### 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.

Social accurity number

Submission Identification Number (SID)

Taypayar'a nama

талраз		Social Security	ynunu	
HAF	SHA VARDHAN AKUNURI	481-91-	722	9
Spous	o's name	Spouse's soci	al secu	irity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	' year you ar	re aut	horizing.)
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	78,346.
2	Total tax		2	9,492.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,994.
4	Amount you want refunded to you		4	3,502.
5	Amount you owe		5	

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

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

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

				FBO firm name	-	Ē
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	
			-			

	1	7	2	2	9	as						
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 🕨

Date 🕨

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

I authorize

to enter or generate my PI	Ν
----------------------------	---

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 🕨	Da	te 🕨	•						
Practitioner PIN Method Returns Only—co	ontinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	Only								
<b>ERO's EFIN/PIN.</b> 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 Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	curity number
HARSHA V	ARD	HAN	AKU	NURI								7229
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
4703 S W	IATA	UGA DRIVE										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3 nd. Checking a
GILBERT						AZ	Z	852	97			not change
Foreign country	name			Foreign pi	rovince/state/	count	ty	Foreig	n postal code	your ta	_	
											∐ Yo	ou Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)							ring spouse			
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır aepe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fir	nancial inter	est ir	n a digital asse	et)? (Se	e instructio	ns.)	<b>Y</b>	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	۱					
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	<b></b>	s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	ip (4	) Check the b	ox if qual	ifies for	(see instructions):
If more		(1) First name Last name			number		to you	Child tax		redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	·											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	ı	85,649.
Attach Form(s)	b	Household employee wages not re	•		.,						-	
W-2 here. Also	c	Tip income not reported on line 1a (see instructions)						. 10	-			
attach Forms W-2G and	d	Medicaid waiver payments not rep						• •		. 10	_	
1099-R if tax	e	Taxable dependent care benefits f		,				• •		. 1e	-	
was withheld. If you did not	f	Employer-provided adoption bene			,			• •		. 1f	-	
get a Form	g h	Wages from Form 8919, line 6 . Other earned income (see instruct				• •		• •		. 1g . 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	· · ·		• •	· · · · ·	· ·	• • •			
instructions.	z	Add lines 1a through 1h	300 110	struction isj		• •				. 1z		85,649.
Attach Sch. B	2a	-	2a			 <b>b</b> Т	axable interest	•••		. 2b		
if required.	3a		3a		32.		Ordinary divide			. 3b		57.
	4a		4a				axable amoun			. 4b	,	
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5b	)	
<ul> <li>Single or</li> </ul>	6a	Social security benefits	6a			bΤ	axable amoun	t		. 6b		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	method,	check here	(see	instructions)		[			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if require	d. If not requ	uired	, check here		[	7		
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line	10						. 8		-7,360.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	8. This is y	our <b>total inc</b>	come	<b>e</b>			. 9	_	78,346.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household,	11	Subtract line 10 from line 9. This is	-							. 11		78,346.
\$20,800 • If you checked T	12	Standard deduction or itemized								. 12		13,850.
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	ı 899	95-A			. 13		5.
Deduction, see instructions.	14	Add lines 12 and 13	•••	•••				• •		. 14		13,855.
	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our 1	taxable incom	ie .		. 15		64,491.

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	9,492.
Credits	17	Amount from Schedule 2, lin	ie3				[	17	
	18	Add lines 16 and 17					[	18	9,492.
	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	9,492.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	9,492.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				<b>25a</b> 12	,994.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	12,994.
	26	2023 estimated tax payment						26	,
If 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			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T	,	-	•		· · ·	33	12,994.
Defined	34	If line 33 is more than line 24						34	3,502.
Refund	34 35a	Amount of line 34 you want	-			, ,		35a	3,502.
Direct deposit?	b 35a	Routing number $\begin{bmatrix} 0 & 4 & 1 \end{bmatrix}$					. 🛄 Savinga	30a	5,502.
See instructions.		Account number 4 2 8		4 9 4	c Type: 🛛 🗙	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							
rou Owe						1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete be	alow	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identific oer (PIN)	ation	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to the	e best (	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which	prepare	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?					NETWORK E		(see in	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse an action PIN, enter it here
your records.							(see in	,	cuont in, enter it here
	Ph	one no. (234)716-119	2	Email address	HARCHA KNIC	HT94@GMAIL.CO	)M		
		eparer's name	∠ Preparer's signat		ITATIOTIA . IVITO	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CIIDTA	03/26/2024	P02082	702	Self-employed
Preparer		m's name GLOBAL TAX		A TATA DA	JUN OULIA	00/20/2024			678) 965-9522
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		0101903-9322
Co to united into an		1040 for instructions and the late		TIONICI II					Form <b>1040</b> (2023)
Go to www.irs.go		11040 for instructions and the late	scimonnation.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

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

2023 Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security
HARSHA VARDHAN AKUNURI	481-91-7229

