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 securi	ty number
VENKATA SAI PAWAN YA KOTIPALLI	896-85	-2755
Spouse's name	Spouse's soc	ial security number
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	vear vou a	re authorizing.)
Enter whole dollars only on lines 1 through 5.	<u> </u>	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
<b>1</b> Adjusted gross income		1 120,551.
<b>2</b> Total tax		2 19,008.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 22,121.
4 Amount you want refunded to you		4 3,113.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a cop	y 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

				ERO firm name		E
X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L

	5	2	7	5	5							
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 PIN

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 sign	nature Da	ate 🕨								
	Practitioner PIN Method Returns Only—continue	bel	ow							
Part III C	Certification and Authentication – Practitioner PIN Method Only									
ERO's EFIN/F	PIN. Enter 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 ►										
	st Retain This Form — See Inst his Form to the IRS Unless Requ									
For Denominary Deduction Act Nation and vour toy			Earm 8879 (Bay, 01 2021)							

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

For the year Jan. 1–Onc. 31, 2023, or other tax year beginning       _2023, ending       _202       See separate instructions.         Your first name and middle initial       Last name       Your first name and middle initial       Last name         VEXINGATA SAIL P2WAN YA       KOTTPALLI1       96 (185) (2755)         If joint return, sponse's first name and middle initial       Last name       Sponse's social security number         Home address further advert, Hyou have a P.O. box, see instructions.       Apt no.       Proceeding table intervention in the initial initial         J112 11 SOFT       You have a foreign address, also complete spaces below.       State       210 code       bpo tot fill initial initia	<b>1040</b>		artment of the Treasury—Internal Revenue Serv <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545	-0074	IRS Use On	y—Do not	write or st	aple in this space.	
VENERTA SAI FAWAN YA         KOTTFALLI         B96   B5   275           If pint term, spouse's first arms and mode initial         Last mane         Bound's social security number           Home address (sumber and steed). If you have a foreign address, also compilet sponse blow.         Apt. no.         Presidential Election Campaign Creck here if you, or your           City, town, or post office. If you have a foreign address, also compilet sponse blow.         State         ZiP code         Treesting inity, ward Si Stoces if filing jarity, ward Si Stoces 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 parenot as child but not your dependent:           Digital Assets         At any time during 2023, did your (a) receive (as a reward, award, or payment for property or services): or (b) soil, Assets         Social socirity (1) Part name         Yes         No           Standard Dependents, (see instructions)         Qualitying samouting suppose (QSS)         Ib bind         Dependents, Social socirity (1) Part name         Qualitying samouting States (2) Part name         Yes         No           Standard Dependents, (see instructions)         Qualitying samouting sa	For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling	1		, 20	parate	instructions.		
UDENCITY       SAIL PARAN YA       KOTIPALLI       Bod is 5       2735         If part turns, quoue's first arms and model initial       Last imms       Special social soc	Your first name	and m	iddle initial	Last	name						Your s	ocial sec	curity number	
If joint refurn, spouse's first name and middle initial       Last name       Spouse's social security number         Thom address journey and address, also complete spaces below.       Apr. no.       Previdential Election Campaign Origo, town, or post office. If you have a finding only, want St tog to the find, Divity, want St tog to the spontate (MCS)         Filing Status one box.       Single       If want of the spontate (MCS)       If want of the generative spontate (MCS)         Digital Assett       Amarited fing pointy (wen if only one had income) one box.       Digital find, Divity, (want dependent:       If want find, Divity, (want St tog to the find, Divity, (want St tog tog tog tog tog tog tog tog tog tog	VENKATA	SAT	PAWAN YA	кот	ζΟΨΤΡΔΙ.Ι.Τ									
3119 1367H       AVE: SE       Check there if you aryos of file; if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006         Filing Status       Single       Persign province/statu/county       Foreign province/statu/county       Foreign province/statu/county       Persign province/statu/county       You if you hove a foreign address, also complete spaces below: WA 99006         Filing Status       Married filing jointy (even if only one had income)       Check the MFS box, enter the name of your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying spouse (or box, enter the child's name if the qualifying spouse); or (b) sell.         Statadard       Someone can called mice. If you are a dual-status allen       Someone can called mice. You are a dual-status allen         Dependentis, see instructions;       (f) First name       Last name       You bind       Spouse;       Was bom before January 2, 1959       Is blind         Dependentis, see instructions;       (f) First name       Last name       Imaribi you are dual-status allen       Imaribi you						-								
