Internal Revenue Service

### **IRS e-file Signature Authorization**

OMB No. 1545-0074

Social security number

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

Submission Identification Number (SID)

Taxpaver's name

ranpay		000101 0000	inty mann	501		
VIS	HVANTH SULTHAN KADHER SHAH	677-1	7-824	3		
Spouse	s's name	Spouse's se	Spouse's social security number			
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	r year you	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	5,132.		
2	Total tax		2	0.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	9.		
4	Amount you want refunded to you		4	9.		
5	Amount you owe		5			
Par	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	pv of v	our return)		

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

#### Taxpayer's PIN: check one box only

GLOBAL TAX	KES LLC	to enter or generate my PIN
0202112 111		

7	8	2	4	3					
Enter five digits, but don't enter all zeros									

my

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.

Your signature

Date

#### Spouse's PIN: check one box only

I authorize

X 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—continue below					
Part III Certification and Authentication – Pra	ctitioner PIN Method Only				
ERO's EFIN/PIN. Enter your six-digit EFIN followed by yo	ur five-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros				

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

ERO's signature >	Date 🕨					
	Instructions Requested To Do So					
For Denemicarly Deduction Act Nation and			Earm 8879 (Payr 01 2021)			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Deduction for -       Sa       Pensions and annulutes	<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	y−Do not w	vrite or sta	aple in this space.
UTSHVANTH         SULTHAN KADHER SHAH         677         17         8.243           Tpict return, spouse's first name and middle initial         Last name         Spouse's social security numbe           Home address (jumber and stred). If you have a Drop, see instructions.         Apt. no.         Presidential Election Campaign           S25.92         GENTAN ELVD         Cd6.         Check here if you aryou a foreign address, size complete spaces below.         State         21P code         Tore if the giver, want 38           Foreign country name         Foreign province/state/country         Foreign province/s	For the year Jan	. 1–Dec	:. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       CG Check here if you, or your Street         3528 (CRNTTAN BLVD)       CG       Check here if you, or your Street       CG Check here if you, or your Street         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county         Foreign country name       Married filing pointly (even if only one had income)       Image province/state/county       Foreign province/state/county       Foreign province/state/county         You checked the MFS box, and the filing and the spouse is a dipidal asset (or a financial inferent in a dipital asset (or a financial inferent in a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset	Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
If joint return, spouse's first name and middle initial       Last name       Spouse's social security number         Home address (number and street), if you have a P.O. box, see instructions.       Apt. no.       CG Check here if you, or your Street         3528 (CRNTTAN BLVD)       CG       Check here if you, or your Street       CG Check here if you, or your Street         Foreign country name       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county       Foreign province/state/county         Foreign country name       Married filing pointly (even if only one had income)       Image province/state/county       Foreign province/state/county       Foreign province/state/county         You checked the MFS box, and the filing and the spouse is a dipidal asset (or a financial inferent in a dipital asset (or a financial inferent in a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset (or a dimer and asset a dipital asset (or a dimer and asset a dipital asset (or a financial inferent in a dipital asset	VISHVANT	н		SUL	THAN K	ADHER S	SHAF	н			677	17	8243
3528       GENTIAN BLUD       G6       Check here if you or your         City, torn, or post office, if you have a forsign address, also complete spaces below.       GA       31907       bb by below will not change a torgot office.       bb go to this fund. Checking a torgot of the spaces will not change a your tax or refund.         Foreign country name       Generation of the spaces will not change a your tax or refund.       Generation of the spaces will not change a your tax or refund.         Filing Status       Married filing lointly (even if only one had income)       Gualifying surviving spouse (GSS)       Household (HOH)         Check here if you checked the MFS box, enter the name of your spouse. If you checked the HOH or GS box, enter the child's name if the qualifying person is a child but not your dependent.       Check here if you checked the MFS box, enter the name of your spouse.       Qualifying surviving spouse (GSS)         Standard       Someone can calculation.       Your spouse a dual-status allen       Asset       Asset       Asset       Someone can calculation.       Yue spouse a dual-status allen         Dependents, see instructions;       (I) First name       Last name       Yue with a spouse (Mas box before January 2, 1959)       Is blind         Dependents, see instructions;       (I) First name       Last name       Immedia       Immedia       Immedia         Hore Check       I       Immedia       Immedin       Immedia       Immedia			s first name and middle initial					-				· · ·	
