Department of the Treasury Internal Revenue Service

Calendar Year -Due 04/15/2024

2024 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

335.

REV 02/16/24 PRO 1555

587-91-2527 MADHUSUDANA R SURYADEVARA

4161 PLANTATION TRACE DR DULUTH GA 30096

Department of the Treasury Calendar Year -Internal Revenue Service

Due 06/17/2024

2024 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

335.

REV 02/16/24 PRO 1555

587-91-2527 MADHUSUDANA R SURYADEVARA

4161 PLANTATION TRACE DR DULUTH GA 30096

Department of the Treasury Calendar Year -Internal Revenue Service

Due 09/16/2024

2024 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

335.

REV 02/16/24 PRO 1555

587-91-2527 MADHUSUDANA R SURYADEVARA

4161 PLANTATION TRACE DR DULUTH GA 30096

Department of the Treasury Calendar Year -Internal Revenue Service

Due 01/15/2025

2024 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury**. Write your social security number and '2024' Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....

335.

REV 02/16/24 PRO 1555

587-91-2527 MADHUSUDANA R SURYADEVARA

4161 PLANTATION TRACE DR DULUTH GA 30096

Form 8879
(Rev. January 2021)
Department of the Treasury

epartment of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

Social coourity number

Submission Identification Number (SID)

Taxpayor'a pama

Taxpay	yer's name	Social security number				iber				
MAI	DHUSUDANA R SURYADEVARA	ANA R SURYADEVARA 587-91-2527								
Spous	e's name	Spouse's social security number				curity number				
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (E	nter	уеа	ır you	ı are aı	uthorizing.)				
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	88,903.				
2	Total tax				2	11,824.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	11,667.				
4	Amount you want refunded to you				4					
5	Amount you owe				5	157.				
Par	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

Lauthorizo	GLOBAL TAXES LLC	to enter or generate my PIN		
1 authorize	ERO firm name		Ent	e
			dor	17

Ent					' as my
1	2	5	2	7	

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 🕨	Your	signature	
------------------	------	-----------	--

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date 🕨

Enter five digits, but don't enter all zeros

as mv

2/27/2024

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 s	ignature Da	ate 🕨	•									
	Practitioner PIN Method Returns Only—continue below											
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EFII	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	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 Mu Don't Submit Th		
For Denemicarly Deduction Act Nation and your toy a		Earm 8870 (Boy, 01 2021)

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

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2023

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

DULUTH GA 30096



Form 1040-V Payment Voucher

Use this voucher when making a payment with Form 1040.

Do not staple this voucher or your payment to Form 1040.

MADHUSUDANA R SURYADEVARA

4161 PLANTATION TRACE DR

Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount 157. of your payment. 1555

REV 02/16/24 PRO

INTERNAL REVENUE SERVICE

P.O. BOX 1214 CHARLOTTE, NC 28201-1214

587912527 AS SURY 30 0 202312 610

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		urn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	rite or staple in this space.
For the year Jan	. 1–Dec	e. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See sep	parate instructions.
Your first name	and mi	 iddle initial	Last na	ame						Your so	cial security number
MADHUSUD				ADEVA	ARA						91 2527
		s first name and middle initial	Last na								s social security number
										886	18 0635
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.				A	pt. no.		ntial Election Campaign
4161 PLA	NTAT	FION TRACE DR								Check h	ere if you, or your
		ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	ite	ZIP co	ode		if filing jointly, want \$3
DULUTH						GA	4	300	96		this fund. Checking a ow will not change
Foreign country	name			Foreign p	rovince/state/c	count	ty	Foreig	n postal code		or refund.
											You Spouse
Filing Status	;	Single					Head of h	ouseh	old (HOH)		
Check only] Married filing jointly (even if only or	ne had	income)							
one box.	X	Married filing separately (MFS)					Qualifying	surviv	ring spouse (QSS)	
		ou checked the MFS box, enter the						l or Q	SS box, ente	r the chi	ld's name if the
	qu	alifying person is a child but not you	ır deper	ndent: K	KALHARA M	SUR	YADEVARA				
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward	d, award, or i	payr	ment for prope	rty or :	services); or	(b) sell,	
Assets		ange, or otherwise dispose of a digi									🗌 Yes 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	penden	nt 🗌	Your spouse	e as	a dependent				
Deduction	<u> </u>	Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	1				
Age/Blindness	You:	Were born before January 2, 1	959 [Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	1959	Is blind
Dependents				T	Social security		(3) Relationsh	14	•		ies for (see instructions):
If more		irst name Last name		(2)	number		to you		Child tax cr	edit	Credit for other dependents
than four											
dependents,											
see instructions and check	s ——										
here											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	ctions)					1a	88,591.
Attach Form(s)	b	Household employee wages not re	eported	on Form	n(s) W-2	•				1b	
W-2 here. Also	с	Tip income not reported on line 1a	ı (see in	struction	ıs)	•				. 1c	
attach Forms	d	Medicaid waiver payments not rep	orted o	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d	
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	rm 2441,	line 26 .	•				. 1e	
was withheld.	f	Employer-provided adoption bene								. 1f	
lf you did not get a Form	g	Wages from Form 8919, line 6 .	· ·			•				. 1g	
W-2, see	h	Other earned income (see instructi	ions)			•	· · · · ·	· ·		. 1h	0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		•	1 i			_	00 501
	<u>z</u>	Add lines 1a through 1h	 . i		· · · ·	· ·				1z	
Attach Sch. B if required.	2a	· · -	2a				axable interest			2b	312.
	<u>3a</u>		3a				Ordinary divide			3b	
Standard	4a		4a				axable amoun			4b	
Deduction for –	5a	-	5a				axable amoun		• • •	5b	
 Single or Married filing 	6a	, _	6a	month a d			axable amoun	ι		. 6b	
separately, \$13,850	с 7	If you elect to use the lump-sum e				•	,	• •	· · · L	7	
 Married filing 	7	Capital gain or (loss). Attach Sched						• •	· · · L	8	
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,						• •		9	88,903.
surviving spouse, \$27,700	10	Adjustments to income from Sche						• •		10	00,000.
 Head of household, 	11	Subtract line 10 from line 9. This is			aross incon			• •	• • •	11	88,903.
\$20,800	12	Standard deduction or itemized								12	13,850.
 If you checked any box under 	13	Qualified business income deduction					5-A			13	
Standard Deduction,	14	Add lines 12 and 13								14	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer		s, enter	-0 This is v	our i	taxable incom	ie .		15	75,053.