3119 1367H       AVE: SE       Check there if you aryos of file; if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you have a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006       Check there if you aryos of the if you hove a foreign address, also complete spaces below: WA 99006         Filing Status       Single       Persign province/statu/county       Foreign province/statu/county       Foreign province/statu/county       Persign province/statu/county       You if you hove a foreign address, also complete spaces below: WA 99006         Filing Status       Married filing jointy (even if only one had income)       Check the MFS box, enter the name of your spouse. If you checked the HOH or GSS box, enter the child's name if the qualifying spouse (or box, enter the child's name if the qualifying spouse); or (b) sell.         Statadard       Someone can called mice. If you are a dual-status allen       Someone can called mice. You are a dual-status allen         Dependentis, see instructions;       (f) First name       Last name       You bind       Spouse;       Was bom before January 2, 1959       Is blind         Dependentis, see instructions;       (f) First name       Last name       Imaribi you are dual-status allen       Imaribi you														
GPb; form, or poel office. If you have a foreign address, also complete spaces below.       Istate       2/P code       spouse if filing jointly, went 35         BELLEVUE       Foreign control yrane       Foreign province/state/burny.       Foreign control yrane       in the fund. Checking a box below will not change box below.       in the fund. Checking a box below will not change box below.       in the fund. Checking a box below will not change box below.       in the fund. Checking a box below will not change box below.       in the fund. Checking a box box mine of your spouse.       in the fund. Checking a box box mine of your spouse.       in the fund. Checking a box mine of your spouse.       in the fund. Spouse (GSS)         If you checked the MFS box, enter the name of your spouse.       If you checked the MFS box, enter the name of your spouse.       in the fund. Spouse (GSS)       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box, enter the name of your spouse.       if you checked the MFS box.       if you chec	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ential Ele	ection Campaign	
Output of pole and only pole first a bridger debets, also compared pole and pole	3719 136	STH Z	AVE SE											
IEELZVUE       INA       98006       box below will not change         Foreign country name       Foreign province/state/country       Foreign province/state/country       Proving notatic cold       you tax or refund.         Filing Status       Single       Head of household (HOH)       Image: Country name       Proving notatic cold       you tax or refund.         Filing Status       Married filing jointly (even if only one had income) one box.       Image: Country name	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode				
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.       Digital         At any time during 2023, did you: (a) receive (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       You as a dependent       Yes       No         Deduction       Spouse temizes on a separate return or you were a dual-status allen       Assets       Child but not you dependent       Yes       No         Dependents, see instructions):       (f) First name       Last name       (g) Relationship       Child but no dependents         If no or       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       135, 225.         Itatch Form(s)       Had waver payments no reported on Form(s) W-2.       1a       135, 225.         Itatch form(s)       Macriad waver payments no reported on Form(s) W-2.       1a       135, 225.         Itatch form(s)       Ital structions).       1a       135, 225.	BELLEVUE	2					WZ	Ą	980	06	box be	low will	not change	
Filing Status       Single       Head of household (HOH)         Check only       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 person is a child but not your dependent:       Cualifying surviving spouse (QSS)         Digital       Anny time during 2023, did you, (a) receive (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       Yes       No         Deduction       Spouse itemizes on a separate return or you were a dual-status alen       Age/Blindness       You:       Yes       No         Age/Blindness       You:       Were born before January 2, 1959       Are bind       Spouse itemic dependent       Cell for drid dependent         In oror       dependents, see instructions;       (a) Finaname       Ia       Total amount from Form(s) W-2, box 1 (see instructions)       Ia	Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your ta		_	
Check only one box.       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:			7										ou Spouse	
Otesk Kning one box.       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 name if the qualifying persons is a child but not your dependent:	Filing Status	; 🗵						Head of h	ouseh	old (HOH)				
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:         Digital Assets       At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) self, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)       Image: Comparison of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions)         Standard Deduction       Sopouse itemizes on a separate return or you were a dual-status alien       Image: Comparison of the wise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions):       (Pendents in the comparison of the compa	Check only													
qualifying person is a child but not your dependent:         Digital Assets       At any time during 2023, did you: (a) receive (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).       Image: See instructions); image: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       You: Were born before January 2, 1959       Are bind         Opendents       (see instructions):       (i) Finst name       Child tax credit         (i) Finst name       Last name       in the power       in the power         ind check       in the power       in the power       in the power         w:a dual divide divide power wages not reported on Form(s) W-2.       ib       ib         W:26 and tabef Forms       id       Medical divide value apprention to power form 83(9, ine 29)       id         W:26 and tabef Form Form 2919, line 6       is       id       id         W:26 and tabeform were dividends       ga       ga       id         W:26 and tabeform form form 700	one box.													