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. Atta		5	-7,360.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (	)	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m	_	
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
q	Taxable distributions from an ABLE account (see instructions)	8q	_	
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d	<u>8s (</u>	<u>)</u>	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u _	Wages earned while incarcerated	8u	-	
Z	Other income. List type and amount:	0-		
0	Total other income. Add lines to through the	8z		
9 10	Total other income. Add lines 8a through 8z		9	
	1040, 1040-SR, or 1040-NR, line 8		10	-7,360.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
а	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses    24d		
е	Repayment of supplemental unemployment benefits under the Trade		
	Act of 1974	_	
f	Contributions to section 501(c)(18)(D) pension plans	-	
g	Contributions by certain chaplains to section 403(b) plans 24g	_	
h	Attorney fees and court costs for actions involving certain unlawful		
	discrimination claims (see instructions)	_	
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	-	
j	Housing deduction from Form 2555	-	
K	Excess deductions of section 67(e) expenses from Schedule K-1 (Form		
	1041)	-	
Z	Other adjustments. List type and amount:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE E		Supplemental Income and Loss							OMB No	. 1545-0074		
(Form	Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)			Cs, etc.)	2023							
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041.					Attachm	nent					
	Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information.					ce No. 13						
. ,	Name(s) shown on return						number					
HARSHA VARDHAN AKUNURI 481-91-7 Part I Income or Loss From Rental Real Estate and Royalties					1-7229							
rart	Note: If yo	ou are in th	ne business	of renting personal proper 4835 on page 2, line 40.	rty, use	Schedule	e C. See	instru	ctions. If you a	are an indiv	/idual, rep	ort farm
A D				that would require you	to file	Form(s) 1	1099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No
B If	"Yes," did you	or will ye	ou file requ	ired Form(s) 1099?							. 🗌 Ye	s 🗌 No
1a				y (street, city, state, ZII								
A	18-439/3/3	1 MALL	IKARJUN	A NAGAR, MALKAJO	GIRI	HYDERA	ABAD,	TEL	ANGANA II	N 50004	17	
В				- ,	-				-			
С												
1b	Type of Prope			rental real estate prope					Person	al Use	QJV	
	(from list below	∧)		port the number of fair				Days		Days		QUV
	3			use days. Check the Qa et the requirements to t			Α	365			0	
			qualified j	oint venture. See instru	uctions	S.	B					
C	of Property:						С					
	Single Family R	esidence	a 3 Va	cation/Short-Term Ren	ntal	5 Lanc	4	7	Self-Rental			
	Multi-Family Re			mmercial	itai	6 Roya	-		Other (desc	ribe)		
	,, <b>,</b>					,						
Incom							Α		Propert B	les:		С
3		4			3			32.				0
4					4			<u> </u>				
Expen												
5					5							
6	Auto and travel (see instructions)			6								
7	Cleaning and r	naintena	nce		7		1,2	35.				
8					8							
9					9							
10 11	-				10			08.				
12	•			etc. (see instructions)	12		/	00.				
13					13							
14					14		1,9	05.				
15	Supplies				15		2,5					
16	Taxes				16							
17					17		1,6	40.				
18	-	xpense o	or depletior	1	18							
19	Other (list)				19			0.0				
20	•			gh 19	20		7,9	92.				
21				and/or 4 (royalties). If to find out if you must								
					21		-7,3	60.				
22				after limitation, if any,	22	(		50.)	(	)	(	
23a		-	-	ne 3 for all rental prope				23a	١	632.		
b	Total of all amounts reported on line 4 for all royalty properties 23b											
с	Total of all amounts reported on line 12 for all properties											
d	Total of all amounts reported on line 18 for all properties						23d					
е	Total of all amounts reported on line 20 for all properties <b>23e</b> 7, 992.											
24				own on line 21. Do not		-				. 24	1	
25				e 21 and rental real estat							(	7,360.
26	i otal rental re	aı estat	e and roya	alty income or (loss).	Comp	ine lines	∠4 and	25. E	inter the rest	JIT		

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

For Paperwork Reduction Act Notice, see the separate instructions.

-7,360.

26

Form <b>8995</b>
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# Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Department of the Treasury Internal Revenue Service

ഹ	to www.irs.gov	/Form2005 foi	instructions :	and tha latast	information
au	10 10 10 10 10 3.900		mouluctions		mormauon

OMB No. 1545-2294

Name(s) shown	on return
---------------	-----------

HARSHA VARDHAN AKUNURI

Your taxpayer identification number 481-91-7229

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	(c) Qualified business income or (loss)		
i					
ii					
iii					
iv					
v					
2	Total qualified business income or (loss). Combine lines 1i through 1v,	_			
-	column (c)	2			
3	Qualified business net (loss) carryforward from the prior year	3 ( )			
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	_		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5		
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b> 25.			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ( )			
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero	<b>8</b> 25.			
9	or less, enter -0		9	F	
9 10	Qualified business income deduction before the income limitation. Add lines 5 and		9 10	<u> </u>	
11	Taxable income before qualified business income deduction (see instructions)	<b>11</b> 64,496.	10	<u> </u>	
12	Enter your net capital gain, if any, increased by any qualified dividends				
12	(see instructions)	<b>12</b> 32.			
13		<b>13</b> 64,464.			
14	Income limitation. Multiply line 13 by 20% (0.20)		14	12,893.	
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also				
	the applicable line of your return (see instructions)	15	5.		
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( 0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a				
	zero, enter -0		17	( 0.)	
For Pri		Form <b>8995</b> (2023)			