3528       GENTIAN BLUD       G6       Check here if you or your         City, torn, or post office, if you have a forsign address, also complete spaces below.       GA       31907       bb by below will not change a torgot office.       bb go to this fund. Checking a torgot of the spaces will not change a your tax or refund.         Foreign country name       Generation of the spaces will not change a your tax or refund.       Generation of the spaces will not change a your tax or refund.         Filing Status       Married filing lointly (even if only one had income)       Gualifying surviving spouse (GSS)       Household (HOH)         Check here if you checked the MFS box, enter the name of your spouse. If you checked the HOH or GS box, enter the child's name if the qualifying person is a child but not your dependent.       Check here if you checked the MFS box, enter the name of your spouse.       Qualifying surviving spouse (GSS)         Standard       Someone can calculation.       Your spouse a dual-status allen       Asset       Asset       Asset       Someone can calculation.       Yue spouse a dual-status allen         Dependents, see instructions;       (I) First name       Last name       Yue with a spouse (Mas box before January 2, 1959)       Is blind         Dependents, see instructions;       (I) First name       Last name       Immedia       Immedia       Immedia         Hore Check       I       Immedia       Immedin       Immedia       Immedia													
Columbus       Spoce filling inforty, want 32         Columbus       GA       31.9.07         Foreign country name       Foreign province/state/country       Foreign province/state/country       Foreign province/state/country         Filling Status       Single       Inter of filling jointly, want 33       Inter of filling jointly, want 33         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly, want 34         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Check only       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)       Inter of filling jointly (went 34)         Stand Formi       Spoce filling jointly (went 34)       Inter of filling jointly (went 34)	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.			
Output       Dot longer       Dot lander							-				1	,	· •
Foreign country name       Foreign province/state/country       Foreign postal code       your tax or infund.         Filing Status       Single       Image: Spouse (SS)       Image: Spouse (SS)       Image: Spouse (SS)         Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (SS)       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, dif you; (a receive (sa ar sevard, award, or payment for property or services); (c) (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Yes       No         Standard       Spouse if terms on a sparate entur or you were a dual-status alien       Age/Bindness       You:       Yes       No         Age/Bindness       You:       Were born before January 2, 1959       Are blind       Spouse if terms on a sparate entur or you were a dual-status alien         Age/Bindness       You:       In a total amount from Form(s) W-2, box 1 (see instructions)       Image: Check the box if qualifies for (see instructions)       Image: Check the box if qualifies for (see instructions)         In a total amount from Form(s) W-2, box 1 (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 instruct			ce. If you have a foreign address, also co	mplete	spaces bel	low.							
Filing Status       Single       Head of household (HOH)         Filing Status       Married filing spintly (even if only one had income)       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
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 gerson is a child but not your dependent:	Foreign country	/ name			Foreign pr	rovince/state/	coun	ty	Foreig	n postal code	your tax	_	_
Check only       Married filing jointly (even if only one had income)       Qualifying surviving spouse (QSS)         If Wou 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:													
Cliesc dury       Married filing separately (MFS)       Qualifying surviving spouse (QSS)         If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital       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)       Ves       No         Standard       Someone can claim:       You sa a dependent:       Your spouse as a dependent       Yes       No         Standard       Spouse itemizes on a separate return or you were a dual-status alen       Spouse itemizes on a separate return or you were a dual-status alen         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (f) First name       Last name       Immedia       Immedia </td <td>Filing Status</td> <td></td> <td></td> <td>no hoo</td> <td>l incomo)</td> <td></td> <td></td> <td></td> <td>ousen</td> <td>bia (HOH)</td> <td></td> <td></td> <td></td>	Filing Status			no hoo	l incomo)				ousen	bia (HOH)			
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you; (a) receive (as a reward, 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).       \Vers No         Standard Deduction       Someone can claim:       \Vers Voi as a dependent       \Vers You so as a dependent       \Vers Voi Souse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       \rel ne blind       Spouse:       \Vers No         Child tax credit       (i) First name       Last name       number       (b) Relationship       (c) Credit for other dependent in number         If more than four dependents, see instructions;       (i) Relationship       (j) Relationship       Child tax credit       Credit for other dependent in a see instructions;         If more than form borne (b) V-2, box 1 (see instructions;				ne nac	rincome)				surviv	ing shouse	(099)		