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	11,824.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	11,824.
	19	Child tax credit or credit for	other dependen	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	. If zero or less,	enter -0				22	11,824.
	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	11,824.
Payments	25	Federal income tax withheld							•
i aj monto	а	Form(s) W-2				25a 11	1,667.		
	b	Form(s) 1099				25b		-	
	c	Other forms (see instructions				25c		1	
	d	Add lines 25a through 25c	,					25d	11,667.
(26	2023 estimated tax payment						26	
f you have a L 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		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T		-	-		• •	33	11,667.
Defined	34	If line 33 is more than line 24						34	11,007.
Refund	34 35a	Amount of line 34 you want	-				· ·	35a	
Direct deposit?	b 35a	Routing number X X X				Checking		358	
See instructions.		Account number X X X					Savings		
	d	· · · · · · · · · · · · · · · · · · ·				1 1			
A	36	Amount of line 34 you want a				36		-	
Amount	37	Subtract line 33 from line 24						07	1 - 7
You Owe	~~	For details on how to pay, g						37	157.
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•				omplete l	bolow	X No
Designee							•		
	nai	signee's ne		Phone no.			sonal identi iber (PIN)	lication	
Sign	Un	der penalties of perjury, I declare th	nat I have examine	d this return and	accompanying sche	edules and statemer	nts, and to t	he best o	of my knowledge and
-	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpayer) is b	ased on all informat	ion of whicl	n prepare	er has any knowledge.
Here	Yo	ur signature		Date	Your occupation		If the	e IRS ser	nt you an Identity
		P				N, enter it here			
Joint return?					BIG DATA		,	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupation	tion			nt your spouse an action PIN, enter it here
your records.								inst.)	ection Fin, enter it here
	Dh	one no. (662)380-656	า	Email addross		NTA OCMATE O	``		
		one no. (662)380-656 eparer's name	Z Preparer's signat	Email address	SMADHUSUDA	ANA@GMAIL.C	PTIN		Check if:
Paid								2702	Self-employed
Preparer				KAM SAGAR	GUPTA TALLAM	1 02/28/2024	P0208		_ ; ;
Use Only		m's name GLOBAL TAX		NOUT OF N	T 0001C				678)965-9522
			Y CT E BRU	INSWICK N			Firm	i's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

