see instructions       Image: see instructions         instructors.       z       Add lines 1a through 1h       Image: see instructions       Image		<b>(1)</b> F	irst name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
see instructions       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       b       a       a       b       b       a       b													<u> </u>
here       .		s ——											
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       55, 387.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         W-2 here. Also       c       Tip income not reported on line 1a (see instructions)       1c       1d         W-2 G and       0       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         1099-R if tax       Taxable dependent care benefits from Form 2441, line 26       1e       1g       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1z       55, 387.         Xtach Sch. B       za       Tax-exempt interest       2a       b       Taxable interest       2b         3a       Qualified dividends       3a       b       Taxable amount       5b       5b         Standard       Sa       Sa       b       Taxable amount       5b       5b         Standard       Fensions and annuities       5a       b       Taxable amount       5b       5c         Standard diffing equinor (loss), Attach Sched	. —												
Attach Form(s) W-2 here.kls       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms W-2 here.kls       c       Tip income not reported on line 1a (see instructions)       1c         W-2 here.kls       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 are.kls       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 are.kls       f       Employer-provided adoption benefits from Form 2441, line 26       1g         get a Form       Wages from Form 8919, line 6       1g       1f         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1h       0.         y-2, see       h       Other earned income (see instructions)       1i       1g       1d         y-2, see       instructions       in Nontaxable combat pay election (see instructions)       1i       1z       55, 387.         Attach Sch. B       a       Qualified dividends       3a       b       Datable interest       2b         ff required.       3a       Qualified dividends       3a       b       Taxable amount       6b         standard Deduction for       5a       Pensions and annuities       5a       b       Taxable amount       <		1a	Total amount from Form(s) W-2 b	ox 1 (s	ee instruc	rtions)					1a		<u> </u>
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         w2 Ever, Also c       Tip income not reported on line 1a (see instructions)       1d         W2 Care, Also c       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W2 Care, Also c       Taxable dependent care benefits from Form 2441, line 26       1e         U09-R if tax       e       Taxable dependent care benefits from Form 8839, line 29       1f         If synudiant       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         W-2, see       instructions.       In       Nontaxable combat pay election (see instructions)       1t       55, 387.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       5b       6b         Standard       5a       b       Taxable amount       6b       5b         Standard Biling spouse, S13880       r       Sa       b       Taxable amount       6b         St	income					,							
attach Forms W-26 and 1099-R if tax was withheld.       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-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       g       Wages from Form 8919, line 6       1g         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         W-2, see       h       Other earned income (see instructions)       1g         we available combat pay election (see instructions)       1i       1z       55, 387.         Add lines 1a through 1h       2a       b       Taxable interest       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       b       Taxable amount       4b       5b         Standard       5a       b       Taxable amount       5b       5c         Standard       5a       b       Taxable amount       5b       5c         Standard       5a       b       Taxable amount       5b       5c <td>• • •</td> <td>с</td> <td></td> <td></td> <td></td> <td>. ,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	• • •	с				. ,							
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not get a Form       wages from Form 8919, line 6       1       1         W-2, see       Nontaxable combat pay election (see instructions)       1       1       1         W-2, see       Nontaxable combat pay election (see instructions)       1       1       0.         Add lines 1a through 1h       1       1       1       1         Attach Sch. B       2a       b       b Taxable interest       2b       2b         Attach Sch. B       a       Qualified dividends       3a       b       b Taxable amount       4b       3b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       5b       6b         Married fling separateling separateling ionity or Qualified dividend structions from Schedule 1, line 10       b       Taxable amount       6b       5b         Married fling ionity or Qualifying shouse, \$27.00       9       Additional income from Schedule 1, line 10       7       6b       7         Married fling ionity or Qualifying shouse, \$27.00       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is y	attach Forms	d									. 1d		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1i       1h       0.         w2.2, see       in Nontaxable combat pay election (see instructions)       1i       1t       0.         w2.2, see       in Nontaxable combat pay election (see instructions)       1i       1z       55, 387.         Add lines 1a through 1h       1       2a       b       Tax-exempt interest       2b         if required.       3a       Qualified dividends       3a       b       D ordinary dividends       3b         Standard       Pensions and annuities       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       b       Taxable amount       6b       6b         Married filing jointly or Qualified filing jointly or Qualifying spouse, String spouse, S		е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e	,	
get a torini       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       1z       55, 387.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       b       Doduing dividends       2b         attach Sch. B       3a       b       Ordinary dividends       2b         attach Sch. B       a       Qualified dividends       3a       b       Doduing dividends       2b         standard       4a       IRA distributions       3a       b       Dataxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Married filing separately, S13,850       r       fy ou elect to use the lump-sum election method, check here (see instructions)       r       7         Married filing surviving spouse, S27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       55, 387.         Standard ded of household, S20,800       12       Standard deduction or itemized deductions (from Schedule 1, line 26       10         14       Add lines		f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
get a torini       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       1z       55, 387.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       b       Doduing dividends       2b         attach Sch. B       3a       b       Ordinary dividends       2b         attach Sch. B       a       Qualified dividends       3a       b       Doduing dividends       2b         standard       4a       IRA distributions       3a       b       Dataxable amount       4b       5b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       6b         Married filing separately, S13,850       r       fy ou elect to use the lump-sum election method, check here (see instructions)       r       7         Married filing surviving spouse, S27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       55, 387.         Standard ded of household, S20,800       12       Standard deduction or itemized deductions (from Schedule 1, line 26       10         14       Add lines	,	g	Wages from Form 8919, line 6 .								. 1g		
instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       55,387.         Attach Sch. B       2a       Tax-exempt interest       1z       55,387.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       5a       Pensions and annuities       5a       b       Taxable amount       4b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         Married filing separately, \$13,850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         8       Additional income from Schedule 1, line 10       9       55,387.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       55,387.         10       Adjustments to income from Schedule 1, line 26       10       11       55,387.         11       Subtract line 10 from line 9. This is your adj		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-       5a       Pensions and annuities        5a       b       Taxable amount        4b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)         6b         Married filing jointly or       Qualified dividends 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         7         8       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income         9       55, 387.         9       9       55, 387.       10       Addjustments to income from Schedule 1, line 26         11       55, 387.         19       Standard deduction or itemized deductions (from Schedule A)        12       13, 850.         12       Standard deduction or itemized deductions (from Schedule A)         13         14       Add lines 12 and 13        14       13, 850.       14 </td <td>instructions.</td> <td>i</td> <td></td> <td>see ins</td> <td>structions)</td> <td></td> <td></td> <td> <b>1</b>i</td> <td></td> <td></td> <td></td> <td></td> <td></td>	instructions.	i		see ins	structions)			<b>1</b> i					
if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard Deduction for-Single or Single or Singl			0	• ;		· · · ·							55,387.
Standard       Ga													
Standard Deduction for-       5a       5a       b       Taxable amount       5b         Single or Married filing separately, \$13,850       6a       6a       b       Taxable amount       6b         Y       Capital gain or (loss). Attach Schedule D if required. If not required, check here       1       7         Married filing separately, \$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 26       9       55,387.         10       Head of household, \$20,800       1       Subtract line 10 from line 9. This is your adjusted gross income       11       55,387.         11       55,387.       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.													
Deduction for- Single or Married filing separately, \$13,850       Sa       b Taxable amount       So         6a       Social security benefits       6a       b Taxable amount       6b         7       6a       b Taxable amount       6b         8a       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Additional income from Schedule 1, line 10       7         9       Additional income from Schedule 1, line 10       9         9       55, 387.         9       55, 387.         9       55, 387.         9       55, 387.         10       Adjustments to income from Schedule 1, line 26       10         11       55, 387.         12       Standard deduction or itemized deductions (from Schedule A)       12         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       13,850.	Standard												
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7         Married filing jointly or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         9       Additional income from Schedule 1, line 10       .       .       8         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       55, 387.         10       Adjustments to income from Schedule 1, line 26       .       10         Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       55, 387.         13       Qualified business income deduction from Form 8995 or Form 8995-A       .       13         14       13, 850.	Deduction for-												
Substration, Standard Deduction,       7         Qualifying shouse, \$27,700       8       Additional income from Schedule 1, line 10       7         10       8       0.         9       55,387.       9         10       9       55,387.         10       9       55,387.         10       11       55,387.         11       55,387.         12       Standard deduction or itemized deductions (from Schedule A)       11         13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       13,850.	Married filing				mothod	chock horo			ι	· · ·	. 00		
Married filing jointly or Qualifying surviving spouse, \$27,700Additional income from Schedule 1, line 10Interfequined, check hereInterfequined9Additional income from Schedule 1, line 10955,387.9Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income955,387.10Adjustments to income from Schedule 1, line 26101155,387.1012Subtract line 10 from line 9. This is your adjusted gross income1113Qualified business income deduction from Form 8995 or Form 8995-A121413,850.			,				•	,	• •	· · · [			
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income955, 387.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1155, 387.12Standard deduction or itemized deductions (from Schedule A)1213, 850.13Qualified business income deduction from Form 8995 or Form 8995-A131413, 850.	<ul> <li>Married filing</li> </ul>								• •	l			0
10       Adjustments to income from Schedule 1, line 26       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       55,387.         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       55,387.         \$12       13       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         \$2tandard Deduction,       14       Add lines 12 and 13       14       13,850.													
\$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 you checked any box under Deduction,13Add lines 12 and 131413,850.	<ul> <li>Head of household.</li> </ul>		-										55,387.
In you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850.	\$20,800			-	-	-							
Standard         14         Add lines 12 and 13         13         14         13         850	any box under							5-A				-	
		14											13, <mark>850</mark> .
		15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our 1	taxable incom	ie .	<u> </u>	. 15		