Digital Assets       At any time during 2023, did you: (a) receive (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 Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent       Your spouse as a dependent         Age/Blindness       You:       Were born before January 2, 1959       Are blind       Spouse:       Was born before January 2, 1959       Is blind         Dependents       (ase instructions):       (a) Patationship       (b) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       number       (a) Patationship       (b) Check the box if qualifies for (see instructions):         If more       (1) First name       Last name       (a) Patationship       (b) Check the box if qualifies for (see instructions)       Check the box if qualifies for (see instructions)         If more       (1) First name       Last name       (a) Patationship       (b) Check the box if qualifies for (see instructions)         If more       (a) Total amount from Form(s) W-2, box 1 (see instructions)       fa       135, 225.         It was withheld       tast hore formed apported on Form (S) W-2 (see instructions)       fa       135, 225.         If anotal amount from Torm(s) W-2 (see instruct			gualifying person is a child but not your dependent:											
Assets       exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)       ↓ Yes       No         Standard       Someone can claim:       \operatorname Vou serve a dual-status alien       \operatorname Vou serve a dual-status alien         Age/Blindness You:       \wee borb before January 2, 1959       ↓ Are blind       Spouse:       \wee Vau spouse as a dependent         Age/Blindness You:       \wee borb before January 2, 1959       ↓ Are blind       Spouse:       \wee Vau spouse as a dependent         Age/Blindness You:       \wee borb before January 2, 1959       ↓ Are blind       Spouse:       \wee Vau spouse       <		- qu	anying person is a child but not you	n deb	endent.									
Standard Deduction       Someone can claim:       You as a dependent       Your spouse as a dependent         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Age/Blindness       Your spouse itemizes on a separate return or you were a dual-status alien         Dependents       (see instructions):       (q) Social security       (g) Relationship         (if more than four dependents, see instructions;       (g) Social security       (g) Relationship       (d) Check the box of qualifies for (see instructions;         Income than four dependents       in Total amount from Form(s) W-2, box 1 (see instructions)       in a 135, 225.         Itach Form(s)       b       Household employee wages not reported on Form(s) W-2. (see instructions)       in a 135, 225.         Itach Form (see instructions)       in the dependent care benefits from Form 2441, line 26       in a 135, 225.         If you did not gg af a Form Statustions       in the dependent care benefits from Form 2483, line 29       if f         If you did not ga af a Form Statustions       in Nontaxable combat pay election (see instructions)       in a 135, 225.         Attach Sch, B       2       2       if a 135, 225.       if a 135, 225.         Standard Deduction form Form Statustions       in a 135, 225. <t< td=""><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td><td>•</td><td>,</td><td>. ,</td><td></td><td></td></t<>				•					•	,	. ,			
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       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for isee instructions;         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for isee instructions;         If more       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for isee instructions;         Incomme       1a       Total amount from Form((9) W-2; box 1 (see instructions)       1a       135, 225.         Here       1a       Total amount from Form((9) W-2; box 1 (see instructions)       1a       135, 225.         Mask other       Medical waiver payments not reported on Form(S) W-2.       1a       135, 225.         Mask other       Medical waiver payments not reported on Form(S) W-2.       1a       135, 225.         Mask other       Medical waiver payments not reported on Form 8839, line 29       1a       1a       1a         More are afform form B919, line 6       Ge       To ther aemed in								-	et)? (Se	e instructio	ons.)	∐ Y	es 🖄 No	
Age/Blindness       You:       Were bom before January 2, 1959       Are blind       Spouse:       Was bom before January 2, 1959       Is blind         Dependents       (see instructions):       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four       (1) First name       Last name       (2) Social security       (3) Relationship       (4) Check the box if qualifies for (see instructions);         dependents, see instructions		_		•				•						
Dependents (see instructions):       (2) Social security number       (3) Relationship       (4) Check the box if qualifies for (see instructions):         If more than four dependents, see instructions and check here       (3) Relationship       (4) Check the box if qualifies for (see instructions):       Child tax credit       Credit for other dependents         and check       (3) Relationship       (4) Check the box if qualifies for (see instructions):       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       (3) Relationship       (4) Check the box if qualifies for (see instructions):         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       135, 225.         Attach Forms       b       Household employee wages not reported on Form(s) W-2 (see instructions)       1d         V22 and title form       f       Employer-provided adoption benefits from Form 241, line 26       1f         v23 and uses from Form 8419, line 6       1a       135, 225.       1h       0.         was withhed, frequired, and annuities       3a       b       b       135, 225.         a Qualified dividends       3a       b       ordinary dividends       3b         standard Debduction form       5a       Dordinary dividends       3b       <	Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status	alien	1						
