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 number						
ABH	ILASH VEERAIAHGARI	715-87-3141						
Spouse	's name	Spouse's social security number						
Devi	Toy Detum Information Toy Very Ending December 21 0000 (Enter							
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)						
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	1 111,305.						
2	Total tax	2 16,794.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,334.						
4	Amount you want refunded to you	4 2,540.						
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

				FBO firm name		Ē	ſ
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		-
			-			1 /	í.

7	3	1	4	1	as my
Ent don	asiny				

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 my
er fiv n't er		

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.

Date 🕨											
Practitioner PIN Method Returns Only—continue below											
nly											
1.	2	2							2	7	1
	inue nly	inue bele nly	inue below nly	inue below nly	inue below hly J. 2 2 2 4	inue below hly J. 2 2 2 4 9	inue below hly J. 2 2 2 4 9 6	inue below Ily J. 2 2 2 4 9 6 0	inue below hly	inue below Ily I. 2 2 2 4 9 6 0 8 2	inue below Inly J. 2 2 2 4 9 6 0 8 2 7

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 — See is Form to the IRS Unless				
For Paparwork Poduction Act Notico, soo your tax r	oturn instructions	REV 01/08/24 RRO	Form 8879 (Bey, 01-2021)		

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use 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 m	iddle initial	Last r	name						Your so	cial sec	urity number		
ABHILASH	Ŧ		VEE	EERAIAHGARI							87	3141		
		s first name and middle initial		st name								security number		
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
<u>14015 N</u>								3	8011			ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode		0	jointly, want \$3 nd. Checking a		
SCOTTSDA						AZ		852		box bel	ow will	not change		
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		_		
		a									∐ Yo	ou Spouse		
Filing Status		Single Head of household (HOH)												
Check only		Married filing jointly (even if only or Married filing concretely (MES)	ne nac	income)										
one box.	L If y		Married filing separately (MFS) ou 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											
		alifying person is a child but not you									iu s na			
		, , , , , , , , , , , , , , , , , , , ,	•											
Digital		ny time during 2023, did you: (a) rece						-				es 🛛 No		
Assets		hange, or otherwise dispose of a digineone can claim: You as a de		· · ·			a dependent	i) / (36		115.)				
Standard Deduction		Spouse itemizes on a separate return	•		•		•							
				_			_							
		Were born before January 2, 1	959	Are b	· · ·	ouse		14	ore January			s blind		
Dependents		instructions): irst name Last name		(2) 5	Social security number	,	(3) Relationsh to you	ip (4	Child tax c			(see instructions): or other dependents		
lf more than four	(1)						to you			Tour				
dependents,														
see instructions and check	s ——													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a		121,831.		
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	a (see i	nstructior	ns)					. 10	;			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)			. 1d				
1099-R if tax	е	Taxable dependent care benefits f								. 1e				
was withheld.	f	Employer-provided adoption bene						• •		. <u>1</u> f				
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. <u>1</u> g		0.		
W-2, see	h :	Other earned income (see instruction	,	· · ·		• •	· · · · ·	· ·	· · ·	. 1h		0.		
instructions.	i	Nontaxable combat pay election (s Add lines 1a through 1h	see ms	siructions		• •	· · _ II			. 1z		121,831.		
Attach Sch. B	z 2a	Ŭ I	2a		· · · ·	 	axable interest	· ·	•••	· 12	-	,		
if required.	3a		3a				Ordinary divider			. 3b	-			
	4a		4a				axable amoun			. 4b	-			
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	,			
 Single or 	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b	1			
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 Qualifying 	8	Additional income from Schedule								. 8	_	-10,526.		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	come	e			. 9	_	111,305.		
\$27,700 • Head of	10	Adjustments to income from Sche								. 10				
household,	11	Subtract line 10 from line 9. This is	-							. 11	-	111,305.		
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12	-	13,850.		
any box under Standard	13	Qualified business income deducti		m Form 8	995 or Form	899	5-A	• •		. 13		10 050		
Deduction, see instructions.	14 15		 		0 This is	• •				. 14		13,850.		
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-u This is y	our	axable incom	ie .		. 15		97,455.		