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): <b>1</b> 🗌 881	4 <b>2</b> 4972	3	1	<b>6</b> 4,763.
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	8 4,763.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	<b>2</b> 4,763.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	<b>3</b> 0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	4 4,763.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				<b>25a</b> 7	,190.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	5d 7,190.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		2	6
qualifying child,	27	Earned income credit (EIC)			No	27		
attach Sch. EIC.	28	Additional child tax credit from				28		
	29	American opportunity credit	from Form 8863	8, line 8		29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lir	ne 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	2
	33	Add lines 25d, 26, and 32. T					3	<b>3</b> 7,190.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>	3	4 2,427.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗌 35	5a 2,427.
Direct deposit?	b	Routing number 0 7 1	0 0 0 0	1 3	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 9 6 2	0 9 2 2	0 8				
	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.ir</i> s.gov	//Payments or	see instructions .		3	7
	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	tructions				🗌 <b>Yes.</b> Co	omplete belo	w. 🗶 No
	De nai	signee's		Phone no.			onal identificati per (PIN)	on
Ciana		der penalties of perjury, I declare tl	hat I have examined		accompanying sche		. ,	est of my knowledge and
Sign		ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
		C C					Protectio	n PIN, enter it here
Joint return?				SOFTWARE ENGINEER		(see inst.)	·	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	ion		sent your spouse an Protection PIN, enter it here
your records.							(see inst.)	· · · · · · · · · · · · · · · · · · ·
	Ph	one no.		Email address	ANNEM VI.TAVAR	HASKAR@GMAIL.CO	)M	
		parer's name	Preparer's signat		AUUUIN, VIUAIAD	Date	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P0208270	
Preparer		n's name GLOBAL TA		TATH DAGAN	COLIA INDAM	02/03/2024		o. (678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's Ell	· · · · ·
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN				Form <b>1040</b> (2023)
			st mornation.		BAA	REV 01/27/24 PRO		10111 10-10 (2023)

REV 01/27/24 PRO

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23 

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	ial security number
VIJAYABHASKAR	REDDY ANNEM	866-27	-0999

