Internal Revenue Service

IRS e-file Signature Authorization

Social accurity number

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

Submission Identification Number (SID)

Taxpayer's name

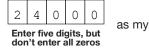
er's name	Social security number							
EEN KUMAR KALIYAPERUMAL	819-92-4000							
's name	Spouse's social security number							
ASANGEETHA NAVEEN KUMAR	483-81-5163							
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)								
Enter whole dollars only on lines 1 through 5.								
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.								
Adjusted gross income	1 75,740.							
Total tax	2 5,323.							
Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 11,207.							
Amount you want refunded to you	4 5,884.							
Amount you owe	5							
i	YEEN KUMAR KALIYAPERUMAL S's name IASANGEETHA NAVEEN KUMAR t1 Tax Return Information — Tax Year Ending December 31, 2023 (Enter whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income							

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

Under penalties of perjury, 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

				ERO firm name	,	Ē	r
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN		



5

1

3

as mv

1 6

Enter five digits, but don't enter all zeros

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 ►

Spouse's PIN: check one box only

X	Tauthorize	GLUBAL I	AAES	ERO firm name	to enter or generate my PIN
$\mathbf{\nabla}$	Louthorizo	GLOBAL T	AVES	LLC	to optor or gonorato my PIN

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 – Prac	itioner PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your	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 🕨
	Retain This Form — See Instructions Form to the IRS Unless Requested To Do So
Experies of Deductive Ast Netter and states of	

Date

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545-	-0074	IRS Use Onl	y—Do not w	vrite or sta	ple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.	
Your first name	and m	iddle initial	Last na	ame						Your social security number			
NAVEEN F	KUMAI	R	IYAPEF	RUMAL					819	92	4000		
	-	s first name and middle initial	Last na									security number	
HEMASANO	:ए.न.न	НА	NAVI	EEN KU	IMAR					483	81	5163	
		er and street). If you have a P.O. box, see			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			A	pt. no.		• •	ction Campaign	
5312 CAF	NAB	Y ST						-	340			ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	-	spouse	if filing j	ointly, want \$3	
IRVING						T	ζ	750	38			nd. Checking a not change	
Foreign country	/ name			Foreign p	rovince/state/				in postal code		c or refu	0	
							-			-	🗌 Yo	u 🗌 Spouse	
Filing Status] Single					Head of he	ouseh	old (HOH)				
-		Married filing jointly (even if only o	ne had	income)					0.00 (01.)				
Check only one box.] Married filing separately (MFS)						surviv	ving spouse	(OSS)			
one box.	lf v	ou checked the MFS box, enter the	name	of your s	nouse If voi	ı che			•	. ,	ild's nar	ne if the	
	,	alifying person is a child but not you		,	pouse. If you				50 60X, 011				
Digital		ny time during 2023, did you: (a) rece				• •			,.				
Assets	exch	hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ns.)	∐ Ye	s 🛛 No	
Standard Deduction	_	eone can claim: U You as a de Spouse itemizes on a separate retur	•				a dependent						
		: Were born before January 2, 1		Are b		ouse		n hefr	ore January	2 1959		blind	
		•	000	T	•			10	,	-		see instructions):	
Dependents		irst name Last name		(2) :	(2) Social security number to you			ip ('	Child tax of			r other dependents	
lf more than four	(1)	Lasthane				,							
dependents,													
see instructions	s ——												
and check here													
	10	Total amount from Form(a) W(2, b)	ov 1 (o	oo inotruu	ationa)					10		85,911.	
Income	1a ⊾	Total amount from Form(s) W-2, be	•		,					. <u>1a</u>		05,911.	
Attach Form(s)	b									. 1b			
W-2 here. Also attach Forms	c						• •		. 10				
W-2G and	d	Medicaid waiver payments not rep			, ,	nstru	ictions)	• •	· · ·	. 10			
1099-R if tax	e	Taxable dependent care benefits f			-	• •		• •		. 1e			
was withheld.	f	Employer-provided adoption bene	etits troi	m Form a	3839, line 29	•		• •		. 1f	-		
lf you did not get a Form	g	Wages from Form 8919, line 6 .	•••			• •		• •		. 1g		0	
W-2, see	h	Other earned income (see instructi	,	· · ·		• •		···		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see insi	tructions))	• •	1 i			_		0E 011	
	<u>z</u>	Add lines 1a through 1h	 .		· · · ·	· ·		• •		. 1z		85,911.	
Attach Sch. B	2a	· -	2a				axable interest			. 2b			
if required.	<u>3a</u>		3a				ordinary divider			. 3b			
Standard	4a		4a				axable amoun			. 4b			
Deduction for –	5a		5a				axable amount			. 5b)		
 Single or Married filing 	6a	, _	6a				axable amount	t		. 6b	,		
separately,	С	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)						
\$13,850 • Married filing	7	Capital gain or (loss). Attach Schee								7	_		
jointly or	8	Additional income from Schedule	1, line 1	10.						. 8		-10,171.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	. This is y	our total inc	come	e			. 9		75 , 740.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						. 10			
 Head of household, 	11	Subtract line 10 from line 9. This is	s your a	ndjusted	gross incor	ne				. 11		75,740.	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12		27,700.	
any box under	13	Qualified business income deducti	ion fror	n Form 8	995 or Form	899	5-A			. 13			
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.	
see instructions.	15	Subtract line 14 from line 11. If zer	ro or les	ss, enter	<u>-0 This is</u> y	our	taxable incom	e		. 15		48,040.	