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

Form **1040** (2023)

Form 1040 (2023)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3	10	6 16,794.
Credits	17	Amount from Schedule 2, lin	e3				1	7
	18	Add lines 16 and 17					18	8 16,794.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, lin	e8				20	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 16,794.
	23	Other taxes, including self-e					2	
	24	Add lines 22 and 23. This is					24	
Payments	25	Federal income tax withheld						, i i i i i i i i i i i i i i i i i i i
	а	Form(s) W-2				25a 19	,334.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				25	id 19,334.
If you have a	26	2023 estimated tax payment					2	
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	3	2				
	33	Add lines 25d, 26, and 32. T		10.001				
Refund	34	If line 33 is more than line 24					3	
neiuna	35a	Amount of line 34 you want				, ,	35	
Direct deposit?	b	Routing number 2 1 1	3 9 1 8	2 5			Savings	,
See instructions.	ď	Account number 4 6 8	Savingo					
	36	Amount of line 34 you want a			ad tax	36		
Amount	37	Subtract line 33 from line 24					_	
You Owe	57	For details on how to pay, g					3	7
	38	Estimated tax penalty (see in				38		•
Third Party		you want to allow another	,					
Designee			•				omplete belov	w. 🔀 No
Deelgiice	De	signee's		Phone			onal identification	
	nar			no.		numb	ber (PIN)	
Sign		der penalties of perjury, I declare th						
Here	bei	ief, they are true, correct, and com	plete. Declaration of	of preparer (otne		ased on all informatio		, ,
	Yo	ur signature		Date	Your occupation			sent you an Identity
Joint return?					SOFTWARE H	ENGINEER	(see inst.)	n PIN, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IRS	sent your spouse an
Keep a copy for	op	ouoo o olghataro. In a joint rotarn, i	our maar olgn.	Duto				rotection PIN, enter it here
your records.						(see inst.)		
	Ph	one no. (408) 505-120	0	Email address	ABHI.VEER	L6@GMAIL.CO	М	
Daid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	Check if:
Paid	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM <u>S</u> AGAR	GUPTA TALLAM	01/18/2024	P0208270	3 Self-employed
Preparer	Fin	m's name GLOBAL TAX	XES LLC				Phone no	. (678)965-9522
Use Only	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's Ell	N 84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/08/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

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 2023

Attachment Sequence No. **01**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ABHILASH VEERAIAHGARI 715-87-3141

Par	t I 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. Attach Sched	5	-10,526.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss		
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555 8d ()	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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)		
n	Section 951(a) inclusion (see instructions)		
ο	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated	-	
Z	Other income. List type and amount:		
Ē	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		10 506
	1040, 1040-SR, or 1040-NR, line 8	 10	-10,526.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	Schedule	e 1 (Form 1040) 2023

Part	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	officials. Attach Form 2106				12	
13	Health savings account deduction. Attach Form 8889				13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903				14	
15	Deductible part of self-employment tax. Attach Schedule SE				15	
16	Self-employed SEP, SIMPLE, and qualified plans				16	
17	Self-employed health insurance deduction				17	
18	Penalty on early withdrawal of savings				18	
19a					19a	
b	Recipient's SSN					
	Date of original divorce or separation agreement (see instructions):					
20	IRA deduction				20	
21	Student loan interest deduction				21	
22	Reserved for future use				22	
23	Archer MSA deduction				23	
24	Other adjustments:			• •		
		24a				
	Deductible expenses related to income reported on line 81 from the	2-14				
Ň		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	2-10				
U	and USOC prize money reported on line 8m	24c				
d		24d				
e	Repayment of supplemental unemployment benefits under the Trade	2-10			1	
e	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			1	
	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	2 7 9			-	
		24h				
	Attorney fees and court costs you paid in connection with an award	2411			-	
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
:	Housing deduction from Form 2555	24i 24i				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j				
ĸ		24k				
z	Other adjustments. List type and amount:	24N				
2		24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				20	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA)1/08/24 PRC		-	1 (Form 1040) 2