If more than four dependents, see instructions and check dependents, see instructions and check dependents, see instructions and check dependents	Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind <b>Spc</b>	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind	
If more       the formation       the formation       the formation       the formation         dependents, see instructions       the formation       the formation       the formation       the formation         and check       the formation       the formation       the formation       the formation       the formation         here       the formation       the formation       the formation       the formation       the formation         Attach Form(s)       the formation       the formation       the formation       the formation       the formation         W-28 and forms       the formation       the formation       the formation       the formation       the formation         W-28 and formation       the formation	Dependents	s (see	instructions):		(2) 5		,		ip <b>(4</b>	-	-	1		
dependents, see instructions       Image: see instructions       Image: see instructions       Image: see instructions         Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       Image: see instructions       Image: see instructions       Image: see instructions         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       Image: see instructions		<b>(1)</b> F	irst name Last name			number		to you		Child tax	credit	Credit to	or other dependents	
see instructions       Image: Constructions       Image: Constructions       Image: Constructions         here       Image: Constructions													<u> </u>	
here       Image: Construction of the consthe construction of the construction of the		s ——												
Income       1a       Total amount from Form(s) W-2, box 1 (see instructions)       1a       135, 225.         Attach Form(s)       b       Household employee wages not reported on Form(s) W-2.       1b       1c         Mattach Form(s)       C       Tip income not reported on line 1a (see instructions)       1c       1d         W-2 for attach Form(s)       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-2 for attach Form       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d       1d         W-2 for a mathematical form       Taxable dependent care benefits from Form 2441, line 26       1e       1e         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f       1g         get a Form       W-2, see       h       Other earned income (see instructions)       1h       0.         w.2, see       h       Other earned income (see instructions)       1t       1z       135, 225.         ztach Sch. B       za       Tax-exempt interest       2a       b       Tax-able amount       1z       135, 225.         Attach Sch. B       a       IRA distributions       3a       b       Taxable amount       5b         Deduction foresingle or Married filing begarately, Stass		ı —												
Attach Form(s) W-2 here. Also attach Forms       b       Household employee wages not reported on Form(s) W-2.       1b         Attach Forms W-2 here. Also attach Forms       c       Tip income not reported on line 1a (see instructions)       1c         W-2G and 1099-Ri ftax       d       Medicaid waiver payments not reported on Form (S) W-2 (see instructions)       1d         was withheld.       f       Employer-provided adoption benefits from Form 2441, line 26       1e         was withheld.       f       Employer-provided adoption benefits from Form 8399, line 29       1f         If you did not get a form W-2, see instructions.       i       Nontaxable combat pay election (see instructions)       1i         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drawe b ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       2a       b       Ordinary dividends       3b         Attach Sch. B       2a       Tax-exempt interest       5a       b       Ordinary dividends       3b         Beduction for- 6a       Social security benefits       5a       b       Taxable amount       6b         Standard Deduction for- 6a       Ga ion (loss). Attach Schedule D if required. If not required, check hree       7       7         Standard Diffed filing separately, S13.850 <td></td> <td>19</td> <td>Total amount from Form(s) W-2 b</td> <td>ov 1 (s</td> <td>see instruc</td> <td>rtions)</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td>135,225</td>		19	Total amount from Form(s) W-2 b	ov 1 (s	see instruc	rtions)					1		135,225	
Attach Form(s)       Tip income not reported on line 1a (see instructions)       1c         W-2 here, Also       C       Tip income not reported on Form(s) W-2 (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       C       Taxable dependent care benefits from Form 2441, line 26       1e         U39-R if tax       Fmployer-provided adoption benefits from Form 8839, line 29       1f         Wages from Form 8919, line 6       1g       1g         get a Form       Nottaxable combat pay election (see instructions)       1h       0.         W-2, see       instructions.       1i       1z       135, 225.         Attach Sch. B       2a       Tax-exempt interest       2a       b       Drdinary dividends       3b         Standard       3a       Ja       b       Taxable amount       4b       5b         Oediction for-       5a       Social security benefits       5a       b       Taxable amount       6b         Married filing pointly, stable filing       c       If you elect to use the lump-sum election method, check here (see instructions)       7       8       -14, 674.         Standard       Additines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income </td <td>income</td> <td></td> <td></td> <td>•</td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	income			•		,								
