Department of the Treasury Internal Revenue Service

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

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

Submission Identification Number (SID)

Taxpayer's name Social security number VENKAT VEJANDLA 633-53-4660 Spouse's name Spouse's social security number 036-65-9253 NAGASWETHA NALAMOTHU Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. Adjusted gross income 24,000. 1 1 2 2 0. 3 3 3,120. 4 4 Amount you want refunded to you 3,120. 5 5 Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

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

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

$\mathbf{\Lambda}$	1 autriorize	GIUDAU	IAABO	ERO firm name	to enter or generate my Fin	E
	l authorize	CTORAT	TAVEC	TTC	to enter or generate my PIN	L

3	4	6	6	0						
Enter five digits, but don't enter all zeros										

my

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

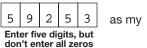
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

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

X lauthorize GLOBAL TAXES LLC ERO firm name to enter or generate my PIN

Date



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	bel	ow										
Part III Certific	ication and Authentication – Practitioner PIN Method Only												
ERO's EFIN/PIN. En	nter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2			6 nter a			2	7	1	

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

ERO's signature >		Date 🕨	
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instruction	S. BAA	REV 03/04/24 PRO	Form <b>8879</b> (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b> )		ırn	202	3	OMB No. 1545	-0074	IRS Use Only	—Do not w	vrite or sta	ple in this space.
For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, ending , 20 S			See se	See separate instructions.			
Your first name	and mi	iddle initial	Last nar	name Y					Your so	cial sec	urity number	
VENKAT			VF.TA								4660	
	pouse's	s first name and middle initial	Last nar									security number
NAGASWE				MOTHU								9253
		er and street). If you have a P.O. box, see						A	pt. no.			ection Campaign
4206 SUN												ou, or your
		ce. If you have a foreign address, also co	mplete sr	paces belo	OW.	Sta	te	ZIP c	ode		,	jointly, want \$3
SAINT PA			inpiete op			MN		551				nd. Checking a
Foreign countr	-		F	oreign pr	ovince/state/o				n postal code		ow will i k or refu	not change nd
r oroigir oounu	y name		.  .	oroign pro	ovinioo, otato, c	Journ	. ,	1 or org		your tu		
		2 Single						auaah				
Filing Status		Single Married filing is inthe (over if only a	na had in				Head of he	Jusen	ый (ПОП)			
Check only		Married filing jointly (even if only only only only only only only only	ne nau ir	icome)								
one box.	L	☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (G If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter										
		alifying person is a child but not you			bouse. If you	i che	ecked the HOF	l or Q	SS box, ente	er the ch	lid's hai	ne if the
	qu	anying person is a child but not you	ir depen	dent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as a	a reward	l, award, or	payn	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	ange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial intere	əst ir	n a digital asse	t)? (Se	e instruction	าร.)	🗌 Ye	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pendent	· .	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status a	alien	l -					
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	959 🗌	Are bli	ind Spo	ouse	: 🗌 Was bor	n befo	ore January 2	2, 1959	ls	s blind
Dependents (see instructions): (2) Social security (3) Relationship (4) Check the box if q							ox if quali	fies for (	see instructions):			
If more	<b>(1)</b> Fi	irst name Last name			number		to you		Child tax c	redit	Credit fo	r other dependents
than four												
dependents,												
see instruction and check	s —											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	tions)					. 1a	1	24,000.
	b	b Household employee wages not reported on Form(s) W-2							. 1b	)		
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	ι (see ins	tructions	s)					. 10	;	
attach Forms	d							. 1d	1			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Forr	m 2441,	line 26 .					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	839, line 29					. 1f	:	
lf you did not	g	Wages from Form 8919, line 6								. 1g		
get a Form	h	Other earned income (see instruct								. 1h	1	0.
W-2, see instructions.	i	Nontaxable combat pay election (s		uctions)			1i					
	z	Add lines 1a through 1h								. 1z	:	24,000.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	: .		. 2b	,	
if required.	3a	· ·	3a				ordinary divider			. 3b	-	
	4a		4a				axable amoun			. 4b		
Standard	5a		5a				axable amoun			. 5b	-	
<ul> <li>Deduction for –</li> <li>Single or</li> </ul>	6a		6a				axable amoun			. 6b	-	
Married filing	c	If you elect to use the lump-sum e		nethod (					· · · ·			
separately, \$13,850	7	Capital gain or (loss). Attach Sche		-		•	,	• •	· · · [	7		
<ul> <li>Married filing</li> </ul>	8	Additional income from Schedule		•	•		-	• •	L	. 8	-	
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	-					• •	• • •	. <u>o</u> . 9	+	24,000.
surviving spouse, \$27,700				-				• •		. 9 . 10		21,000.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche						• •				
household, \$20,800	11	Subtract line 10 from line 9. This is	•		-			• •		. 11		24,000.
<ul> <li>If you checked</li> </ul>	12	Standard deduction or itemized				,		• •		. 12	-	27,700.
any box under <i>Standard</i>	13	Qualified business income deduct		rorm 89	995 or Form	899	э-А	• •		. 13		08 500
Deduction, see instructions.						. 14		27,700.				
	15	Subtract line 14 from line 11. If zer	o or less	s, enter -	0 This is y	our <b>t</b>	taxable incom	ie .		. 15	5	0.