SCHE	DULE E			Supplementa	I Inc	ome an	d Los	SS			OMB No	o. 1545-0	074
(Form	1040)	(From	rental real e	state, royalties, partners	hips, S	corporati	ions, es	states,	trusts, REMI	Cs, etc.)	90		2
Departm	ent of the Treasury			Attach to Form 1040	, 1040-	SR, 1040-	NR, or	1041.			Attachn		
	Revenue Service		Go to wi	ww.irs.gov/ScheduleE fo	r instru	uctions an	d the la	ntest in	nformation.		Sequen	ce No. 1	3
Name(s)	shown on return									Your soc	ial security	number	
	LASH VEERA									715-8	7-3141		
Part				ental Real Estate ar			•						
	Note: If yo rental inco	ou are in ome or lo	the business iss from Forn	of renting personal prope n 4835 on page 2, line 40.	rty, use	Schedule	C . See	e instru	ictions. If you a	are an indi	ividual, rep	ort farm	I
Α				3 that would require you	to file	Form(s) 1	099? 5	See in	structions .		. 🗌 Ye	s X	No
				uired Form(s) 1099?									No
1a				ty (street, city, state, ZI									
	-					,	NTS7 TT				TNI FO	0 4 0	
A B	FLAT NO: .	304,M	UULALI,	ZTC X ROAD COCA	-COLA	A COMPA	ANY,H	IDER	ABAD, TELA	ANGANA	IN 50	JU40	
С С													
1b													
1D	Type of Prope (from list below			port the number of fair				Γč	Days		nal Use ays	QJ	V
Α	3	,		use days. Check the Q			Α		365		0		1
B				et the requirements to			B				0]
			qualified	joint venture. See instru	uctions	s	C]
-	of Property:	I					•						
	Single Family R	esidenc	e 3 Va	acation/Short-Term Rer	Ital	5 Land		7	Self-Rental				
	Multi-Family Re			ommercial		6 Roya	lties	8	Other (desc	ribe)			
	,					, 							
							•		Properti	es:		•	
Incom 3		4			3		<u>Α</u>	25.	В			С	
3 4					4		0	23.					
- Exper		iveu .											
5					5								
6	0				6								
7					7		6	00.					
8	-				8		-						
9					9								
10					10								
11	Management f	ees .			11		1,2	85.					
12	Mortgage inter	rest paid	d to banks,	etc. (see instructions)	12								
13	Other interest				13		5,1	01.					
14	Repairs				14			00.					
15	Supplies				15		1,8	85.					
16					16								
17					17		9	80.					
18		xpense	or depletion	n	18								
19	Other (list)				19		11 0	F 1					
20	•			gh 19	20		11,3	51.					
21) and/or 4 (royalties). If to find out if you must									
					21	-	-10,5	26					
22				after limitation, if any,	21		10/0	20.					
~~				· · · · · · · · · · ·	22	(10,52	26.)	(1	()
23a			-	ine 3 for all rental prope				23a		825.			/
b				ine 4 for all royalty prop				23b					
С				ine 12 for all properties				23c					
d													
е													
24				nown on line 21. Do no						. 24			
25	Losses. Add ro	yalty los	sses from lin	e 21 and rental real estat	e losse	es from lin	e 22. E	nter to	otal losses her	e 25	(10 , 52	6.)
26				alty income or (loss).									
	here. If Parts I	I, III, an	id IV, and li	ne 40 on page 2 do no	ot appl	y to you,	also e	nter t	his amount o	on			

For Pa	oerwork	Reduction	Act Notice	see the	e separate	instructions.
		110000	/	,	o opai ato	111011 001101101

NPA	-10,	526.

26

-10,526.

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .