IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Department of the Treasury	
Internal Revenue Service	

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

axpayer's name	Social security number
VAMSHI KRISHNA TATA	755-67-1250
Spouse's name	Spouse's social security number
HARIKA SAMINENI	989-92-1286
Part I Tax Return Information – Tax Year Ending December 31, 2023 (I	Enter year you are authorizing.)
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 85,993.
2 Total tax	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 13,429.
4 Amount you want refunded to you	4 6,876.
5 Amount you owe	

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

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

Taxpayer's PIN: check one box only

			EBO firm name	5 ,	E
X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	

7	1	2	5	0	20					
Enter five digits, but don't enter all zeros										

2 1 2 8 6

Enter five digits, but don't enter all zeros

my

as mv

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 I authorize GLOBAL TAXES LLC

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	ntinue	bel	ow						
Part III Certification and Authentication – Practitioner PIN Method	Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected F	PIN.	2	2			0 III zer	 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 ►
	This Form — See Instructions the IRS Unless Requested To Do So
E. B. J. B. J. K. ALMIN, C. L. L. L. L. L. L.	E 9970 (D 01 0001)

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

Date

to enter or generate my PIN

E1040		artment of the Treasury—Internal Revenue Service S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not w	vrite or sta	ple in this space.		
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	nstructions.		
Your first name	and m	iddle initial	Last r	ame						Your so	cial sec	urity number		
VAMSHI K	RTSI	HNA	TAT	Δ								1250		
		s first name and middle initial	Last r									security number		
HARIKA			сли	INENI								1286		
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.		· · ·	ection Campaign		
101 BENN		, , , , , , , , , , , , , , , , , , ,										ou, or your		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode	spouse	if filing j	jointly, want \$3		
LIBERTY						ТΣ		786		1 0		nd. Checking a		
Foreign country				Foreian p	rovince/state/o				n postal code		ow will i c or refu	not change nd.		
				5 1			,	5		,	Yo	_		
Eiling Status		Single					Head of he	haeur						
Filing Status		Married filing jointly (even if only or	no hac	l income)				Jusen						
Check only			(099)											
one box.	L If y	 Married filing separately (MFS) Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's n 												
		alifying person is a child but not you												
Digital		ny time during 2023, did you: (a) rece						-						
Assets		hange, or otherwise dispose of a digi					-	t)? (Se	e instructio	ons.)	∐ Ye	es 🛛 No		
Standard Deduction		eone can claim: L You as a dep Spouse itemizes on a separate returr			•		a dependent							
Age/Blindness		Were born before January 2, 19		Are bl		ouse		n befc	re January	2, 1959	ls	s blind		
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	in (4	Check the I	oox if quali	fies for (see instructions):		
•	•	irst name Last name	(2)	number				Child tax	credit	Credit fo	r other dependents			
lf more than four														
dependents,	-								<u> </u>					
see instructions	s —								$\overline{\Box}$					
and check here									$\overline{\Box}$					
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	ctions)				 	. 1a		95,967.		
	b	Household employee wages not re			,						,			
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a			. ,						;			
attach Forms	d	Medicaid waiver payments not rep	•							. 1d				
W-2G and	е	Taxable dependent care benefits fi								. 1e	,			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f				
If you did not	a	Wages from Form 8919, line 6 .			-					. 1g	-			
get a Form	h	Other earned income (see instructi								. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1 i	Ì						
	z	Add lines 1a through 1h								. 1z		95,967.		
Attach Sch. B	 2a	-	2a			. т	axable interest			. 2b	-			
if required.	-4 3a	· -	3a				Ordinary divider				-			
	 4a		4a				axable amount			. 4b				
Standard	5a		5a				axable amoun			. 5b	-			
Deduction for -	6a		6a				axable amoun			. 6b	-			
 Single or Married filing 		If you elect to use the lump-sum el		mothod										
separately, \$13,850	с 7							• •						
 Married filing 	7	Capital gain or (loss). Attach Sched						• •	· · ·			_0 07/		
jointly or Qualifying	8	Additional income from Schedule 1	-						· · ·	. 8		-9,974.		
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							. 9		85,993.			
 Head of 	10	Adjustments to income from Scheo						• •	• • •	. 10		05 000		
household, [\$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11		85,993.		
• If you checked	12	Standard deduction or itemized						• •		. 12	-	27,700.		
any box under Standard	13	Qualified business income deducti	on fro	m ⊦orm 8	995 or Form	899	95-A	• •		. 13		0		
Deduction, see instructions.	14		•••					• •		. 14		27,700.		
	15	Subtract line 14 from line 11. If zero	o or le	ss, enter	-0 This is y	our	taxable incom	e.		. 15		58,293.		