Form 8889 Department of the Treasury

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

20 23
Attachment
Sequence No. 52

Internal	Revenue Service	Go to www.irs.gov/Form8889 for instructions and the latest information of the latest information	tion.	Se	equence No. 52
Name(s) shown on Form 104	10, 1040-SR, or 1040-NR	Social security nur	mber of	HSA beneficiary.
MADI	HUSUDANA R	SURYADEVARA	If both spouses ha 587-91-		As, see instructions. 7
Befor	re you begin:	Complete Form 8853, Archer MSAs and Long-Term Care Insurance	Contracts, if	requi	red.
Part		ntributions and Deduction. See the instructions before completing a you and your spouse each have separate HSAs, complete a separate			
1		to indicate your coverage under a high-deductible health plan (HDHP) cs		≺ Sel	f-only 🗌 Family
2	unextended du	ons you made for 2023 (or those made on your behalf), including those not be a set of your tax return that were for 2023. Do not include employer controling ha cafeteria plan, or rollovers. See instructions	ontributions,	2	0.
3	were, or were	der age 55 at the end of 2023 and, on the first day of every month during considered, an eligible individual with the same coverage, enter \$3,850 e). All others , see the instructions for the amount to enter	(\$7,750 for	3	4,850.
4	lines 1 and 2. I	unt you and your employer contributed to your Archer MSAs for 2023 from f you or your spouse had family coverage under an HDHP at any time during to the contributed to your spouse's Archer MSAs	g 2023, also	4	
5	Subtract line 4	from line 3. If zero or less, enter -0	[5	4,850.
6	Enter the amo	unt from line 5. But if you and your spouse each have separate HSAs and r an HDHP at any time during 2023, see the instructions for the amount to e	d had family	6	4,850.
7		e 55 or older at the end of 2023, married, and you or your spouse had fam P at any time during 2023, enter your additional contribution amount. See in		7	0.
8		17	[8	4,850.
9 10	Employer cont	ributions made to your HSAs for 2023 9 funding distributions 10	4,850.	-	,
11		± 10		11	4,850.
12		1 from line 8. If zero or less, enter -0		12	0.
13		n. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), P	-	13	0.
		2 is more than line 13, you may have to pay an additional tax. See instruction			
Part		tributions. If you are filing jointly and both you and your spouse each te Part II for each spouse.	h have separ	ate F	ISAs, complete
14a	Total distribution	ons you received in 2023 from all HSAs (see instructions)		14a	3,137.
b	contributions	ncluded on line 14a that you rolled over to another HSA. Also include (and the earnings on those excess contributions) included on line 14a he due date of your return. See instructions	a that were	14b	
с		4b from line 14a		14c	3,137.
15		cal expenses paid using HSA distributions (see instructions)		15	3,137.
16	Taxable HSA	distributions. Subtract line 15 from line 14c. If zero or less, enter -0 Also, total on Schedule 1 (Form 1040), Part I, line 8f	include this	16	0.
	If any of the di Tax (see instru	stributions included on line 16 meet any of the Exceptions to the Addition ctions), check here	nal 20%		
b	are subject to	% tax (see instructions). Enter 20% (0.20) of the distributions included on the additional 20% tax. Also, include this amount in the total on Sched ne 17c	ule 2 (Form	17b	
Part	III Income complet	and Additional Tax for Failure To Maintain HDHP Coverage. See ng this part. If you are filing jointly and both you and your spouse ea e a separate Part III for each spouse.	the instruction		
18	Last-month rul	e	[18	
19		funding distribution		19	
20		Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I	-	20	
21		. Multiply line 20 by 10% (0.10). Include this amount in the total on Sched	•		
	1040), Part II, I	ne 17d		21	

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

REV 02/16/24 PRO BAA





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

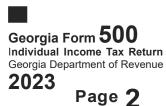
Individual Income Tax Return Georgia Department of Revenue

2023 (Approved software version)

Page 1

Fiscal Year Beginning	state GA issued			
Fiscal Year Ending	YOUR DRIVER'S LICENSE/STATE ID		061855188	
YOUR FIRST NAME 1. MADHUSUDANA		MI R	YOUR SOCIAL SECURITY NUMBER	
LAST NAME (For Name Change See IT-5 SURYADEVARA	i11 Tax Booklet)		SUFFIX	
SPOUSE'S FIRST NAME		МІ	spouse's social security number 886-18-0635	DEPARTMENT USE ONLY
LAST NAME			SUFFIX	
ADDRESS (NUMBER AND STREET or P.O. BC 2. 4161 PLANTATION TRACE CITY (Please insert a space if the city has mu 3. DULUTH	DR	ne for Ap	t, Suite or Building Number) CHECK IF ADDRESS HAS (STATE ZIP CODE GA 30096	CHANGED
(COUNTRY IF FOREIGN)				
4. Enter your Residency Status with the a	ppropriate numbe	r		Residency Status
1. FULL- YEAR RESIDENT 2. PART- YEAR RES	IDENT		то	3. NONRESIDENT
Omit Lines 9 thru 14 and use F	orm 500 Sched	ule 3 if	you are a part-year or nonresident	filer.
5. Enter Filing Status with appropriate I	etter (See IT-511	Tax Bo	oklet)	°
A. Single B. Married filing joint C. Married filing	separate (Spouse's soc	ial securit	y number must be entered above) D. Head of Househ	old or Qualifying Surviving Spouse
6. Number of exemptions (Check appro	opriate box(es) an	d enter	total in 6c.) 6a. Yourself × 6b. Spo	ouse 6c. 1
7a. Number of Qualified Dependents*	7b. Numbe	r of Unb	oorn Dependents 7 c. Total Numb	er of Dependents
			e and/or your unborn dependents. See IT-51	1 Tax Booklet.

All Pages (1-5) are required for processing





YOUR SOCIAL SECURITY NUMBER 587-91-2527

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

 First Name, MI.
 Last Name

 Social Security Number
 Relationship to You

 First Name, MI.
 Last Name

Social Security Number

First Name, MI.

Social Security Number

First Name, MI.