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, eschange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       Image: Text and the second secon	one box.	L If \		name	of your s	nouse If voi	ı che			• •	. ,	ild's na	me if the
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.)       IVes													
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       ⊠ No         Standard Deduction       Someone can claim:       े You as a dependent       ↓ Your spouse as a dependent       ↓ <td></td>													
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Is bind         Age/Blindness       You:       You spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Were born before January 2, 1959       Is bind         Dependents       (see instructions):       (i) First name       (a) Social security       (a) Relationship       (chick the box if qualifies tor (see instructions)         If more       Income       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Image: chick of the structions if									-				
Deduction       Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You:       Ware born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (see instructions):       (g) Relationship       (d) Check the box if qualifies for see instructions)       Cheld tac redit for other dependent         if more       (1) First name       Last name       mumber       (g) Relationship       (d) Check the box if qualifies for see instructions)         and check								-	i) / (36		15.)		
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 than four       (1) First name       Last name       number       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         dependents, see instructions				•		•		•					
Dependents       (see instructions):       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions)         If more than four dependents, see instructions and check here					_			_			0 4050		
Protection       (1) First name       Last name       number       Child tax credit       Credit for other dependents         than four dependents, see instructions				959	<u> </u>	· · ·			1.				
If more       If more       If more       If more         than four       dependents, see instructions       Image: See instructions       Image: See instructions         and check       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         Attach Form(s)       V=2 here. Also       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         W-28 and 109-8 if tax       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         W-28 and 109-8 if tax       Image: See instructions       Image: See instructions       Image: See instructions       Image: See instructions         W-28 and 109-8 if tax       Image: See instructions         W-22, see instructions       Image: See instructions       Image	Dependents				(2) S		/		ip (4	•		· `	· · · ·
dependents, see instructions		(1) -				пипре		to you			acait		
see instructions and check here       Image: see instructions here is see instructions													
here		s ——											
Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms(s)       C       Tip income not reported on line 1a (see instructions)       1c         W-2 here.Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 and total waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 area.Also       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         W-2 area.Also       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a form       gw ages from Form 8919, line 6       1g       1h       0.         get a form       W-2, see       h       Other earned income (see instructions)       1i       z         x2 Add lines 1a through 1h													
Attach Forms       b       Household employee wages not reported on Form(s) W-2	Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a		5,132.
W-2 here, Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         watach Forms       d       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R it tax was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         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         M-2, see       in       Other earned income (see instructions)       1i       1g         Z       Add lines 1a through 1h       1       1       1         Attach Sch. B       at       Tax-exempt interest       2a       b       b       Taxable amount       1b       0         Add lines 1a through 1h          b       Taxable interest       2b       1b         Add lines 1a through 1h          b       Taxable interest       2b       2b       1b       0       1b       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	,	
W-26 and 1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       11         If       Employer-provided adoption benefits from Form 2441, line 26       11         If you did not get a Form W-2, see       Wages from Form 8919, line 6       11         If       If       11         If       If       11         If       If       11         If       If       0.         If       If       If       0.         If       If       If       If         If       If		с	Tip income not reported on line 1a	ı (see i	nstruction	is)					. 10	;	
