Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Submission Identification Number (SID)

Taxpay	er's name	Social security	y numb	ber
ABH	IISHEK REDDY DHARA	379-99-	-083	7
Spouse	s's name	Spouse's soci	al secu	urity number
D				
Part	t I Tax Return Information — Tax Year Ending December 31, 2023 (Ente	r year you ar	e au	(norizing.)
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	48,867.
2	Total tax		2	3,983.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	6,426.
4	Amount you want refunded to you		4	2,443.
5	Amount you owe		5	

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

~	1 441101120			ERO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	9

	Ente	er fiv	o ve die	्र aits.	/ but	as			
Enter five digits, but don't enter all zeros									

my

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

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

Your signature 🕨

Date 🕨

Spouse's PIN: check one box only

I authorize

to	enter	or	generate	my	PIN

as mv Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	_	6 nter a	 	2	7 1	

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

ERO's signature ► Date ►									
ERO Must Retain This Don't Submit This Form to the									
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number
ABHISHER	(REI	DDY	DHA	RA						379	99	0837
		s first name and middle initial	Last r							Spouse's social security numl		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>1927</u> COI												ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
DENTON						TΣ		762		box bel	ow will	not change
Foreign country	name			Foreign p	rovince/state/o	coun	ty	Foreig	n postal code	your tax		_
		<u> </u>									∐ Yo	ou 🔄 Spouse
Filing Status		Single		(:			Head of he	ousen	old (HOH)			
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ne nac	i income)				ound	ing spouse	(000)		
one box.	L If y	Married filing separately (MFS) you checked the MFS box, enter the	name	ofvoure	nouse If you	ı cha					ild'e na	me if the
		alifying person is a child but not you									10 3 10	
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-				es 🛛 No
Standard		neone can claim: You as a de					a dependent	i): (00		115.)		
Deduction	_	Spouse itemizes on a separate return	•		•		•					
		: Were born before January 2, 1		Are b		ouse	_	n hofe	ore January 2	2 1050		s blind
Dependents	-	· · · · · · · · · · · · · · · · · · ·	353		•			14				see instructions):
-		First name Last name		(2) :	Social security number		(3) Relationsh to you	ip (.	Child tax c			or other dependents
lf more than four												
dependents,												
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	58,082.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a								. 1c	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)			. 1d		
1099-R if tax	е	Taxable dependent care benefits f						• •		. <u>1e</u>		
was withheld.	f	Employer-provided adoption bene						• •		. 1f		
lf you did not get a Form	g L	Wages from Form 8919, line 6 .		• • •		• •				. 1g		0.
W-2, see	h :	Other earned income (see instruction (,	· · ·	· · · ·	• •	· · · · ·	· ·		. <u>1</u> h	1	0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h	see ms	siructions		• •	🛄			. 1z		58,082.
Attach Sch. B	2a	-	2a			 ь т	axable interest	• •		. 12 . 2b	-	
if required.	3a		2a 3a				Ordinary divider			. 3b	-	
	4a		4a				axable amount			. 4b	-	
Standard Deduction for—	5a		5a				axable amount			. 5b		
Single or	6a	Social security benefits	6a				axable amount			. 6b	,	
Married filing separately,	с	If you elect to use the lump-sum e	lectior	n method,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	uired	, check here		[7		
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-9,215.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	com	e			. 9		48,867.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
household,	11	Subtract line 10 from line 9. This is	-							. 11	-	48,867.
\$20,800 • If you checked _T	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	95-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13	•••	••••		•••		• •		. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-U This is y	our	taxable incom	e.		. 15		35,017.

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

Form 1040 (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	3,983.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17 .						18	3,983.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20 .						21	
	22	Subtract line 21 from line 18						22	3,983.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	3,983.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a	5,426.		
	b	Form(s) 1099				25b	•		
	с	Other forms (see instructions				25c		-	
	d	Add lines 25a through 25c	,					25d	6,426.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		-	
	29	American opportunity credit				29		-	
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31		-	
	32	Add lines 27, 28, 29, and 31				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	•	•			33	6,426.
Refund	34	If line 33 is more than line 24						34	2,443.
Horana	35a	Amount of line 34 you want				•		35a	2,443.
Direct deposit?	b	Routing number 0 7 1					Savings		
See instructions.	d	Account number 3 7 4					0		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24	This is the amo	ount vou owe					
You Owe	0.	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions	•				omplete k	below.	🔀 No
U		signee's		Phone			onal identi	fication	
	na			no.			ber (PIN)		<u> </u>
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		· · · ·	ploto. Doolaration o		,				, ,
	YO	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER		inst.)	,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an
Keep a copy for your records.									ection PIN, enter it here
your records.							(see	inst.)	
		one no.		Email address	ABHISHEKDHAR	RA717@GMAIL.C			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer		I PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	02/22/2024	P02082		Self-employed
Use Only		m's name GLOBAL TAX							(678)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