Social Security Number

Last Name

urity Number

Relationship to You

Relationship to You

Relationship to You

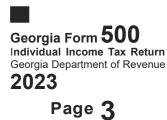
Last Name

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8.	(Do not use FEDERAL	TAXABLE INCO	ME) If the amo	040) ount on Line 8 is \$40,000 or 1040 Pages 1, 2, and Sche	more, or your g	88903 ross income is less than your
9.	Adjustments from Form	n 500 Schedule 1	(See IT-511	Tax Booklet)	9.	
10.	Georgia adjusted gross	income (Net tot	al of Line 8 an	d Line 9)	10.	88903
11.	Standard Deduction (Do (See IT-511 Tax Boo		RAL STANDAR	RD DEDUCTION)	11a.	3550
	b. Self: 65 or over?	Blind?	Total	x 1,300=	11b.	
	Spouse: 65 or over? c. Total Standard Ded Use EITHER Line 11			oth lines)	11c.	3550
12.	Total Itemized Deduction	ns used in comput	ing Federal Ta	xable Income. If you use iter	nized deductions	you must include Federal Schedule A.
	a. Federal Itemized De	eductions (Scheo	lule A- Form 1	040)	12a.	
	b. Less adjustments: (See IT-511 Tax E	Booklet)		12b.	
	c. Georgia Total Itemize	d Deductions			12c.	
13.	Subtract either Line 11	c or Line 12c froi	m Line 10; ent	er balance	13.	85353

All Pages (1-5) are required for processing





YOUR SOCIAL SECURITY NUMBER 587-91-2527

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.	3700
14b. Enter the number from Line 7c. Multiply by \$3,000	14b.	
14c. Add Lines 14a. and 14b. Enter total	14c.	3700
 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14) 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information) 		81653
15c. Georgia Taxable Income (Line 15a less Line 15b)	15c.	81653
16. Tax (Use Tax Rate Schedule in the IT-511 Tax Booklet)	16.	4578
17. Low Income Credit 17a. 17b.	17c.	
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 file electronically)	⊭d 20.	
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.	4578

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**.

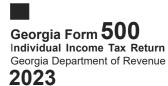
	(INCOME STATEMENT A)	(INCOME STATEMENT B)	(INCOME STATEMENT C)
1. 2.	WITHHOLDING TYPE: X W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) X SSN 362513626	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN 	 WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN
3.	EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID	3. EMPLOYER/PAYER STATE WITHHOLDING ID
4.	GA WAGES / INCOME 88591	4. GA WAGES / INCOME	4. GA WAGES / INCOME
5.	GA TAX WITHHELD 4589	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



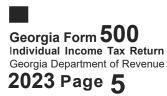


2400411545

YOUR SOCIAL SECURITY NUMBER 587-91-2527

Page 4

1. 2. 3.	(INCOME STATEMENT D) WITHHOLDING TYPE: W-2 G2-A G2-LP 1099 G2-FL G2-RP EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN EMPLOYER/PAYER STATE WITHHOLDING ID	1. 2. 3.	(INCOME STATI WITHHOLDING ⁻ W-2 1099 EMPLOYER/PAY ID NUMBER (FEI EMPLOYER/PAY	TYPE: G2-A G2-FL YER FEDERAL N) SSN	G2-LP G2-RP THHOLDING ID	1. 2. 3.	(INCOME STATEMENT F) WITHHOLDING TYPE: W-2 G2-A 1099 G2-FL EMPLOYER/PAYER FEDE ID NUMBER (FEIN) EMPLOYER/PAYER STA	G2-LP G2-RP ERAL SSN
4.	GA WAGES / INCOME	4.	GA WAGES / IN	COME		4.	GA WAGES / INCOME	
5.	GA TAX WITHHELD	5.	GA TAX WITHH	ELD		5.	GA TAX WITHHELD	
23.	Georgia Income Tax Withheld on Wage (Enter Tax Withheld Only and include W-2s				23.			4589
24.	Other Georgia Income Tax Withheld (Must include G2-A, G2-FL, G2-LP and/or 0				24.			
25.	Estimated Tax paid for 2023 and Form I		,		25.			
26.	Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electron				. 26.			
27.	Total prepayment credits (Add Lines 23, 2	24, 2	5 and 26)		27.			4589
28.	If Line 22 exceeds Line 27, subtract Line balance due				28.			
29.	If Line 27 exceeds Line 22, subtract Line overpayment				. 29.			11
30.	Amount to be credited to 2024 ESTIMA	ATE) TAX		30.			0
31.	Georgia Wildlife Conservation Fund (No	gift	of less than \$1.	.00)	31.			
32.	Georgia Fund for Children and Elderly (No g	ift of less than	\$1.00)	32.			
33.	Georgia Cancer Research Fund (No gift	t of l	ess than \$1.00)		33.			
34.	Georgia Land Conservation Program (No	o gifi	of less than \$*	1.00)	34.			
35.	Georgia National Guard Foundation (No	gift	of less than \$1.	00)	35.			
36.	Dog & Cat Sterilization Fund (No gift of	less	than \$1.00)		36.			
37.	Saving the Cure Fund (No gift of less th	nan \$	51.00)		37.			
38.	Realizing Educational Achievement Can Hap (No gift of less than \$1.00)	open	(REACH) Progra	ım	38.			
		ge	s (1-5) ar	e requi	red for p	roc	essing	