1099-R if tax       e       Iaxable dependent care benefits from Form 2411, line 26       11         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       11         If you did not get a Form       g       Wages from Form 8919, line 6       11         W-2, see       h       Other earned income (see instructions)       1h       0.         W-2, see       Nontaxable combat pay election (see instructions)       1i       1z       5,132.         Attach Sch. B       2a       Tax-exempt interest       2a       b       b       Taxable interest       2b         Attach Sch. B       2a       Qualified dividends       3a       b       Dratable amount       4b       3b         Standard beduction for-       5a       Sa       b       Taxable amount       4b       5b         Standard big or Married filing generately, S13.850       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Married filing jointy or Qualifying spouse, S27.700       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       5, 132.         S27.700       Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11       5, 132.         S27.700       Add lines 12, 2b, 3b, 4b, 5b, 6		d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d	1	
If you did not g Wages from Form 8919, line 6 1g   get a Form h Other earned income (see instructions) 1i   W-2, see i Nontaxable combat pay election (see instructions) 1i   instructions. i Nontaxable combat pay election (see instructions) 1i   attach Sch. B 2a Tax-exempt interest 2a   if required. 3a 3a b   Qualified dividends 3a b   attach Sch. B a Qualified dividends 3a   if required. 3a b Draxable amount 4b   Standard 4a IRA distributions 4a b   Narried filing separately, \$13,850 r Gapital gain or (loss). Attach Schedule 1, line 10 b   You ded filing jointy or Qualified dividand income from Schedule 1, line 10 9 5,132.   You ded for household, \$20,800 12 Standard deduction or itemized deductions (from Schedule A) 11   You under Standard 2b 11 5,132.		е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e	•	
get a Form       h       Other earned income (see instructions)       11         W-2, see       istructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       3a       b       Ordinary dividends       3b         Standard       Qualified dividends       3a       b       Taxable amount       4b       5b         Standard       Sa       Pensions and annuities       5a       b       Taxable amount       5b         Single or       6a       Social security benefits       6a       b       Taxable amount       6b         Maried filing separately, spanately       c       If you elect to use the lump-sum election method, check here (see instructions)       7       6b         Maried filing jointly or Qualifying surviving spouse, \$27.700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       5, 132.         Mead of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       11       5, 132. <td>was withheld.</td> <td>f</td> <td>Employer-provided adoption bene</td> <td>fits fro</td> <td>m Form 8</td> <td>839, line 29</td> <td></td> <td></td> <td></td> <td></td> <td>. 1f</td> <td>:</td> <td></td>	was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f	:	
W-2, see       In       Other earlied intolline (see instructions)       In       Other earlied intolline (see instructions)         instructions.       i       Nontaxable combat pay election (see instructions)       1i       i         instructions.       z       Add lines 1a through 1h       1z       5,132.         attach Sch. B       if required.       3a       Qualified dividends       2b         attach Sch. B       a Qualified dividends       3a       b Taxable interest       2b         attach Sch. B       a Qualified dividends       3a       b Ordinary dividends       3b         attach Sch. B       a Qualified dividends       3a       b Taxable amount       4b         Standard       5a       b Taxable amount       4b       5b         Standard Segarately, S13.850       r       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       5, 132.         aurviving spouse, S27,700       10       Addiustration 10 from line 9. This is your adjusted gross income       11       5, 132.         14 you checked any box under Standard       13       Qualified business income deduction from Form Schedule A)       12       13, 850.         12       13, 850.<	,	g	Wages from Form 8919, line 6 .								. 1g	ı	
z       Add lines 1a through 1h       1z       5,132.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         Standard       4a       b       Taxable amount       4b       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       r       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Narried filing jointly or       Gualifying       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8         Subtract line 10 from line 9. This is your adjusted gross income       11       5,132.       12       13,850.         12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.       13         9       5,132.       10       11       5,132.       12       13,850.         13       Qualified business income deduc		h	Other earned income (see instruction	ions)					· ·		. 1h	<u> </u>	0.
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         standard       4a       IRA distributions       4a       b       Taxable amount       4b         Standard       5a       Pensions and annuities       5a       b       Taxable amount       5b         Single or       Married filing separately, \$13,850       C       If you elect to use the lump-sum election method, check here (see instructions)       1       6b         Married filing jointly or       Qualifying surving spouse, \$27,700       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       7       8         Neared filing jointly or       Subtract line 10 from line 9. This is your adjusted gross income       11       5,132.         10       Head of household, \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13,850.	instructions.			see ins	structions)			<b>1</b> i					F 100