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

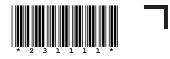
Form **1040** (2023)

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, lir	ne3					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, lir	ne8					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 total tax					24	0.
Payments	25	Federal income tax withheld							
, <b>,</b>	а	Form(s) W-2				<b>25a</b> 3	,120.		
	b	Form(s) 1099				25b		-	
	с	Other forms (see instruction:	s)			25c		1	
	d	Add lines 25a through 25c						25d	3,120.
If you have a	26	2023 estimated tax payment						26	
qualifying child,	27	Earned income credit (EIC)		• •		27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	29	American opportunity credit	from Form 8863	8. line 8		29		-	
	30	Reserved for future use .		·		30			
	31	Amount from Schedule 3, lir				31		1	
	32	Add lines 27, 28, 29, and 31						32	
	33	Add lines 25d, 26, and 32. T						33	3,120.
Refund	34	If line 33 is more than line 24						34	3,120.
noruna	35a	Amount of line 34 you want	-			, .	. 🗆	35a	3,120.
Direct deposit?	b	Routing number 0 7 1					Savings		
See instructions.	d	Account number 3 7 4					<b>J</b>		
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							1
You Owe	0/	For details on how to pay, g						37	
	38	Estimated tax penalty (see in	-	-		38			
Third Party		you want to allow another							
Designee		structions	•			·	omplete	below.	🗙 No
<b>j</b>	De	signee's		Phone		Pers	onal identi	fication	
	nai	ne		no.		num	ber (PIN)		
Sign		der penalties of perjury, I declare the							, ,
Here		ief, they are true, correct, and com	piete. Declaration of			ased on all mormali		• •	, ,
	Yo	ur signature		Date	Your occupation				nt you an Identity PIN, enter it here
Joint return?					SOFTWARE 1	ENGINEER		inst.)	in, enter it here
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sian.	Date	Spouse's occupat	-	If the	e IRS se	nt your spouse an
Keep a copy for	-1-		j				Iden	tity Prot	ection PIN, enter it here
your records.					STUDENT (se				
	Ph	one no. (612)310-764	9	Email address	VENKATABAP1	227@GMAIL.CO	M		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/12/2024	P0208	2703	Self-employed
Use Only	Fir	m's name GLOBAL TA	XES LLC				Pho	ne no. (	(678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 03/04/24 PRO			Form <b>1040</b> (2023)