YOUR SOCIAL SECURITY NUMBER 587-91-2527

39.	Public Safety Memorial Gr	rant (No gift of less than \$1.0)0)	9.	
40.	Disabled Veterans' Schola	rship Fund (No gift of less th a	an \$1.00) 40	Э.	
41.	Form 500 UET (Estimated	d tax penalty) 500 UET exc	ception attached 4	1.	
42.	Penalty: Late Payment and	d/or Late Filing		2.	
43.	Interest			3.	
44.	MAKE CHECK PAYABLE	28, 31 through 43 TO GEORGIA DEPARTMENT (RTMENT OF REVENUE PROCI A, GA 30374-0399	OF REVENUE,	Ι.	
	THIS IS YOUR REFUND	ubtract the sum of Lines 30 thru GIA DEPARTMENT OF REVEN GA 30374-0380		ſER,	11
	If you do not enter Direct	Deposit information or if y	ou are a first time file	r you will be issued a	a paper check.
45a	Direct Deposit (U.S. Accounts Only) Type: Checking 🗙 Savir	igs	-	
	Routing		Account		
	Number 063100277	any applicable schedules, f		<u>29053849992</u>	
Ta	axpayer's Signature	(Check box if deceased)	Spouse's Signa	ature (Check	box if deceased)
-	Taxpayer's Date of Death		Spouse's Date	e of Death	
	Taxpavar'a Signatura Data				
	Taxpayer's Signature Date	Taxpayer's F 662-380	Phone Number) – 6562	Spouse'	s Signature Date
E	By providing my e-mail address I a ny account(s).	662-380	0-6562		s Signature Date
E	By providing my e-mail address I a	662-380	0-6562		
E r T	By providing my e-mail address I a ny account(s).	662-380 m authorizing the Georgia Departme	0-6562		nail address regarding any updates to I authorize DOR to discuss this return with the named preparer. umber
E r 7	By providing my e-mail address I a ny account(s). Taxpayer's E-mail Address	662-380 m authorizing the Georgia Departme <u>GAR GUPTA TALLAM</u> an Taxpayer	0-6562	y notify me at the below e-r Preparer's Phone N	nail address regarding any updates to I authorize DOR to discuss this return with the named preparer. umber