if required. 3a Qualified dividends 3a b Ordinary dividends 3b   4a IRA distributions 4a b Taxable amount 4b   5a Pensions and annuities 5a 5a b 7b   Single or 6a Social security benefits 6a b Taxable amount 5b   6a Social security benefits 6a b Taxable amount 6b   7 6a Social security benefits 6a b 7c   8 C If you elect to use the lump-sum election method, check here (see instructions) 7c 7c   8 Additional income from Schedule D if required. If not required, check here 7   9 5,132. 9 5,132.   9 5,132. 10   11 Subtract line 10 from line 9. This is your adjusted gross income 11   520,800 12 Standard deduction or itemized deductions (from Schedule A) 12   13 Qualified business income deduction from Form 8995 or Form 8995-A 13   14 Add lines 12 and 13 14 13,850.			Ŭ I	· ·		· · · ·	 . –	· · · · ·					5,132.
Out       Out and of the chain			· · -										
Standard Deduction for -       5a       5a       b Taxable amount			-					,					
Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       10         11       5,132.         \$20,000       11         Subtract line 10 from line 9. This is your adjusted gross income       11         12       13,850.         13       11         14       13,850.	Standard												
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .	Deduction for –												
Standardy, Standardy, Standard deduction or itemized deductions (from Schedule A)       7         Additional income from Schedule 1, line 10       7         Additional income from Schedule 1, line 10       8         Qualifying spouse, \$27,700       9       5,132.         10       4djustments to income from Schedule 1, line 26       10         11       5,132.       10         Subtract line 10 from line 9. This is your adjusted gross income       11       5,132.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard       14       Add lines 12 and 13       14       13,850.	Married filing		, _		method	check here			· · ·			, 	
Married filing jointly or Qualifying surviving spouse, \$27,700       8       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       5,132.         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       5,132.         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.							•		• •		7		
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income95,132.10Adjustments to income from Schedule 1, line 2610Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1012Standard deduction or itemized deductions (from Schedule A)1213,850.13Qualified business income deduction from Form 8995 or Form 8995-A13141413,850.1413,850.	<ul> <li>Married filing</li> </ul>											+	
Starting spoord       10       Adjustments to income from Schedule 1, line 26       10       10         Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       5,132.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	Qualifying			-									5,132.
Index dof household,11Subtract line 10 from line 9. This is your adjusted gross income115,132.\$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-A1314Add lines 12 and 131413,850.	\$27,700				•							,	
\$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 Standard Deduction,1413.1413,850.	<ul> <li>Head of household,</li> </ul>		-										5,132.
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			-	-	-							
Deduction,         14         Add lines 12 and 13         14         13,850	any box under							95-A			. 13	;	
		14	Add lines 12 and 13								. 14		13,850.
		15	Subtract line 14 from line 11. If zer	o or le	ss, enter -	-0 This is y	our 1	taxable incom	ie .		. 15	;	0.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, lin	e3				[	17	
	18	Add lines 16 and 17					[	18	0.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				[	24	0.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	9.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	9.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return .		[	26	
qualifying child,	27	Earned income credit (EIC)				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, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T					🗆	33	9.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	9.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	is attached, che	ck here	. 🗆 💽	85a	9.
Direct deposit?	b	Routing number 0 6 1	0 0 0 2	2 7	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 9 0 6	2 7 7 7	5 7 9					
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			
Designee	ins	tructions				🗌 <b>Yes.</b> Co	omplete bel	ow.	× No
	De nai	signee's		Phone no.			onal identifica per (PIN)	tion	
0:		der penalties of perjury, I declare th	at I have examined		accompanying sche		. ,	hest of	f my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IR	S sent	you an Identity
				2410					I, enter it here
Joint return?					STUDENT AS	SST.TUTOR	(see ins	i.)	
See instructions. Keep a copy for	Sp	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupat	ion			your spouse an
your records.							Identity (see ins		ction PIN, enter it here
	b		г				,		
		one no. (704)249-428 eparer's name	5 Preparer's signat	Email address	VISHVANTHI	000@GMAIL.CC			Check if:
Paid									Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPIA IALLAM	02/28/2024	P020827		
Use Only		n's name GLOBAL TAX			T 00016				578)965-9522
			Y CT E BRU	NSWICK N			Firm's E	IIN	84-3171965
GO TO WWW.Irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form <b>1040</b> (2023)