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         3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losse). Attach Schedule F       5       0.         7       Taxable requisites, partnerships, S corporations, trusts, etc. Attach Schedule E       6         6       Farm income or (loss). Attach Schedule F       6       0.         7       Unemployment compensation       8a (       6         8       Other income:       8a (       7         a Net operating loss       8a (       7         6       Foreign eamed income exclusion from Form 2555       8d (       7         9       Income from Form 8883       8f       8f         1       Income from Form 8883       8f       8f         1       Income from the rental of personal property       8k       8f         1       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       8t       8n         1       Income from the rental of personal property if you engaged in the rental for profit lucison (see instruc	Par	t Additional Income			
2a       Alimony received       2a         b       Date of original divorce or separation agreement (see instructions):       3         3       Business income or (loss). Attach Schedule C       3         4	1	Taxable refunds, credits, or offsets of state and local income taxes		1	
b Date of original divorce or separation agreement (see instructions): 3   3 Business income or (loss). Attach Schedule C 3   4 Cther gains or (losses). Attach Form 4797 4   5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5   6 Tother pains or (losse). Attach Schedule F 5   7 Other income: 7   8 Other income: 8a (   a Attach Schedule F 7   7 Other income: 8a (   a Attach Schedule F 7   7 7 8 8 Cancellation of debt 6 6 9 7 8 9 7 8 9 7 9 7 9 7 10 10 10 10 0. 10 10 0.	2a	Alimony received		2a	
3       Business income or (loss). Attach Schedule C       3         4       Other gains or (losse). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       6         6       Farm income or (loss). Attach Schedule F       6         7       Unemployment compensation       7         8       Other income:       8a (         a       Net operating loss       8a (         C       Cancellation of debt       8c         6       7       7         7       8b       8c         6       7       7         7       8b       8c         6       7       7         7       8b       7         8       6       8c         9       Income from Form 8853       8e         1       Income from the rental of personal property if you engaged in the rental for profit bit were not in the business of renting such property       8i         1       1       8i       8i       8i         1       1       1       1       1       1         1       1       1       1       1       1       1       1 <tr< th=""><th>b</th><td>Date of original divorce or separation agreement (see instructions):</td><td></td><td></td><td></td></tr<>	b	Date of original divorce or separation agreement (see instructions):			
4       Other gains or (losses). Attach Form 4797       4         5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       0.         6       Farm income or (loss). Attach Schedule F.       6       6         7       Unemployment compensation       6         8       Other income:       8a (       7         9       Total other income exclusion from Form 2555       8a (       7         9       Total other income exclusion from Form 2555       8d (       7         9       Total other income exclusion from Form 2555       8d (       7         9       Total other income exclusion from Form 2555       8d (       7         9       Total other income exclusion from Form 2555       8d (       7         9       Total other income from Form 8839       8d (       7         9       Total other income.       8d (       7         9       Total other income. Add lines 8a through 8z       8d (       7         9       Total other income. Add lines 8a through 8z       9       9	3	Business income or (loss). Attach Schedule C		3	
5       Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E       5       0.         6       Farm income or (loss), Attach Schedule F       7         7       Unemployment compensation       7         8       Other income:       8a (       7         9       Total other income or (loss), Attach Schedule F       8a (       7         9       Total other income.       8a (       7         9       Total other income. Add lines & a through &z	4			4	
6       Farm income or (loss). Attach Schedule F.       6         7       Unemployment compensation       7         8       Other income:       8a (         0       The income:       8a (         0       Net operating loss       8a (         0       Gambling       8a (         0       Cancellation of debt       8c         0       Cancellation of debt       8c         1       Income from Form 8853       8d (         1       Income from Form 8889       8g         1       Income from Form 8889       8g         1       Alaska Permanent Fund dividends       8g         1       Activity not engaged in for profit income       8i         1       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       8k         1       Income from Sf1(a) inclusion (see instructions)       8m         2       Section 951(A(a) inclusion (see instructions)	5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	0.
8       Other income         a       Net operating loss         b       Gambling         c       Cancellation of debt         c       Ba         d       Foreign earned income exclusion from Form 2555         d       Foreign earned income exclusion from Form 2555         g       Alaska Permanent Fund dividends         h       Jury duty pay         f       Prizes and awards         j       Activity not engaged in for profit income         i       Prizes and awards         j       Activity not engaged in for profit income         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         m       Olympic and Paralympic medals and USOC prize money (see instructions)         n       Section 951(a) inclusion (see instructions)         s       Section 951(a) inclusion (see instructions)         g       Scholarship and fellowship grants not reported on Form W-2         s       Nontaxable amount of Medicaid waiver payments included on Form Tot40.         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan         u       Wages earned while incarcerated         z       Other income. Add lines 8a through 8z	6			6	
a Net operating loss       Ba       astronuclear and the second s	7	Unemployment compensation		7	
b       Gambling       Bb         c       Cancellation of debt       Bc         d       Foreign earned income exclusion from Form 2555       Bd         d       Income from Form 8853       Be         f       Income from Form 8853       Be         g       Alaska Permanent Fund dividends       Bf         g       Alaska Permanent Fund dividends       Bf         i       Prizes and awards       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Activity not engaged in for profit income       Bi         j       Notivity not engaged in for profit property if you engaged in the rental       Bi         for profit but were not in the business of renting such property       Bi       Bi         m       Olympic and Paralympic medals and USOC prize money (see       Bm         n       Section 951(a) inclusion (see instructions)       Bo         s       Section 951(a) inclusion from an ABLE account (see instruction	8	Other income:			
c Cancellation of debt 8c   d Foreign earned income exclusion from Form 2555 8d (())   e Income from Form 8853 8e   f Income from Form 8859 8f   g Alaska Permanent Fund dividends 8g   g Alaska Permanent Fund dividends 8g   j Activity not engaged in for profit income 8i   i Prizes and awards 8i   j Activity not engaged in for profit income 8i   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 8k   l Income from 951(a) inclusion (see instructions) 8m   o Section 951(a) inclusion (see instructions) 8o   g 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 8a   y Total other income. Add lines 8a through 8z 8z   g Total other income. Add lines 8a through 8z 9   10 0.	а	Net operating loss	8a (	)	
d       Foreign earned income exclusion from Form 2555       8d (         e       Income from Form 8683       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       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Commo from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8i         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951A(a) inclusion (see instructions)       8n         s       Section 951A(a) inclusion (see instructions)       8o         g       Taxable distributions from an ABLE account (see instructions)       8q         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s (         g       Total other income. Add lines 8a through 8z       8z         g       Total other	b		8b		
e       Income from Form 8853       8e         f       Income from Form 8889       8f         g       Alaska Permanent Fund dividends       8g         j       Alaska Permanent Fund dividends       8g         j       Alaska Permanent Fund dividends       8g         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8j         k       Stock options       8k         l       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       8k         l       Income from Hor rental of personal property if you engaged in the rental for profit but were not in the business of renting such property       8t         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         s Section 951A(a) inclusion (see instructions)       8n       8g         g       Taxable distributions from an ABLE account (see instructions)       8g         g       Total other income. List type and amount:       8g         g       Wages earned while incarcerated       8u         g       Total other income. Add lines 8a through 8z       8z      <	С		8c		
f       Income from Form 8889       889       81         g       Alaska Permanent Fund dividends       8g         h       Jury duty pay       8h         i       Prizes and awards       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         j       Activity not engaged in for profit income       8i         k       Stock options       8k         l       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       Taxable distributions from an ABLE account (see instructions)       8g         g       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       8u         g       Total other income. List type and amount:       8z         g       Total other income. Add lines 8a through 8z       9         fotal other	d	• • •		)	
g Alaska Permanent Fund dividends   h Jury duty pay   i Prizes and awards   i Prizes and awards   j Activity not engaged in for profit income   k Stock options   k Stock options   l 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   m Olympic and Paralympic medals and USOC prize money (see instructions)   n Section 951(a) inclusion (see instructions)   o Section 951(a) inclusion (see instructions)   o Section 951(a) inclusion (see instructions)   g Taxable distributions from an ABLE account (see instructions)   g Taxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d   u Wages earned while incarcerated   z Other income. List type and amount:   g Total other income. Add lines 8a through 8z   g Total other income. Add lines 8a through 8z   u Baz   g Total other income. Add lines 8a through 8z   1040, 1040-SR, or 1040-NR, line 8	е				
h       Jury duty pay	f		8f		
i       Prizes and awards       8i         j       Activity not engaged in for profit income       8j         j       Activity not engaged in for profit income       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       8k         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8n         g       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       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8t         g       Total other income. Add lines 8a through 8z       9         10       0.0.	g	-			
j Activity not engaged in for profit income   k Stock options   l 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   m Olympic and Paralympic medals and USOC prize money (see instructions)   m Section 951(a) inclusion (see instructions)   o Section 951A(a) inclusion (see instructions)   p Section 461(l) excess business loss adjustment   g Taxable distributions from an ABLE account (see instructions)   r Scholarship and fellowship grants not reported on Form W-2   s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d   u Wages earned while incarcerated   u Wages earned while incarcerated   d Wages earned while incarcerated   d Stock options at through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	h				
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       8l         m       Olympic and Paralympic medals and USOC prize money (see instructions)       8n         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951(a) inclusion (see instructions)       8o         p       Section 461(l) excess business loss adjustment       8g         q       Taxable distributions from an ABLE account (see instructions)       8r         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       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         y       Total other income. Add lines 8a through 8z       8z         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       10       0.	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)       81         n Section 951(a) inclusion (see instructions)       8n         o Section 951A(a) inclusion (see instructions)       80         p Section 461(l) excess business loss adjustment       8p         q Taxable distributions from an ABLE account (see instructions)       8q         r Scholarship and fellowship grants not reported on Form V-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 1040, 1040-NR, line 8       9	j				
for profit but were not in the business of renting such property       8         m Olympic and Paralympic medals and USOC prize money (see instructions)       8         n Section 951(a) inclusion (see instructions)       8         o Section 951A(a) inclusion (see instructions)       8         g Taxable distributions from an ABLE account (see instructions)       8         r Scholarship and fellowship grants not reported on Form W-2       8         s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8         u Wages earned while incarcerated       8         z Other income. List type and amount:       8         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 1040, 1040-SR, or 1040-NR, line 8       9	k		8k		
m       Olympic and Paralympic medals and USOC prize money (see instructions)       8m         n       Section 951(a) inclusion (see instructions)       8n         o       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion (see instructions)       8o         p       Section 951A(a) inclusion (see instructions)       8o         p       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       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 1040, 1040-SR, or 1040-NR, line 8       10	I				
instructions)			81		
n       Section 951(a) inclusion (see instructions)       8n       8o         o       Section 951A(a) inclusion (see instructions)       8o       8o         p       Section 461(l) excess business loss adjustment       8p       8g         q       Taxable distributions from an ABLE account (see instructions)       8g       8g         r       Scholarship and fellowship grants not reported on Form W-2       8r       8s       ()         s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       10       8t       8t       10         u       Wages earned while incarcerated       8t       8u       8t       10       10       0.	m				
o       Section 951A(a) inclusion (see instructions)       80         p       Section 461(l) 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       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       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 1040, 1040-SR, or 1040-NR, line 8       10					
p       Section 461(l) 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       8s (         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       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 1040, 1040-SR, or 1040-NR, line 8       9	n				
qTaxable distributions from an ABLE account (see instructions)8qrScholarship and fellowship grants not reported on Form W-28rsNontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d8rtPension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan8tuWages earned while incarcerated8ug8tg8tg9Total other income. Add lines 8a through 8z910Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 89	-			_	
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         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u       8u         other income. List type and amount:       8z       9         Total other income. Add lines 8a through 8z       9       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 1040, 1040-SR, or 1040-NR, line 8       9	р			_	
s       Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d       8s       (       )         t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8s       (       )         u       Wages earned while incarcerated       .       .       8u       8u       8u         g       Total other income. List type and amount:       8z       9       9       Total other income. Add lines 8a through 8z       9       9       10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9       0       0	•			-	
1040, line 1a or 1d       10       10       0.			8r	-	
t       Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8u         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 1040, 1040-SR, or 1040-NR, line 8       9	S				
a nongovernmental section 457 plan       8t         u       Wages earned while incarcerated       8u         z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z       9         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form       9         10       0.0.       10			85 (	<u>/</u>	
u       Wages earned while incarcerated       8u       8u         z       Other income. List type and amount:       8z       9         9       Total other income. Add lines 8a through 8z       9       9         10       Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8       9	t				
z       Other income. List type and amount:       8z         9       Total other income. Add lines 8a through 8z				-	
Bz         9           Total other income. Add lines 8a through 8z			80	-	
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 1040, 1040-SR, or 1040-NR, line 8       9	z		0-		
10Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8100.	•				
1040, 1040-SR, or 1040-NR, line 8				9	
	10	Combine lines I through / and 9. This is your additional income. Enter	nere and on Form		0
	or De				