GLOBAL TAXES LLC

REV 01/29/24 PRO

All Pages (1-5) are required for processing

Deduction for- 5a 5a 5a 5a • Single or Married filing separately, \$13,850 6a b Taxable amount	1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta>		urn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	rite or staple in this space.
MADHUSUDANA R SURYADEVARA S67 19.1 12.57 If part runn, secure's first name and middle initial Last name Source's social security number Home addities (jumber and streed, if you have a Porlow, ce instruction. Apt. no. Predictinal Election Campaign 16.1 PLATRITION TRACE DR Check them's (you are varid) Check them's (you are varid) Check them's (you or your filling jointy) waret 33 DUTLITH GA 30.095 Down and them addition of your spouse. The addition of your spouse (SS) Foreign country name Foreign province/state/country Foreign province/state/state/country	For the year Jan	. 1–Dec	. 31, 2023, or other tax year beginning			, 2023, end	ing	1		, 20	See se	parate instructions.
MADHUSUDANA R SURYADEVARA S67 19.1 12.57 If part runn, secure's first name and middle initial Last name Source's social security number Home addities (jumber and streed, if you have a Porlow, ce instruction. Apt. no. Predictinal Election Campaign 16.1 PLATRITION TRACE DR Check them's (you are varid) Check them's (you are varid) Check them's (you or your filling jointy) waret 33 DUTLITH GA 30.095 Down and them addition of your spouse. The addition of your spouse (SS) Foreign country name Foreign province/state/country Foreign province/state/state/country	Your first name	and mi	 ddle initial	Last na	me						Your so	cial security number
If joint return, spouse's first name and middle sitial Late name Spouse's social security number B(6) [12] 0.635 Home address purpose not struct, if you have a P.O. box, see instructions. Apt. no. Predictivital Election campaign Cross there (F) you O yours 4161 PLANTATION TRACE DR City, torm, or post office. If you have a Droug address, sile complete spoose below. State ZP code to go to find (F) you O yours Origin can virgin address, sile complete spoose below. GA 300.95 by our totar or undrifting partity, want S3 to go to find (C). to go to find (C).												
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International address (number and street). Hyou have a P.D. box, see instructions. Apr. no. Presidential Electron Campaign on the Provide of Cont. Hyou have a breign address, also complete spaces below. State ZIP code Content of Cont. Providential Electron Campaign opuse if filing jointly. years 33 Provide outry name Foreign provide of Cont. Hyou have a breign address, also complete spaces below. GA 300.95 In Context on the Context o											886	18 0635
Ghy, town, or pose office: If you have a foreign address, also complete spaces below. State 2P code posuber If Ming (pointy, want 53) PutLITH GA 30.09.6 by below will not change Foreign county name Foreign province/state/county Foreign posuble of this fund. Checking a box below will not change Filing Status Single Head of household (HOH) Im arried filing jointy (went 35) Chak only Married filing pointy (went 36) 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: Image and the child's name if the qualifying person is a child but not your dependent: Standard Someone can claim: You as a dependent Spouse immuscience and age and the provide a dual-status alen Age/Bindness You: Were born before January 2, 1959 Are bind Spouse immuscience and age and the provide a dual-status alen Age/Bindness You: If you checked on provide wages not reported on a sequartic etturn or you were a dual-status alen Immuscience Immuscience Age/Bindness You: It at an ame (Plocati security Plocati security Plocati security Marked filling bin (Were Born Form(g) W-2, box 1 (see instructions) In I	Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.				A	vpt. no.		· · · · · · · · · · · · · · · · · · ·
DULLTH Cac Cac Cac To go to this fund. Checking a Foring country name Foreign powine#state/country Foreign postal code your tax or refund. Filing Status Single Head of household (HOH) Ga Source Filing Status 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 persons is a child but not your dependent KALIARA M (SIRVADEVARA) Digital Asset to Someone can child biopos of a digital asset (or a financial interest in a digital asset? (See instructions.) Yes No Standard Someone can child biopos of a digital asset (or a financial interest in a digital asset? (See instructions.) Yes No Dependents, see instructions; (P social accur) (P social accur) (P social accur) (P social accur) (D files name Is blind Dependents, see instructions; (P social accur) (P social accur) (P social accur) (D files name Is blind Marine formet dependents, see instructions; (P social accur) (P social accur) (P social accur) (D files name Is blind Marine formet dependent acce benentits from Form (S) W-2, box 1 (see instructions)	4161 PLA	NTAT	FION TRACE DR									
DUDUTH GA 30095 box below will not change Foreign country name Foreign province/state/country Foreign postal code you the or refund. Filing Status Single Head of household (HOH) Warried filing isparately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the child's name if the qualifying person is a child but not your dependent: KALIARA, M. SURYADEVARA Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Yes No Assets Someone can claim: You as a dependent Qualifying surviving spouse; (Yes instructions). Yes No Standard Someone can claim: You as a dependent Qualifying surviving compared to the child's name if the dependent: (a) Relationship (b) Child ta credit content content content dependent: (b) Relationship (c) Child ta credit content content dependent: (c) Child ta credit content dependent: (c) Child ta cre				mplete s	paces be	low.	Sta	te	ZIP c	ode		
Filing Status Single Married filing jointly (even if only one had income) Oneak only Married filing separately (MRS) Cloualifying surviving spouse (QSS) If you checked the MDF box, enter the name of your spouse. If you checked the MDF or QSS box, enter the child's name if the qualifying person is a child but not your dependent: <u>KALENER M, SURYADEYARA</u> Digital At any time during 2023, did you: (a) receive (as a reward, ward, or payment for property or services), or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? (See instructions). Ves No Standard Someone can claim: You as a dependent: Your spouse as a dependent: Someone can claim: You as a dependent: Yes No Dependents See instructions): (f) Friet name Last name You and You asset (h) and You are advected as an are your you were a dual-status alien (f) Friet name Last name (g) Petationship	DULUTH						GA	ł	300	96		
Filing Status Single Head of household (HOH) Check only Married filing jointly (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: XIEXABRA M. SURVADEVARA Digital Atary time during 2023, did you: (a) necave (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions). Yes No Standard Someone can claim:: You as a dependent Your spouse as a dependent Your spouse is maturities on a separate return or you were a dual-status allen Age/Blindness You:: Were born before January 2, 1959 Are blind Spouse iteruscions); (I) First name Last name I) Pole sell to box if qualifies for ties instructions; If more (I) First name Last name I) Pole sell to box if qualifies for ties instructions; I I If data form(s) (I) First name Last name I) Pole sell to box if qualifies for ties instructions; I I If more I Total amount from Form(s) W-2, box 1 (see instructions) I I I Weathorm(s)	Foreign country	name			Foreign pi	rovince/state/c	count	ty	Foreig	n postal code	your tax	or refund.