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	6,553.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17						18	6,553.
	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	6,553.
	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	6,553.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 13	,429.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	13,429.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits		32	
	33	Add lines 25d, 26, and 32. These are your total payments							13,429.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	6,876.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗌 🛛	85a	6,876.
Direct deposit?	b	Routing number 1 2 1 0 0 0 3 5 8 c Type: X Checking Savings							
See instructions.	d	Account number 3 2 5 0 4 4 6 1 6 4 3 6							
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See			_
Designee	ins	tructions				Yes. Co	omplete belo	ow.	X No
	De: nar	signee's		Phone no.			onal identifica oer (PIN)	tion	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	nest o	f my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IR	S sen	t you an Identity
		C C					Protecti	on PIN	N, enter it here
Joint return?					SOFTWARE H		(see inst		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.					HOME MAKER	2	(see inst		Stion Fin, enter it here
	Ph	one no. (980)254-995	9	Email address		L@GMAIL.COM	r		
		eparer's name	Preparer's signat		ITITAVAND.	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P020827		Self-employed
Preparer		n's name GLOBAL TA		TATH DAGAN	COLIA INDAM	05/15/2024			678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TIONICIC IN					Form 1040 (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 03/04/24 PRO			10111 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

Attachment Sequence No. **01**

Your social security number

755-67-1250

Name(s) shown on Form 1040, 1040-SR, or 1040-NR VAMSHI KRISHNA TATA & HARIKA SAMINENI

Par	t 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	ch Schedule E .	5	-9,974.
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)	<u>8m</u>	-	
	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	0- (
		<u>8s (</u>	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	0+		
	-	8t 8u	-	
u -		ou	-	
Z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-9,974.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	ule 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			19a	
b	Recipient's SSN			
c	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:		20	
<u>-</u>	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals			
С	and USOC prize money reported on line 8m.			
Ы			-	
d			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 03	3/04/24 PRO	Schedule 1 (F	orm 1040) 202

SCHEDULE E (Form 1040) (From rental real estate, royalties, partnerships, S corporations, estates										tructe DEMI(Ce etc)	_	o. 1545-0	074
	ent of the Treasury				Attach to Form 1040		-				0 3, etc.j)2;	3
	Revenue Service				rs.gov/ScheduleE fo					formation.		Attachr Sequer	nent ice No. 1	13
Name(s)	shown on return											cial security		
-	HI KRISHNA			& HARIKA							755-	67-1250		
Part	Note: If yo	ou are	in the	e business of re	al Real Estate ar enting personal prope 35 on page 2, line 40.	rty, use		c . See	e instruc	ctions. If you a	are an in	dividual, rep	ort farm	n
Α					at would require you		Form(s) 1	099? \$	See ins	tructions .		. 🗌 Ye	es X	No
B li	"Yes," did you	or wi	ill yo	u file requirec	I Form(s) 1099? .							. 🗌 Ye	es 🗌	No
1a	Physical addr	ess o	of ead	ch property (s	treet, city, state, ZI	P code	e)							
Α	LACHAGUDE	M.CH	IINT	AKANI KHA	AMMAM TELANGA	NA IN	N 50720)8						
B		-,												
С														
1b	Type of Prope	rty	2	For each rent	tal real estate prope	erty list	ted		Fa	ir Rental	Perso	onal Use	0	N
	(from list below	N)		above, repor	t the number of fair	rental	and			Days	0	Days	Q	JV
Α	3				days. Check the Q			Α		365		0]
В					t venture. See instru			В						<u>]</u>
C								С						
	of Property:			0 V V			- I		-					
	Single Family R				on/Short-Term Rer	ital	5 Lanc			Self-Rental	vila a)			
2	Multi-Family Re	siden	ice	4 Comm	iercial		6 Roya	atties	8	Other (desci	nbe)			
										Properti	es:			
Incom	ie:							Α		В			С	
3						3		5	24.					
4		ived .				4						_		
Expen						_								
5	0					5								
6	Auto and trave					6								
7	Cleaning and r					7		1,2	43.					
8	Commissions					8								
9	Insurance .					9								
10	-	-				10			10					
11 12					(see instructions)	11		6	16.					
12						12								
14						14		1 3	26.					
15						15			87.					
16						16		1,5	07.					
17						17		1,8	71.					
18						18			55.					
19	Other (list)			•		19								
20	(/				19	20		10,4	98.					
21	Subtract line 2	0 fror	m lin	e 3 (rents) and	d/or 4 (royalties). If									
	result is a (loss	s), see	e inst	tructions to fi	nd out if you must									
						21		-9,9	74.					
22					er limitation, if any,									
<i></i>						22	(9,9	74.)		F a :)()
23a					3 for all rental prope			•	23a		524.	·		
b					4 for all royalty prop			•	23b					
C d					12 for all properties			·	23c		655			
d					18 for all properties				23d		,655.			
е 24					20 for all properties n on line 21. Do no				23e		,498.			
24 25					and rental real estat		-		· ·	 tal losses her			9,97	74
25 26					income or (loss).								י כי, כ	· · ·)
20					10 on page 2 do no									
					wise, include this a						. 26	;	-9,9	974.
For Pa					eparate instructions		NI			-9,974		Schedule E (F		

Schedule E (Form 1040) 2023