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 🗌		16	5,323.
Credits	17	Amount from Schedule 2, lin	ie3				[17	
	18	Add lines 16 and 17					[18	5 , 323.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		[19	
	20	Amount from Schedule 3, lin	ie 8				[20	
	21	Add lines 19 and 20					[21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	5,323.
	23	Other taxes, including self-e					[23	0.
	24	Add lines 22 and 23. This is					[24	5,323.
Payments	25	Federal income tax withheld							
. aymente	а	Form(s) W-2				25a 11	,207.		
	b	Form(s) 1099				25b	·		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	11,207.
	26	2023 estimated tax payment						26	
If you have a 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				-		32	
	33	Add lines 25d, 26, and 32. T	,	•	•		•••	33	11,207.
Defined	34	If line 33 is more than line 24					• •	34	5,884.
Refund	34 35a		-			, .		35a	5,884.
Direct deposit?	b soa	Amount of line 34 you want					. 🛄 .	3 5a	3,004.
See instructions.		Routing number 1 1 0 0 0 2 5 c Type: Checking Savings Account number 4 8 8 1 1 5 0 7 6 3 4 7 Image: Checking Savings							
	d	· · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	a a					1 1	· ·	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another					omplete be	low	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identific ber (PIN)	ation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	dules and statemen	ts, and to the	e best i	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informati	on of which p	orepare	er has any knowledge.
пеге	Yo	ur signature		Date Your occupation			If the I	RS ser	nt you an Identity
									IN, enter it here
Joint return?					SYSTEM ANA		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEF	(see in		sector r int, enter it here	
	Ph	one no.		Email address		AR@GMAIL.CO)M		
		eparer's name	Preparer's signat		1 CNIGG A 201 • 21	Date			Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM				02/20/2024	P02082	703	Self-employed
Preparer		n's name GLOBAL TAX		ITTLI DAGAN	SOLIN INDAM	02/20/2024			
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's		678)965-9522
Go to warne in an		1040 for instructions and the late		TADMICI/ IN					84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	wrom	no40 for instructions and the late	st information.		BAA	REV 02/11/24 PRO			Form 1040 (2023)