Check only Married filing jointly (even if only one had income) □ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you uchecked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: KALIABAR. M. SURVADEVARA Digital At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell. Yes X no Standard Someone can claim: You as a dependent ○ Your spouse itemistatus allen Age/Blindness You: Were born before January 2, 1959 ○ Are blind Spouse: ○ Your spouse itemistatus allen Age/Blindness You: (i) First name Las name ○ Point annoter ○ Point annoter ○ Point according 0 Pleationship (i) Child tax credit ○ Credit for other dependents and check In Total amount from Form(9) W-2, box 1 (see instructions) Ia Ia 88, 591. times withhold. Ia Total amount from Form(9) W-2, box 1 (see instructions) Id Id v2 tare. Also Total amount from Form(9) W-2, box 1 (see instructions) Id Id Id track be dependent cas beneifts from Form												You Spouse
Childs Unity Married filing separately (MFS)	Filing Status	;	Single					Head of he	ouseh	old (HOH)		
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qualifying person is a child but not your dependent: KALHARA M_SURVADEVARA Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, Assets Mark Mark Mark Mark Mark Mark Mark Mark			0 1 3 ()							•	. ,	
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.) Yes No Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent Yes No Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (g) Relationship (4) Check the box if qualifies for (see instructions): Check the box if qualifies for (see instructions): If more than four dependents, see instructions 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 88, 591. If more were 2 here. Allow 1a Total amount from Form(s) W-2, box 1 (see instructions) 1c 1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1d 1d 1d Were a form Were aset 1 Employee, provided adoption benefits from Form 839, line 2.9 1f 1d 1d 1d Were aborn Were aset 1 Employee, provided adoption benefits from Form 839, line 2.9 1f 1d 1d 1d 1d <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>l or Q</td> <td>SS box, ente</td> <td>r the chi</td> <td>ld's name if the</td>									l or Q	SS box, ente	r the chi	ld's name if the
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Deduction Spouse itemizes on a separate return or you were a dual-status alien 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 (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more Last name (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more Last name (2) Check the box if qualifies for (see instructions): (2) Relationship (3) Relationship (4) Check the box if qualifies for (see instructions) Incomme 1a Total amount from Form(s) W-2, box 1 (see instructions) 1b (2) Relationship (3) Relationship Ver2 here. Also the Household employee wages not reported on Form(s) W-2, box 1 (see instructions) 1c 1c 1c Match Forms We2 here Also the Medical waiver payments not reported on Form SMS W-2 (see instructions) 1d 1d 1d We2 here Also f Employee-provided adoption benefits from Form		exch	ange, or otherwise dispose of a digi	ital asse	et (or a fii	nancial intere	est ir	n a digital asse	t)? (Se	e instruction	ns.)	🗌 Yes 🛛 No
Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see instructions): If more (1) First name Last name number (4) Check the box if qualifies for (see instructions): If more (1) First name Last name number (4) Check the box if qualifies for (see instructions): dependents, see instructions dependents, see instructions see instructions interce Match Form(s) W-2, box 1 (see instructions) 1a 88 / 591. Medicald waiver payments not reported on Form (S) W-2 (see instructions) 1d W-2g are ho Other earned income (see instructions) 1d instructions. z Add lines 1a through 1h z 88 / 591.		Som	eone can claim: 🗌 You as a de	penden	t 🗌	Your spouse	e as	a dependent				
Dependents (see instructions): (a) Social security (b) Relationship (c) Relationship If more than four dependents, see instructions (f) First name Last name Image: Child tax credit Credit for other dependents. see instructions Image: Child tax credit Image: Child tax credit </td <td>Deduction</td> <td></td> <td>Spouse itemizes on a separate retur</td> <td>n or you</td> <td>u were a</td> <td>dual-status a</td> <td>alien</td> <td>I</td> <td></td> <td></td> <td></td> <td></td>	Deduction		Spouse itemizes on a separate retur	n or you	u were a	dual-status a	alien	I				
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If more than four dependents, see instructions and check here Image: transme tra				-	(2) 5				14			lies for (see instructions):
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Attach Form(s) Tip income not reported on line 1a (see instructions) 1c w-2 here, Also C Tip income not reported on line 1a (see instructions) 1d W-2 here, Also C Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d W-2 here, Also Final dependent care benefits from Form 2441, line 26 1e 1099-R if tax e Taxable dependent care benefits from Form 8839, line 29 1f If synudiant g Wages from Form 8919, line 6 1g get a Form h Other earned income (see instructions) 1h 0. W-2, see in Nontaxable combat pay election (see instructions) 1i 1z 88, 591. Attach Sch. B 2a Tax-exempt interest 2a b Taxable amount 2b 312. Attach Sch. B 2a Tax-exempt interest 3a b Dordinary dividends 3b 3b Standard 4a IRA distributions 4a b Taxable amount 4b 5b Standard Separately, Standard Jeen and annuities 5a b Taxable amount 5b 5b Standard Biling on (loss).	Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instruc	tions)	•				. 1a	88,591.
W-2 here, Also attach Forms c Tip income not reported on line 1a (see instructions) 1c attach Forms d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d 1099-R1 itax e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 8499, line 6 1f If you did not get a form g Wages from Form 8919, line 6 1f W-2, see in Other earned income (see instructions) 1i W-2, see in Nontaxable combat pay election (see instructions) 1i 1h 0 V-2, see in Nontaxable combat pay election (see instructions) 1i 1z 88, 591. Za Add lines 1a through 1h 1z 88, 591. 2b 312. Za Add lines 1a through 1h 1z 88, 591. 3b 3b Bracker form a Qualified dividends 3a b Datable amount 4b 5b Bracker form f Revesting the set instructions) f f f f f f f f f f <td>Attach Form(s)</td> <td>b</td> <td colspan="6">b Household employee wages not reported on Form(s) W-2</td> <td>. 1b</td> <td></td>	Attach Form(s)	b	b Household employee wages not reported on Form(s) W-2						. 1b			
W-26 and 1099-R if tax e Taxable dependent care benefits from Form 2441, line 26 1e was withheld. f Employer-provided adoption benefits from Form 2441, line 26 1f If you did not get a form g Wages from Form 8919, line 6 1f If you did not get a form was withheld. f Employer-provided adoption benefits from Form 2441, line 26 If you did not get a form g Wages from Form 8919, line 6 1f If you did not get a form h Other earned income (see instructions) 1i If Nontaxable combat pay election (see instructions) 1i 1k If required. 2a b Taxable interest 2b Attach Sch. B 2a aulified dividends 3a b Ordinary dividends 3b Standard Qualified dividends 5a b Taxable amount 4b 5b Standard F Pensions and annuities 5a b Taxable amount 5b Standard Deduction for- 6a Social security benefits 6a b Taxable amount 5b Varied filing ipinity or c If you elect	W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								. 1c	
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If you checked any box under Standard Deduction,13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131413,850	\$20,800											
Standard 14 Add lines 12 and 13 13,850 14 13,850	any box under							5-A				- /
		15	Subtract line 14 from line 11. If zer	<u>ro or les</u>	s, enter	-0 This is y	our I	taxable incom	e.	<u></u> .		