REV 03/04/24 PRO

# DEPARTMENT OF REVENUE

# **2023 Form M1, Individual Income Tax** Do not use staples on anything you submit.



VENK Your Firs	CAT the content of the content of th	VEJANDLA Last Name		633534660 Your Social Security Number	07291992 Your Date of Birth (MM/DD/	· <u> </u>
	ASWETHA Return, Spouse's First Name and Initi	ial NALAMOTHU Spouse's Last Name		036659253 Spouse's Social Security Number	03181996 Spouse's Date of Birth	
4206	5 SUMAC POINT Home Address			Check if Address is:	New Forei	gn
SAIN	דידער יחיד			MN State	55122 ZIP Code	
City 2023	B Federal Filing Stat	tus (place an X in one	box):	State	ZIP Code	
		bintly (3) Married Filing Separat Spouse Name Spouse SSN	ely	(4) Head of Household	(5) Qualifying Surviving Spo	ouse
	Elections Campai	<b>gn Fund</b> he party of your choice. It will help cand	idates for state offices pay o	ampaign expenses. This will not inc	crease your tax or reduce your	refund.
	Politi			Grassroots/Legalize Cannabis 14		
Your Cod	e Spouse's Code	Democra	tic/Farmer-Labor 12 L	ibertarian16	General Campaign Fund	.99
From	n Your Federal Retu	Irn (see instructions)				
A. Wage	24000 es, salaries, tips, etc.	0 B. IRA, pensions, and annuities	C. Unemploymen	0 t D. Fede	-3700 eral taxable income	
1	Federal adjusted gross incor	<b>ne</b> (from line 11 of federal Form 2	1040 and 1040-SR)		ı■24000	<u>)</u>
2	Additions to income from line	e 10 of Schedule M1M and line 9	of Schedule M1MB (see	e instructions)	2	_
3	Add lines 1 and 2				<b>3</b> 24000	)
4	Itemized deductions (from S	chedule M1SA) or your standard	deduction (see instruc	tions)	4 27650	<u>)</u>
5	Exemptions (from Schedule N	M1DQC)			5	_
6	State income tax refund from	n line 1 of federal Schedule 1			6 🔳	_
7	Subtractions from line 35 of .	Schedule M1M and line 21 of Sch	edule M1MB (see instr	uctions)	7	_
8	Total subtractions. Add lines	4 through 7			827650	)
9	Minnesota taxable income.	Subtract line 8 from line 3. If zero	or less, leave blank		9	_
10	Tax from the table or schedu	les in the Form M1 instructions .		1	.0	-
11	Alternative minimum tax (en	close Schedule M1MT)			.1	_
					.2	_
13	Part-year residents and nonr line 13, from line 28 on line 1	e amount from line 12 on line 13. residents: From Schedule M1NR, e 3a, and from line 29 on line 13b ( 13b ■	nter the amount from fenclose Schedule M1N	line 32 on	3	_

2023	M1,	page	2
------	-----	------	---



14	Other taxes, such as recapture amounts and the tax on lump-sum distributions (check appropriate boxes)		
	(a) Schedule M1HOME (b) Schedule M1529 (c) Schedule M1LS	14 🔳	
15	Tax before credits. Add lines 13 and 14	15	
16	Amount from line 21 of Schedule M1C, Nonrefundable Credits (enclose Schedule M1C)	16	
17 18	Subtract line 16 from line 15 ( <i>if result is zero or less, leave blank</i> ) Nongame Wildlife Fund contribution ( <i>see instructions</i> )		
19	This will reduce your refund or increase the amount you owe    Add lines 17 and 18	-	
20	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from Forms W-2, 1099, and W-2G and Schedules KPI, KS, and KF	20 🔳	1200
21	Minnesota estimated tax and extension payments made for 2023	21 🔳	
22	Amount from line 11 of Schedule M1REF, Refundable Credits (see instructions; enclose Schedule M1REF)	22 🔳	
23 24	Total payments. Add lines 20 through 22 <b>REFUND</b> . If line 23 is more than line 19, subtract line 19 from line 23 ( <i>see instructions</i> ).	23	1200
25	For direct deposit, complete line 25       Direct deposit of your refund (you must use an account not associated with a foreign bank):         X       Checking       Savings         Routing Number       374007508778         Account Number       Account Number	24 🔳	1200
26 27	AMOUNT YOU OWE. If line 19 is more than line 23, subtract line 23 from line 19 (see instructions)Penalty amount from Schedule M15 (see instructions). Also subtractthis amount from line 24 or add it to line 26 (enclose Schedule M15)		
	Penalty and interest (see instructions)	28	
	Amount from line 24 you want sent to you	29 🔳	
30	Amount from line 24 you want applied to your 2024 estimated tax	30	

Taxpayer(s): I declare that this return is correct and complete to the best of my knowledge and belief.