REV 02/11/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

Attachment Sequence No. 01 ocial security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security nun
ABHISHEK REDDY DHARA	379-99-0837

Pa	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attac		5	-9,215.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	a ()	
b		b	-	
С		lc		
d		d ()	
е		le		
f	Income from Form 8889	Bf		
g	Alaska Permanent Fund dividends	g		
ĥ	Jury duty pay	8h		
i		Bi		
j	Activity not engaged in for profit income	3j		
k	Stock options	3k		
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	31		
m	Olympic and Paralympic medals and USOC prize money (see			
		m		
n		in 🛛		
0		lo		
р		р		
q		q		
r		Br		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		ls ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	5	Bt	_	
u		Bu	_	
Z	Other income. List type and amount:			
-		Sz		
9	Total other income. Add lines 8a through 8z	· · · · · · ·	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter h			0 015
	1040, 1040-SR, or 1040-NR, line 8	· · · · · ·	10	-9,215.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106	basis	governmei	nt	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				
15	Deductible part of self-employment tax. Attach Schedule SE				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				1
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
		24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
		24e			
f		24f			
g		24g			
ĥ	Attorney fees and court costs for actions involving certain unlawful				
		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				
		24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	
26	Add lines 11 through 23 and 25. These are your adjustments to income.			n	
	Form 1040, 1040-SR, or 1040-NR, line 10		<u></u>	. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

SCHED	ULE E
(Form 10	040)

Supplemental Income and Loss

OMB No. 1545-0074

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

Department of the Treasury In

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Internal	Revenue Service		Go to www.irs.gov/ScheduleE to	r instru	uctions a	nd the la	test ir	formation.		Sequenc	ce No. 13			
Name(s)	lame(s) shown on return								Your social security number					
ABHISHEK REDDY DHARA									379-99-0837					
Part	Income o	r Loss	From Rental Real Estate an	nd Ro	yalties									
	Note: If you	are in th	e business of renting personal prope from Form 4835 on page 2, line 40.	rtv. use	Schedu	le C. See	instru	ctions. If you a	are an indiv	vidual, repo	ort farm			
A [)id you make any	I make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
B li	"Yes," did you o	or will you file required Form(s) 1099?												
1a		l address of each property (street, city, state, ZIP code)												
Α	YAPRAL HYDE	RABAI	D TELANGANA IN 500087											
В														
С														
1b	Type of Property	2	2 For each rental real estate property listed Fair Rental Personal Use											
10	(from list below)		above, report the number of fair				Days		Days		QJV			
Α	3	-	personal use days. Check the Q					365	0					
B	5	-	if you meet the requirements to	file as	a	B		505						
C		-	qualified joint venture. See instru	uctions	3.	C								
	(Duranta)					C								
	of Property:						_							
	Single Family Res		3 Vacation/Short-Term Ren	ntal	5 Lan		-	Self-Rental						
2	Multi-Family Resid	dence	4 Commercial		6 Roy	alties	8	Other (desc	ribe)					
								Propert						
ncom	e.					Α		В	C					
3				3			75.				•			
4				4		-	13.							
		u												
Exper				-										
5				5										
6			tructions)	6										
7			псе	7		1,0	75.							
8				8										
9				9										
10	Legal and other	profess	ional fees	10										
11	Management fee	11		1,200.										
12	Mortgage interes	st paid	to banks, etc. (see instructions)	12										
13	Other interest			13										
14	Repairs	14		2,371.										
15	Supplies		15		2,319.									
16				16										
17	Utilities	17		2,725.										
18			r depletion	18										
19	O 1 1 1 1			19										
20		Add lin	es 5 through 19	20		9,6	90.							
21	-		e 3 (rents) and/or 4 (royalties). If			-, -								
21			structions to find out if you must											
	file Form 6198					-9,22								
22			state loss after limitation, if any,			-,-	-							
22				22	(9,21	5 <i>\</i>	(N	(
000							,	(475.	<u> </u>				
23a		-	orted on line 3 for all rental prope				23a	1	-1.7.					
b			orted on line 4 for all royalty prop				23b							
C		-	orted on line 12 for all properties		• •		23c							
d			orted on line 18 for all properties				23d	-						
е		-	orted on line 20 for all properties				23e	<u> </u>	9,690.					
24			mounts shown on line 21. Do no		-				. 24					
25	Losses. Add roya	alty loss	es from line 21 and rental real estat	te losse	es from li	ne 22. Ei	nter to	tal losses her	re 25	(9,215.			

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

26

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-9,215.