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 F	Form(s): 1 🗌 881	4 2 4972	3	1	6 11,824.
Credits	17	Amount from Schedule 2, line 3				1	7
	18	Add lines 16 and 17				1	8 11,824.
	19	Child tax credit or credit for other depen	dents from Sched	ule 8812		1	9
	20	Amount from Schedule 3, line 8				2	0
	21	Add lines 19 and 20				2	1
	22	Subtract line 21 from line 18. If zero or le	ess, enter -0			2	2 11,824.
	23	Other taxes, including self-employment	tax, from Schedul	e 2, line 21 .		2	3 0.
	24	Add lines 22 and 23. This is your total ta	ах			2	4 11,824.
Payments	25	Federal income tax withheld from:					
2	а	Form(s) W-2			25a 11	,667.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25	5d 11,667.
If you have a	26	2023 estimated tax payments and amou	nt applied from 20	022 return		2	6
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28 Additional child tax credit from Schedule 8812						
	29	American opportunity credit from Form 8	3863, line 8		29		
	30	Reserved for future use			30		
	31	Amount from Schedule 3, line 15					
	32	Add lines 27, 28, 29, and 31. These are y	3	2			
	33	Add lines 25d, 26, and 32. These are you	ur total payments			3	3 11,667.
Refund	34	If line 33 is more than line 24, subtract lin	ne 24 from line 33	. This is the amou	nt you overpaid	3	4
	35a	Amount of line 34 you want refunded to		8 is attached, che	ck here	. 🗌 35	5a
Direct deposit?	b	Routing number X X X X X X X	Savings				
See instructions.	d	Account number X X X X X X X					
	36	Amount of line 34 you want applied to y					
Amount	37	Subtract line 33 from line 24. This is the	amount you owe				
You Owe		For details on how to pay, go to www.irs	3	7 157.			
	38	Estimated tax penalty (see instructions)			38		
Third Party	Do	you want to allow another person to	discuss this retu	rn with the IRS?	' See		
Designee	ins	tructions			🗌 Yes. Co	mplete belov	w. 🗙 No
	De na	signee's	Phone no.	•		nal identificati er (PIN)	on
0:		der penalties of perjury, I declare that I have exar				. ,	ast of my knowledge and
Sign		ief, they are true, correct, and complete. Declara					, ,
Here	Yo	ur signature	Date	Your occupation	If the IRS	sent you an Identity	
	10		Buto			n PIN, enter it here	
Joint return?				BIG DATA ENGINEER			
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sig	n. Date	Spouse's occupat	lion		sent your spouse an
your records.						(see inst.)	Protection PIN, enter it here
	Dh	one no. (662)380-6562	Email address		NA ACMATE CO	, ,	
		one no. (662)380-6562 parer's name Preparer's si		SUADHUSUDF	NA@GMAIL.CO	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRI	0			P0208270	
Preparer			IA NAMI DAGAR	GUFIA IALLAM	02/20/2024		b. (678)965-9522
Use Only		n's name <u>GLOBAL TAXES LLC</u> n's address 245 ROONEY CT E F		J 08816		Firm's Ell	
							Form 1040 (2023)
GO IO WWW.IIS.go	JVIFOR	1040 for instructions and the latest information	•	BAA	REV 02/16/24 PRO		Form 1040 (2023)