Your Signature	Spouse's Signature (If Filing Jointly)	Date (MM/DD/YYYY)			
6123107649 Daytime Phone	VENKATABAP1227@GMAIL.COM Email Address				
SYAM PRIYA RAM SAGAR GUPTA TALLAM         Paid Preparer's Signature         6789659522         Preparer's Daytime Phone	03122024 Date (MM/DD/YYYY) syam@gtaxfile.com Preparer's Email Address	P02082703 PTIN or VITA/TCE # (required)			
I do not want my paid preparer to file my return electronically.	I authorize the Minnesota Department of Revenue to discuss this tax return				

I authorize the Minnesota Department of Revenue to discuss this tax return with the preparer or the third-party designee indicated on my federal return.

Include a copy of your 2023 federal return and schedules. Mail to: Minnesota Individual Income Tax, Mail Station 0010, 600 N. Robert St., St. Paul, MN 55146-0010

## DEPARTMENT OF REVENUE



### 2023 Schedule M1W, Minnesota Income Tax Withheld

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

VENKAT Your First Name and Initial	VEJANDLA Last Name	633534660 Your Social Security Number
NAGASWETHA	NALAMOTHU	036659253
If a Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

If you received a federal Form W-2, 1099, W-2G, 1042-S, or Minnesota Schedule KPI, KS, or KF showing Minnesota income tax withheld, complete this schedule to determine line 20 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. DO NOT send in your Forms W-2, 1099, or W-2G; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and Minnesota tax withheld on Forms W-2, other than from Forms W-2G. If you have more than five Forms W-2, complete line 5 on the back.

	Α	B—Box 13	C—Box 15		D—Box 16	E—Box 17	
	If the Form W-2 is for:	If Retirement Plan		seven-digit Minnesota	State wages, tips, etc.	Minnesota ta	
	• you, enter 1	box is checked,	Tax ID Num	ber	(round to nearest whole dollar)	(round to nee	arest whole dollar)
	<ul> <li>spouse, enter 2</li> <li>1</li> </ul>	mark an X below.		9317643	d1 24000		1200
	a1 <u>1</u>	b1	c1 MN	<u></u>	d124000	e1	1200
	a2	b2	c2 MN		d2	e2	
	a3	b3	c3 MN		d3	e3	
	a4	b4	c4 MN		d4	e4	
	a5	b5	c5 MN		d5	e5	
	Subtotal for addition	nal Forms W-2 <i>(froi</i>	m line 5 on pag	e 2)		· · ·	
	Total Minnesota tax	withheld on all Fo	orms W-2 (add	amounts in line 1, co	lumn E)	1	1200
2	Minnesota tax with	held on Forms 1099	), W-2G, and 10	042-S. If you have mo	ore than four forms, complete line	6 on the back.	
	Α		В		С	D	
	If the Form 1099, W-2G	, or 1042-S is for:	Payer's seve	en-digit Minnesota Tax ID	Income amount (see the table on	Minnesota	tax withheld
	• you, enter 1		Number <i>(if</i>	unknown, contact the pa	yer) the back for amounts to include)	(round to r	nearest whole dollar)
	• spouse, enter 2						
	a1		b1 MN		c1	d1	
	a2		b2 MN		c2	d2	
	a3		b3 MN		c3	d3	
	a4		b4 MN		c4	d4	
	Subtotal for addition	nal 1099, W-2G, an	d 1042-S (from	line 6 on page 2)			
	Total Minnesota tax	withheld on all 10	)99, W-2G, and	l 1042-S (add amoun	ts in line 2, column D)	2	
3	Total Minnesota tax	withheld by partr	nerships, S corp	porations, and fiducia	aries		
	0 1 5	,				3	
4	<b>Total.</b> Add the Minn Enter the total here					4	1200
_				ide this schedule wit			
			n requ	ired, include Schedu			
	REV 02/08	5/24 PRO		±03.	L		-