F otice, see your ta ipe etu istructio

Schedule 1 (Form 1040) 2023

ar	Adjustments to Income						
1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernm	ent		
	officials. Attach Form 2106					12	
3	Health savings account deduction. Attach Form 8889					13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903				. [	14	
5	Deductible part of self-employment tax. Attach Schedule SE				. [	15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a	Alimony paid					19a	
b	Recipient's SSN						
c	Date of original divorce or separation agreement (see instructions):				_		
<u>כ</u>	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction					23	
4	Other adjustments:	· ·	• •	• •	· •		
a		24a					
		24a			-		
D		24b					
-	Nontaxable amount of the value of Olympic and Paralympic medals	240			-		
С	and USOC prize money reported on line 8m	24c					
		24C 24d			-		
a		240			-		
е	Repayment of supplemental unemployment benefits under the Trade	~					
	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			_		
h	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h			_		
i	Attorney fees and court costs you paid in connection with an award						
	from the IRS for information you provided that helped the IRS detect						
	tax law violations	24i					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	1041)	24k					
z	Other adjustments. List type and amount:						
		24z					
5	Total other adjustments. Add lines 24a through 24z				.	25	
6	Add lines 11 through 23 and 25. These are your adjustments to income						
	Form 1040, 1040-SR, or 1040-NR, line 10					26	