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

Your social security number

819-92-4000

Name(s) shown on Form 1040, 1040-SR, or 1040-NR N KALIYAPERUMAL & H NAVEEN KUMAR

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. Attac	h Schedule E .	5	-10,171.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	Ba ()	
b	•	3b		
С		BC		
d		3d ()	
е		Ве		
f		8f		
g		3g		
h		3h		
i		8i		
j		8j		
k		3k		
I	Income from the rental of personal property if you engaged in the rental			
		81		
m	Olympic and Paralympic medals and USOC prize money (see			
		Bm		
n		3n		
ο		30		
р		Зр		
q		3q		
r		Br		
S	Nontaxable amount of Medicaid waiver payments included on Form			
_		Bs (<u>/</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	· ·	8t		
u		Bu		
Z	Other income. List type and amount:			
•		3z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter A 1040, 1040-SR, or 1040-NR, line 8		10	-10,171.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ile 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		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			. 26	
	BAA	REV 02	/11/24 PRO	Sched	ule 1 (Form 1040) 202

	CHEDULE E Supplemental Income and Loss (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)										o. 1545-0074
			Attach to Form 1040,		-			11 US13, 11EM103,	e.c.,	20) 23
	ent of the Treasury Revenue Service		Go to www.irs.gov/ScheduleE for					nformation.		Attachn Sequen	nent ce No. 13
Name(s)	shown on return							Yo	our socia	al security	
N KA	KALIYAPERUMAL & H NAVEEN KUMAR 819-92-4000										
Part	Part I Income or Loss From Rental Real Estate and Royalties										
	Note: If yo	ou are in the	e business of renting personal proper from Form 4835 on page 2, line 40.	ty, use	Schedule	c . See	e instru	ctions. If you are	an indiv	vidual, rep	ort farm
A D			its in 2023 that would require you	to file	Form(s) 1	10992 5	See ing	structions			s X No
			u file required Form(s) 1099?								
-1a			ch property (street, city, state, ZIF								
Α	H NO 12.	AGRAGHA	ARAM THARANALLUR TRICHY	Z IN	1 62000)8					
B						-					
С											
1b	Type of Prope	rty 2	For each rental real estate prope	erty list	ted		Fa	ir Rental F	Person	al Use	QJV
	(from list below		above, report the number of fair i	rental	and			Days	Da	ys	QJV
Α	3		personal use days. Check the Quif you meet the requirements to f			Α		365		0	
B			qualified joint venture. See instru			В					
						С					
	of Property:			4 - 1	5 1		-	O alf Danstal			
	Single Family R		3 Vacation/Short-Term Rent	tal	5 Land			Self-Rental	-)		
	Multi-Family Re	sidence	4 Commercial		6 Roya	annes	0	Other (describe	=)		
								Properties	:		
Incom						Α		В			С
3				3		6	10.				
4		ved		4							
Expen 5				5							
6			ructions)	6							
7				7		7	50.				
8	•			8		,					
9				9							
10			ional fees	10							
11	•			11		1,5	42.				
12	Mortgage inter	est paid t	o banks, etc. (see instructions)	12							
13	Other interest			13							
14				14			20.				
15	-			15		3,8	45.				
16				16		1 -	0.4				
17				17		1,5	24.				
18 19	Other (list)		r depletion	18 19							
20			es 5 through 19	20		10,7	81				
20	•		e 3 (rents) and/or 4 (royalties). If	20		±0,1	<u>.</u> .				
- 1			tructions to find out if you must								
				21	-	-10,1	71.				
22	Deductible ren	tal real e	state loss after limitation, if any,								
	on Form 8582	(see instr	ructions)	22	(10,1	/1.)	()	(
23a		-	orted on line 3 for all rental prope				23a	6	510.		
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	10 -	7.0.1		
е 24		-	orted on line 20 for all properties mounts shown on line 21. Do not		 do any loy		23e	10,7	24		
24 25			es from line 21 and rental real estate				 nter to	tal losses here	24 25	(10,171.
25 26			and royalty income or (loss).						25		± 0 , ± / ± .
20			IV, and line 40 on page 2 do no								
			, line 5. Otherwise, include this ar						26		-10,171.
For Pa			tice, see the separate instructions.		NE			-10,171.			orm 1040) 202

Schedule E (Form 1040) 2023