REV 02/16/24 PRO





# Georgia Form 500 (Rev. 08/30/23) Individual Income Tax Return

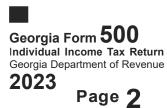
Georgia Department of Revenue

2023 (Approved software version)

## Page 1

Fiscal Year Beginning	STATE GA ISSUED				
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		071310372	2	
YOUR FIRST NAME 1. VISHVANTH			DCIAL SECURITY NUMB	ER	
LAST NAME (For Name Change See IT-5 SULTHAN KADHER SHAH	11 Tax Booklet)		SUFFIX		
SPOUSE'S FIRST NAME		MI SPOUSE	'S SOCIAL SECURITY N	IUMBER	DEPARTMENT USE ONLY
LAST NAME			SUFFIX		
ADDRESS (NUMBER AND STREET or P.O. BO 2. 3528 GENTIAN BLVD APT NO G6	X) (Use 2nd address lir	ne for Apt, Suite or B	uilding Number) CHEC	K IF ADDRESS HAS CHANGED	
CITY (Please insert a space if the city has mul 3. COLUMBUS	tiple names)	sta GZ			
(COUNTRY IF FOREIGN)					
4. Enter your Residency Status with the ap	opropriate number	·			sidency Status <b>4.</b> 1
1. FULL- YEAR RESIDENT 2. PART- YEAR RESI	DENT		то		3. NONRESIDENT
Omit Lines 9 thru 14 and use Fo	orm 500 Schedu	ıle 3 if you are	a part-year or no		Filing Status
5. Enter Filing Status with appropriate le	etter (See IT-511	Tax Booklet)			5
A. Single B. Married filing joint C. Married filing s	eparate (Spouse's soci	al security number m	ist be entered above) D. I	Head of Household or Qua	lifying Surviving Spouse
6. Number of exemptions (Check appro	priate box(es) and	d enter total in 6	c.) 6a. Yourself 💙	K 6b. Spouse	6c. 1
7a. Number of Qualified Dependents*	7b. Number	of Unborn Depe	ndents 7 c.	Total Number of Dep	endents
*Enter details on Line 7d., and DO No			our unborn depender		01/29/24 PRO

All Pages (1-5) are required for processing



First Name, MI.



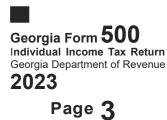
Last Name

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

YOUR SOCIAL SECURITY NUMBER 677-17-8243

Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
First Name, MI.	Last Name	
Social Security Number	Relationship to You	
INCOME COMPUTATIONS If amount on line 8, 9, 10, 13 or 15 is negative, use 1	the minus sign (-). Example -3456.	
<ol> <li>Federal adjusted gross income (From Federal Forn (Do not use FEDERAL TAXABLE INCOME) If the a W-2s you must include a copy of your Federal For</li> </ol>	mount on Line 8 is \$40,000 or more, or your gross i	5132 income is less than your
9. Adjustments from Form 500 Schedule 1 (See IT-51	1 Tax Booklet) 9.	
10. Georgia adjusted gross income (Net total of Line 8	and Line 9) 10.	5132
11. Standard Deduction (Do not use FEDERAL STAND (See IT-511 Tax Booklet)	ARD DEDUCTION) 11a.	5400
b. Self: 65 or over? Blind? Total	x 1,300= 11b.	
Spouse: 65 or over? Blind?		
<ul> <li>c. Total Standard Deduction (Line 11a + Line 11b)</li> <li>Use EITHER Line 11c OR Line 12c (Do not write on</li> </ul>	11c. both lines)	5400
12. Total Itemized Deductions used in computing Federal	Taxable Income. If you use itemized deductions, you	must include Federal Schedule A.
a. Federal Itemized Deductions (Schedule A- Forn	n 1040) 12a.	
b. Less adjustments: (See IT-511 Tax Booklet)	12b.	
c. Georgia Total Itemized Deductions		

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# YOUR SOCIAL SECURITY NUMBER 677-17-8243

14a. Enter the number from Line 6c. 1 Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C	14a.	2700			
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.				
14c. Add Lines 14a. and 14b. Enter total	14c.	2700			
15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)	15a.	-2968			
15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)	··15b.				
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	-2968			
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	0			
17. Low Income Credit 17a. 1 17b. 26	17c.	0			
18. Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.				
19. Credits used from IND-CR Summary Worksheet	19.				
20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed 20. electronically)					
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	21.	0			
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	22.	0			

**INCOME STATEMENT DETAILS** Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

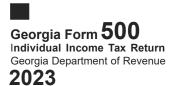
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 586011208	<ol> <li>WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP</li> <li>EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN</li> </ol>	<ol> <li>WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP</li> <li>EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN</li> </ol>
3.	EMPLOYER/PAYER STATE WITHHOLDING ID $2827968FW$	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 5132	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 86	5. GA TAX WITHHELD	5. GA TAX WITHHELD

#### PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4. All Pages (1-5) are required for processing

REV 01/29/24 PRO

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23





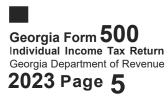
2400411545

## YOUR SOCIAL SECURITY NUMBER 677-17-8243

Page 4

1. 2.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	1. 2.	(INCOME STATEMENT E) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN	G2-LP G2-RP	1. 2.		32-LP 32-RP
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3.	EMPLOYER/PAYER STATE WI	THHOLDING ID	3.	EMPLOYER/PAYER STATE WITH	HOLDING ID
4.	GA WAGES / INCOME	4.	GA WAGES / INCOME		4.	GA WAGES / INCOME	
5.	GA TAX WITHHELD	5.	GA TAX WITHHELD		5.	GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wages (Enter Tax Withheld Only and include W-2s			23.			86
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or G			24.			
25.	Estimated Tax paid for 2023 and Form IT			25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronic			. 26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)	27.			86
28.	If Line 22 exceeds Line 27, subtract Line balance due			28.			
29.	If Line 27 exceeds Line 22, subtract Line 2 overpayment			. 29.			86
30.	Amount to be credited to 2024 ESTIMA	TED	TAX	30.			0
31.	Georgia Wildlife Conservation Fund (No g	gift o	of less than \$1.00)	31.			
32.	Georgia Fund for Children and Elderly (N	lo g	ift of less than \$1.00)	32.			
33.	Georgia Cancer Research Fund (No gift	ofle	ess than \$1.00)	33.			
34.	Georgia Land Conservation Program (No	o gift	of less than \$1.00)	34.			
35.	Georgia National Guard Foundation (No g	gift o	of less than \$1.00)	35.			
36.	Dog & Cat Sterilization Fund (No gift of l	ess	than \$1.00)	36.			
37.	Saving the Cure Fund (No gift of less th	an \$	1.00)	37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	-	(REACH) Program	38.			

All Pages (1-5) are required for processing





YOUR SOCIAL SECURITY NUMBER 677-17-8243

39.	Public Safety Memorial Grant	(No gift of less than \$1.00).		9.		
40.	Disabled Veterans' Scholarsh	ip Fund <b>(No gift of less than</b> \$	<b>\$1.00)</b> 4	0.		
41.	Form 500 UET <b>(Estimated ta</b>	<b>x penalty)</b> 500 UET excep	tion attached 4	-1.		
42.	Penalty: Late Payment and/or	Late Filing		2.		
43.	Interest			3.		
44.		GEORGIA DEPARTMENT OF IENT OF REVENUE PROCESS	REVENUE,	4.		
I	(If you are due a refund) Subtr THIS IS YOUR REFUND Refund Due Mail To: GEORGIA PO BOX 740380 ATLANTA, GA	DEPARTMENT OF REVENUE		TER,		86
l	If you do not enter Direct De	posit information or if you	are a first time file	r you will k	be issued a paper check.	
	Direct Deposit (U.S. Accounts Only)	Type: Checking X Savings		5		
	Routing		Account			
	Number 061000227			0627775	579	
 Ta	axpayer's Signature (0	Check box if deceased)	Spouse's Sign	ature	(Check box if deceased)	
Т	axpayer's Date of Death		Spouse's Dat	te of Death		
-	Faxpayer's Signature Date	Taxpayer's Pho 704-249-4			Spouse's Signature Date	
	y providing my e-mail address I am a					
n	ny account(s). axpaver's E-mail Address	uthorizing the Georgia Department o	f Revenue to electronica	ly notify me at	the below e-mail address regarding a	ny updates to
n	axpayer's E-mail Address	uthorizing the Georgia Department o	f Revenue to electronica	ly notify me at	the below e-mail address regarding a I authorize DOR to di with the named prepa	scuss this return
m T			f Revenue to electronica	Preparer	l authorize DOR to di	scuss this return
m T 	axpayer's E-mail Address	. GUPTA TALLAM	f Revenue to electronica	Preparer 678–9 Preparer	I authorize DOR to di with the named prepa of 5 – 9 5 2 2	scuss this return

Preparer's Firm Name GLOBAL TAXES LLC

REV 01/29/24 PRO

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