					ental Income and Loss						OMB No. 1545-0074			
(Form	1040)	(From re	ental real estate,	royalties, partnersł	hips, S	corporat	ions, es	tates,	trusts, REMICs	, etc.)	90	193		
Departm	nent of the Treasury			ttach to Form 1040,							ی کے Attachn	ッ <b>ニ</b> ー		
	Revenue Service		Go to www.irs	.gov/ScheduleE for	r instru	uctions an	d the la	test in				ice No. <b>13</b>		
	) shown on return										al security			
	YABHASKAR								8	366-2	7-0999			
Part				Real Estate an ting personal proper				inctru	ations. If you are	an indiv	idual rop	ort form		
	rental inco	ome or loss	s from Form 4835	on page 2, line 40.	ty, use	Schedule	<b>0</b> . 366	instru		annun	nuuai, rep	On lann		
Α	Did you make ar	ny payme	nts in 2023 that	would require you	to file	Form(s) 1	1099? 5	See ins	structions		. 🗌 Ye	s 🛛 No		
B	f "Yes," did you	or will yo	ou file required l	Form(s) 1099? .							. 🗌 Ye	es 🗌 No		
1a	Physical add	ress of ea	ach property (str	eet, city, state, ZIF	⊃ code	e)								
Α	DEVARAJUG.	ATTU P	OST DEVARAJ	JUGATTU POST	AND	IRA PRA	ADESH	IN	523320					
В													_	
С														
1b	Type of Prope	erty 2	For each renta	l real estate prope	erty list	ted		Fa	ir Rental	Person	al Use	QJV		
	(from list below	N)		he number of fair					Days	Da	ys	QUV		
<b>A</b>	3			lays. Check the Q. e requirements to f			Α		365		0			
B				venture. See instru			В							
C						-	С							
	of Property:		<u> </u>					_						
	Single Family R			n/Short-Term Ren	tal	5 Lanc			Self-Rental	- )				
2	Multi-Family Re	sidence	4 Comme	ercial		6 Roya	alties	8	Other (describ	e)				
									Properties	6:				
Incom	ne:						Α		В			С		
3					3		4	20.						
4		ived			4								_	
Exper														
5					5								_	
6			tructions) .		6			1.0						
7			nce		7		1,2	12.						
8					8									
9					9 10									
10 11			sional fees .		11		1,1	61						
12				see instructions)	12		, _	04.					_	
13					13									
14					14		1,2	23.						
15					15		1,0							
16					16									
17					17		1,2	57.						
18			or depletion .		18									
19	Other (list)				19									
20	Total expense	s. Add lin	es 5 through 19	)	20		5,9	49.						
21				or 4 (royalties). If										
				d out if you must				~ ~						
					21		-5,5	29.						
22				limitation, if any,	00			~ \	1		,			
020		-	ructions)		22	(		0.)	(	)( 420.			_	
23a				for all rental prope				23a		420.				
b c				for all royalty prop 2 for all properties		· · ·		23b 23c						
c d				for all properties				23C						
e u				) for all properties				23u 23e	5	949.				
24				on line 21. <b>Do not</b>				-00	,	24				
25				and rental real estate		-		•••• nter to	tal losses here	25	(	0.		
26				ncome or (loss).							\	<u> </u>		
				on page 2 do no										
				vise, include this ar						26		0	١.	

	Schedule T (Form 1040), line 5. Otherwise, include this an	iount in the total	on line 41 C
For	Paperwork Reduction Act Notice, see the separate instructions.		

Form	8582	Pa Pa	Passive Activity Loss Limitations					OMB No. 1545-1008	
			See sepa	arate instructions.				2023	
	ment of the Treasury	• • •		1040, 1040-SR, or			A		
	Revenue Service s) shown on return	Go to www.ii	rs.gov/Form8582 to	or instructions and	the latest information		tifying n	Sequence No. 858	
		REDDY ANNEM						-0999	
-		Passive Activity Loss				000	5 27		
T GI		n: Complete Parts IV an		eting Part I.					
		ctivities With Active Pa I Real Estate Activities			tive participation, s	ee <b>Special</b>			
1a	Activities with	net income (enter the ar	mount from Part I	/. column (a))	<b>1</b> a				
b		net loss (enter the amou				)			
с		allowed losses (enter th				)			
d	Combine lines	1a, 1b, and 1c					1d		
All Ot	ther Passive Ac	tivities							
2a	Activities with	net income (enter the ar	mount from Part V	. column (a))	<b>2</b> a	0.			
b		net loss (enter the amou				-5,529.)			
с		allowed losses (enter th			<b>2c</b> (	)			
d	Combine lines	2a, 2b, and 2c					2d	-5,529.	
3	Combine lines	1d and 2d and subtrac	ct any prior year ι	unallowed CRD. S	See instructions. If	this line is			
		stop here and include							
		llowed losses entered o	on line 1c or 2c. F	Report the losses	on the forms and	schedules			
	normally used						3	-5,529.	
		ss and: • Line 1d is a lo	-	zoro or moro) ek	ip Part II and go to	lino 10			
Cauti	on: If your filing	status is married filing					vear	do not complete	
	I. Instead, go to		Separately and ye		spouse at any tim	le during the	year,	do not complete	
		al Allowance for Ren	tal Real Estate	Activities With	Active Participa	ation			
		Enter all numbers in Part			-				
4	Enter the sma	ller of the loss on line 10	d or the loss on lin	le 3	•				
5	Enter \$150,000	0. If married filing separa					4		
6	Enter modified		ately, see instructi		5		4		
		l adjusted gross income	-	ons		· · · ·	4		
		l adjusted gross income is greater than or equal	, but not less than	ons . zero. See instruc	ctions 6	· · · ·	4		
	on line 9. Othe	adjusted gross income is greater than or equal erwise, go to line 7.	, but not less than	ons . zero. See instruc	ter -0-	· · · ·	4		
7	on line 9. Othe Subtract line 6	adjusted gross income is greater than or equal erwise, go to line 7. from line 5	, but not less than to line 5, skip line	ons a zero. See instruc s 7 and 8 and ent	6           ter -0-           7				
8	on line 9. Othe Subtract line 6 Multiply line 7 b	adjusted gross income is greater than or equal wwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er	, but not less than to line 5, skip line nter more than \$25	ons a zero. See instruc s 7 and 8 and ent  ,000. If married fili	6           ter -0-           .           .           7           ng separately, see in the second se	nstructions	8		
8 9	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the <b>sma</b>	adjusted gross income is greater than or equal wise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>ller</b> of line 4 or line 8. If	, but not less than to line 5, skip line nter more than \$25	ons a zero. See instruc s 7 and 8 and ent  ,000. If married fili	6           ter -0-           .           .           7           ng separately, see in the second se	nstructions		0.	
8 9 Par	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the <b>sma</b> <b>t III Total I</b>	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>ller</b> of line 4 or line 8. If <b>Losses Allowed</b>	, but not less than to line 5, skip line hter more than \$25 line 3 includes any	ons a zero. See instruct s 7 and 8 and ent  ,000. If married fili v CRD, see instruct	6           ter -0-           7           ng separately, see in the second seco	nstructions	89		
8 9 Par 10	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the <b>sma</b> t III Total I Add the incom	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the	ons	6           ter -0-           .           7           ng separately, see in the second secon	<u></u>	8	0.	
8 9 Par	on line 9. Othe Subtract line 6 Multiply line 7 k Enter the <b>sma</b> t III Total I Add the incom Total losses a	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and <b>llowed from all passive</b>	, but not less than to line 5, skip line hter more than \$25 line 3 includes any d 2a and enter the e activities for 20	ons	6           ter -0-           .           ng separately, see is           ctions           .	ons to find	8 9 10	0.	
8 9 Par 10	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale till Total 1 Add the incom Total losses a out how to rep	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> he, if any, on lines 1a and allowed from all passive ort the losses on your ta	, but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return	ons	6           ter -0-         7           ng separately, see is ctions	ons to find	89		
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	, but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return	ons	6           ter -0-         7           ng separately, see is ctions	  ons to find	8 9 10 11	0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> he, if any, on lines 1a and allowed from all passive ort the losses on your ta	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return	ons	6           ter -0-         7           ng separately, see istrictions         .           .         . <tr td=""> <tr td=""></tr></tr>	 ons to find	8 9 10 11	0. 0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer	ons	6         ter -0-       7         ng separately, see is ctions       .         .       .       .       .         .       .       .       .       .         .       .       .       .       .       .       .	  ons to find	8 9 10 11	0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find	8 9 10 11	0. 0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find	8 9 10 11	0. 0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find	8 9 10 11	0 . 0 . in or loss	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find	8 9 10 11	0. 0.	
8 9 Par 10 11	on line 9. Othe Subtract line 6 Multiply line 7 the Enter the smale t III Total I Add the income Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find  Ove	8 9 10 11	0 . 0 . in or loss	
8 9 Par 10 11 Par	on line 9. Othe Subtract line 6 Multiply line 7 t Enter the smal t III Total I Add the incom Total losses a out how to rep t IV Comp	a adjusted gross income is greater than or equal erwise, go to line 7. from line 5 by 50% (0.50). <b>Do not</b> er <b>Iler</b> of line 4 or line 8. If <b>Losses Allowed</b> ne, if any, on lines 1a and allowed from all passive ort the losses on your ta <b>Iete This Part Before</b>	but not less than to line 5, skip line nter more than \$25 line 3 includes any d 2a and enter the <b>e activities for 20</b> ax return <b>e Part I, Lines 1</b> Currer (a) Net income	ons	6         ter -0-       7         ng separately, see inctions       7         10. See instructions.       10. See instructions.         See instructions.       Prior years         (c) Unallowed	 ons to find  Ove	8 9 10 11	0. 0.	

Form 8582 (202	3)									Page <b>2</b>		
Part V	Complete This Part B	efore P	art I, Lines 2	a, 2b,	and 2c. S	See instruc	ctions.					
			Currer	nt year		Prior y	ears	Overa	ll ga	ain or loss		
	Name of activity	(a	I) Net income (line 2a)		Net loss ne 2b)	(c) Unall loss (lin		<b>(d)</b> Gain		(e) Loss		
DEVARAJU	JGATTU POST		0.		5,529.		,			5,529.		
Total Enter	on Part I, lines 2a, 2b, and 2		0.		5,529.							
Part VI	Use This Part if an An			Part II.		L See instruc	tions.					
	Name of activity	Fo ar to	rm or schedule nd line number be reported on ee instructions)		) Loss	<b>(b)</b> Ra		(c) Special allowance		(c) Special (c)		<b>(d)</b> Subtract column (c) from column (a).
	Name of activity											
Total .						1.00	0					
Part VII	Allocation of Unallow	ed Los	ses. See instr	uction	s.							
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)⊺	Loss	(	<b>b)</b> Ratio	(c)	Unallowed loss		
DEVARAJU	JGATTU POST		E Ln 2	2		5,529.	1.0	0000000		5,529.		
Total . Part VIII	Allowed Losses. See i					5,529.		1.00		5,529.		
	Name of activity		Form or sche and line nur to be reporte (see instruct	nber ed on	(a)	Loss	<b>(b)</b> Ur	allowed loss	(	<b>c)</b> Allowed loss		
DEVARAJU	JGATTU POST		E Ln 2	2		5,529.		5,529.		0.		
Total						5,529.		5,529.		0.		

REV 01/27/24 PRO

Form **8582** (2023)





Step 1: Personal Information Enter personal information and Social Security numbers (SSN). You must provide the entire SSN(s) - no partial SSN.

A	4				
	866-		A MARINA ANA AMIN'NA MANAZARA Manazara Manazara		
		AYABHASKAR REDDY ANNEM			NETRIX NET
	749	WIDGEON DR	n de la compañsión de la c		
	WHEI	ELING IL 60090 COOK <b>H</b> INANANANAN	nerlandigi Karadar Erdeksi Merika	and sectors and cos	ar inga vinsed in t
F	<b>k</b> Filii	ANNEM. VIJAYABHASKAR@GMAIL.COM	ved 🗖 Head of I	household	
		<b>eck</b> If someone can claim you, or your spouse if filing jointly, as a dependent. See instruction			
		eck the box if this applies to you during 2023: Nonresident - Attach Sch. NR		-	NR
-		p 2: Income			e dollars only)
	1	Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.		1	55,387 <u>.00</u>
	2 3	Federally tax-exempt interest and dividend income from your federal Form 1040 or 104 Other additions. <b>Attach</b> Schedule M.	l0-SR, Line 2a.	2 3	<u>.00</u> .00
	4	Total income. Add Lines 1 through 3.		4	55,387.00
L		p 3: Base Income			
	5	Social Security benefits and certain retirement plan income received if included in Line 1. <b>Attach</b> Page 1 of federal return.	5	.00	
ere	6	Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR,			
y si	7	Schedule 1, Ln. 1. Other subtractions, <b>Attach</b> Schedule M.	6 7	<u>00.</u> .00	
orm	8	Add Lines 5, 6, and 7. This is the total of your subtractions.	-	8	.00
and 1099 forms here	9	Illinois base income. Subtract Line 8 from Line 4.		9	55,387.00
1 10		<ul> <li>p 4: Exemptions - See instructions for income limitations</li> <li>a Enter the exemption amount for yourself and your spouse. See instructions.</li> </ul>	<b>a</b> 2,42	25.00	
anc	10	<b>b</b> Check if 65 or older:  You + Spouse # of checkboxes X \$1,000 =	= b	.00	
<i>N-2</i>		<b>c Check</b> if legally blind: You <b>+</b> Spouse <b># of checkboxes X</b> \$1,000 <b>= d</b> If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1		.00	
ole l		Attach Schedule IL-E/EIC.	d	0.00	
Staple W-2		Exemption allowance. Add Lines 10a through 10d.		10	2,425.00
		p 5: Net Income and Tax Residents: Net income. Subtract Line 10 from Line 9.			
T		Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR	. Attach Schedule	NR. <b>11</b>	52,962 <u>.00</u>
	12	<b>Residents:</b> Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. <b>Nonresidents and part-year residents:</b> Enter the tax from Schedule NR.		12	2,622.00
	13	Recapture of investment tax credits. Attach Schedule 4255.	•	13	.00
10-V	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.		14	2,622 <u>.00</u>
-104	Ste 15	<b>p 6: Tax After Nonrefundable Credits</b> Income tax paid to another state while an Illinois resident. <b>Attach</b> Schedule CR.	15	.00	
	16	Property tax, K-12 education expense, and volunteer emergency worker credit amount			
anc	17	from Schedule ICR. <b>Attach</b> Schedule ICR. Credit amount from Schedule 1299-C. <b>Attach</b> Schedule 1299-C.	16 17	<u>.00</u> .00	
eck	17 18	Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amour		<u> </u>	0.00
, ch	19	Tax after nonrefundable credits. Subtract Line 18 from Line 14.		19	2,622.00
Staple your check and IL-1040-V		p 7: Other Taxes		20	00
le y	20 21	Household employment tax. See instructions. Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or I	JT Table	20	.00
Stap		in the instructions. <b>Do not</b> leave blank.		21	0.00
	22 23	Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licer <b>Total Tax</b> . Add Lines 19, 20, 21, and 22.	nsee surcharges.	22 23	.00 2,622.00
•				_•	,00



24 Tatal tay from Dags 1 Line 22				
<b>24</b> Total tax from Page 1, Line 23.			24	2,622.00
Step 8: Payments and Refundable Credit				
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	25	2,742.	<u>00</u>	
<b>26</b> Estimated payments from Forms IL-1040-ES and IL-505-I,				
including any overpayment applied from a prior year return.	26		<u>00</u>	
27 Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27		<u>00</u>	
28 Pass-through entity tax credit. Attach Schedule K-1-P or K-1-T.	28		00	
<b>29</b> Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 9. <b>Attach</b> Schedule IL-E/EIC.	29		<u>00</u>	
<b>30</b> Total payments and refundable credit. Add Lines 25 through 29.			30	2,742.00
Step 9: Total				
<b>31</b> If Line 30 is greater than Line 24, subtract Line 24 from Line 30.			31	120.00
<b>32</b> If Line 24 is greater than Line 30, subtract Line 30 from Line 24.			32	.00
Step 10: Underpayment of Estimated Tax Penalty and Donations				
<b>33</b> Late-payment penalty for underpayment of estimated tax.	33		00	
a Check if at least two-thirds of your federal gross income is from farming.				
b 🔲 Check if you or your spouse are 65 or older and permanently living in a nursing	home.			
c 🔲 Check if your income was not received evenly during the year and you annualized	ed your inc	ome on Forn	n IL-2210.	
Attach Form IL-2210.				
d 🔲 Check if you were not required to file an Illinois Individual Income Tax return in t	he previous	s tax year.		
34 Voluntary charitable donations. Attach Schedule G.	34		00	
<b>35</b> Total penalty and donations. Add Lines 33 and 34.			35	.00
Step 11: Refund or Amount you owe				
otep 11. Kelana of Antount you owe				
	ine 35 from	Line 31.		
	ine 35 from	Line 31.	36	120.00
<b>36</b> If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your <b>overpayment</b> .		Line 31.	36 37	120 <u>.00</u> 120 <u>.00</u>
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> </ul>		Line 31.		
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> </ul>		Line 31.		
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul>	uctions.		37	
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> <li>a ☑ direct deposit - Complete the information below if you check this box.</li> </ul>	uctions.	Line 31. necking or		
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Li This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by</li> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul>	uctions.		37	
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> <li>38 I choose to receive my refund by <ul> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> </ul>	uctions.		37	
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru-</li> <li>38 I choose to receive my refund by <ul> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b  paper check.</li> </ul>	uctions.		37	
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru</li> <li>38 I choose to receive my refund by <ul> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions!</li> <li>b  paper check.</li> </ul> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li>	uctions.	ecking or	37 Savings 39	120.00
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru38 I choose to receive my refund by <ul> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions! Routing number 0 7 1 0 0 0 0 1 3 Account number 9 6 2 0 9 2 2 0 8</li> <li>b □ paper check.</li> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li> <li>40 If you have an amount on Line 32, add Lines 32 and 35. If you have an amount or base in the second s</li></ul>	uctions. X Cr	necking or	37 Savings 39	120.00
<ul> <li>36 If you have an amount on Line 31 and this amount is greater than Line 35, subtract Line This is your overpayment.</li> <li>37 Amount from Line 36 you want refunded to you. Check one box on Line 38. See instru38 I choose to receive my refund by <ul> <li>a  direct deposit - Complete the information below if you check this box.</li> </ul> </li> <li>You may also contribute to college savings funds here. See instructions! Routing number 0 7 1 0 0 0 0 1 3 Account number 9 6 2 0 9 2 2 0 8</li> <li>b  paper check.</li> <li>39 Amount to be credited forward. Subtract Line 37 from Line 36. See instructions.</li> </ul>	uctions. X Cr	necking or and this amo	37 Savings 39	120.00

### Step 12: Health Insurance Checkbox and Signature

41 Check this box and include your email address in Step 1 if IDOR may share your income information with other Illinois state agencies in order to determine your eligibility for health insurance benefits. See instructions for more information.

Signature - Note: If this is a joint return, both you and your spouse must sign below. Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete.

Sign	Your signature		Date (mm/dd/yyyy)	Spouse's sig	nature	Date (mm/dd/yyyy)		Daytime phone	e number	
Here								( )		
	Print/Type paid preparer's name			Paid prepare	r's signature	Date (mm/dd/yyyy)			Paid Preparer's PTIN	
Paid	SYAM PRIYA RAM SAGAR GUPTA TALLAM			SYAM PRIYA R	AM SAGAR GUPTA TALLAM	02/05/2024		self-employed	P02082703	
Preparer Use Only	Firm's name GLOBAL TAXES LLC				Firm's FEIN			843171965		
	Firm's address > 245 ROONEY CT			BRUNSWIC	JNSWICKNJ 08816 Firm's phone			(678) 965-9522		
Third	Designee's name (please print)				Designee's phone nur	number Check if the Depa			e Department may	
Party						discuss this return with the t				
Designee					( )			party designee shown in this step.		

## Refer to the 2023 IL-1040 Instructions for the address to mail your return.

AP\_\_\_\_\_

RR DC IR ID



**Illinois Department of Revenue** 

# 2023 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. IL Attachment No. 31

Use th	Use the reference for Column A shown in the chart below.											
Form Type	Letter Code for Column A	Form Type	Letter Code for Column A									
W-2	W	1099-DIV	D									
W-2G	WG	1099-INT	I									
1099-R	R	1042-S	S									
1099-G	G	1099-B	В									
1099-MISC	М	1099-K	K									
1099-OID	0	1099-NEC	Ν									

# Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

	JAYABHASKAR	<u>86</u> Your Soo	<u> </u>	curity num	2 <u>7</u> ber		0	9	9	9		
	Column A Form type	Federal Wa	Column C ges, Winnings, C is, Compensation	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.								
1	W	81-2157036	\$	55,387 <b>.0</b>	<u>D</u>	\$	55,	387 <b>.00</b>	\$		2,74	<u>42<b>.00</b></u>
2			\$	•00	<u>0</u>	\$		<u>•00</u>	\$			•00
3			\$	•00	<u>0</u>	\$		<u>•00</u>	\$			<u>•00</u>
4			\$	•00	<u>D</u>	\$		<u>•00</u>	\$			<u>•00</u>
5			\$	•00	<u>D</u>	\$		• <u>00</u>	\$			<u>•00</u>

# Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Υοι	ir spouse's nam	e as shown on Form IL-1040	Your spouse's Social Security number						
	Column A Form type	Column B Employer/Payer Identification Number	Federal Wages	umn C , Winnings, Gross Compensation, etc.			III	Column E inois Income ax Withheld	
6			\$	•00	\$	•00	\$	•00	
7			\$	•00	\$	• <u>00</u>	\$	•00	
8			\$	•00	\$	•00	\$	•00	
9			\$	•00	\$	•00	\$	•00	
10			\$	• <u>00</u>	\$	•00	\$	•00	

### Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld. Enter this amount here and on Form IL-1040, Line 25.

2,742.00 11 \$

# Attach all Schedules IL-WIT to your IL-1040.

35	│ Illinois Departr	nent of Revenue									
S	2023 IL-84	53 Illinois Indiv	idual Inco	me Tax I	Electr	ission ID onic F	iling D	eclar	atio	n	
P		n IL-8453 to the Illinois									
Step	1: Provide taxpayer i	nformation									
	VIJAYABHASKAR REDDY First name and middle initial	Spouse's first name (and last nar	ANNEM	Last name		8 6 6 Social Securi		_7	9	9 9	
Print	749 WIDGEON DR	Apt 3A	ne il dillerent)	Last name		Social Securi	ity number				
	Mailing address	7.07.07.1				Spouse's So	 cial Security r	umber			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHEELING	IL		60090		( )					
	City	State		ZIP		Daytime pho	ne number				
Step	2: Complete informat	ion from tax return		Choose one	e: 🗙 IL-1	1040	IL-1040-X				
<b>1</b> N	Net income from Form IL-1	040 or IL-1040-X, Line 11						1	52,9		
	ax from Form IL-1040 or l							2		5 <u>22</u>	
		d from Form IL-1040 or IL-		only (enter "	0" if none	e)		3		<u>42</u>   20	
		1040, Line 36 or IL-1040- m IL-1040, Line 40 or IL-10						4 <u> </u>	1		00
		Married filing jointly	•	separately	Widow	ed He	ead of hou	sehold			
		eposit of refund or elect d transaction, the information						ransmis	sion.	Illinois	s
does	not support international A	CH transactions. IDOR will	only perform di	rect transaction	ns ( <i>e.g.,</i> d	ebit, depos	sit) with fina	ancial ins	stitutior	ns loc	cated
within	the United States or those	e not funded by internationa	al funds. Electro	nic payments v	will not be	accepted	and refund	s will be	via pa	per cl	heck.
	• • • • ===	$\underline{1  0  0  0  0  1}$									
	· · · <u> </u>	2 0 9 2 2 0	8			_					
<b>9</b> T	Type of account: $X$ Ch	ecking <u>Savings</u>									
<b>10</b> [	Date the payment is to be	electronically withdrawn: _									
<b>11</b> E	Electronic funds withdrawa	I amount:I	<u>00</u>								
<b>12</b> N	lame on account:										
Step	4: Taxpayer declaration	on and signature (Sign	only after cor	npleting Ste	ep 2 and,	if applica	able, Ster	p 3.)			
×	I consent that my refund correct. If I have filed a	d may be directly deposited joint return, this is an irreve	d as designated ocable appointn	in Step 3 and nent of the oth	l declare t ler spouse	he informa e as an age	ition on Lin ent to recei	ies 7 thro ive the re	ough 9 efund.	is	
	withdrawal as designate financial institutions inve	epartment of Revenue (ID ed in the electronic portion c olved in the processing of a quiries and resolve issues	f mý 2023 Illinoi an electronic ov	s Original or Ai erpayment of	mended Ir	ndividual Ir	ncome Tax	return. I	author	ize th	е
Г	,	osit of my refund, or an ele	•	5	ect debit) (	of my bala	nce due.				
Unde	J	are the information on my el				•		ded to m	v electi	ronic	
and a	ccompanying information n	ical. To the best of my knowl hay be sent to IDOR by my l ccted, I authorize IDOR to id	ERO. I authorize	IDOR to inform	n my ERO	and/or the	e transmitte	r when m	ny retur	m has	
Sign											
	Your signature	Date		Spouse's sigr			<b>1</b> must sign)		Date		
I decl inforn	are that I have examined nation. I have followed all	this taxpayer's electronic F requirements of this progra nying information are true,	orm IL-1040 or am and declare,	IL-1040-X, the under penaltic	e informat	ion on this					
			(	02/05/2024	1	Check if pa	aid prepare	r: 🛛 (S	ee instr	uction	ıs.)
	ERO's signature			Date			0 -	0 -	_	~	~
ERO	GLOBAL TAXES LLC Firm's name or your name if self	-employed				P Your PTIN	2 0	8 2	7	0	3
use	245 ROONEY CT	r				8 4 -	3 1	7 1	9	65	ī
only	Mailing address					Federal empl	loyer identifica		er (FEIN		<u> </u>

		$\underbrace{8}_{\text{Federal employer identification number (FEIN)}} \underbrace{9}_{\text{Federal employer identification number (FEIN)}}$
NJ	08816	(678) 965-9522
State	ZIP	Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

E BRUNSWICK

City

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