attach Forms W-26 and 1099-R if tax was withheld.       Medicaid waiver payments not reported on Form(s) W-2 (see instructions)       1d         1099-R if tax was withheld.       Taxable dependent care benefits from Form 2441, line 26       1e         11       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form W-2, see       Wages from Form 8919, line 6       1g         instructions.       i       Other earned income (see instructions)       1i         Add lines 1 a through 1h	• • •													
1099-R if tax       e       Taxable dependent care benefits from Form 2441, line 26       1         was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1         If you did not       g       Wages from Form 8919, line 6       1g         W22, see       h       Other earned income (see instructions)       1h       0.         W2, see       Nontaxable combat pay election (see instructions)       1i       1z       135, 225.         Attach Sch. B       za       Tax-exempt interest       2a       b       Taxable interest       2b         Attach Sch. B       a       Qualified dividends       3a       b       b       Taxable amount       4b         Standard       Deduction for-       5a       Sa       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       6b       6b         Married fling separately, S13,850       r       r       Cajit again or (loss). Attach Schedule D if required. If not required, check here       7       7         Narried fling pointly or Qualifying surving spouse, S27,700       Additional income from Schedule 1, line 10       9       120,551.         8       Additional income from Schedule 1, line 26       10       11	attach Forms	d		•							. 10	ł		
was withheld.       f       Employer-provided adoption benefits from Form 8839, line 29       1f         If you did not get a Form       g       Wages from Form 8919, line 6       1g         get a Form       h       Other earned income (see instructions)       1h       0.         w2, see       in       Other earned income (see instructions)       1i       1h       0.         w2, see       in Nontaxable combat pay election (see instructions)       1i       1z       135, 225.         Add lines 1a through 1h       -       -       2a       b       Tax-exempt interest       2b         if required.       3a       Dualified dividends       3a       b       D oftinary dividends       3b         Standard       4a       IRA distributions       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       6b         Married fling point or Married fling surving spouse.       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7       7         Married fling point or Gapital gain or (loss). Attach Schedule 1, line 10       10       120, 551.       120, 551.         Standard fling surving spouse.       9       Add lin		е	Taxable dependent care benefits f	from F	orm 2441,	, line 26 .		, , , , , ,			. 10	e		
get a Holling       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1       135, 225.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       b       Ordinary dividends       2b         attach Sch. B       3a       b       Ordinary dividends       3b         attach Sch. B       4a       IRA distributions       4a       b       Additional         Maried filing separately, S13,850       Fensions and annuities       5a       b       Fensions       6b         Married filing surving spouse, S27.700       Additional income from Schedule 1, line 10       7       8       -14,674.         S22.700       Addi lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11		f	Employer-provided adoption bene	fits fro	om Form 8	839, line 29					. 1	f		
get a Holling       h       Other earned income (see instructions)       1h       0.         W-2, see       i       Nontaxable combat pay election (see instructions)       1i       1i         z       Add lines 1 a through 1h       1       135, 225.         Attach Sch. B       2a       Tax-exempt interest       2b         attach Sch. B       3a       b       Ordinary dividends       2b         attach Sch. B       3a       b       Ordinary dividends       3b         attach Sch. B       4a       IRA distributions       4a       b       Additional         Maried filing separately, S13,850       Fensions and annuities       5a       b       Fensions       6b         Married filing surving spouse, S27.700       Additional income from Schedule 1, line 10       7       8       -14,674.         S22.700       Addi lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       11	,	g	Wages from Form 8919, line 6 .								. 19	9		
instructions.       i       Nontaxable combat pay election (see instructions)       1i         z       Add lines 1a through 1h       135, 225.         Attach Sch. B       2a       Tax-exempt interest       2a         a       Qualified dividends       3a       b       Taxable interest       2b         a       Qualified dividends       3a       b       Ordinary dividends       3b         a       IRA distributions       4a       b       Taxable amount       4b         Standard Deduction for-       6a       5a       b       Taxable amount       4b         separately, standard filing separately, separately, standard filing separately, separately, standard filing souse, separately, standard filing souse, separately, standard filing souse, separately, standard filing souse, standard filing souving spouse, separately, standard deduction or itemized deductions (from Schedule 1, line 10       7         Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       120, 551.         11       120, 551.       11       12       13, 850.         12       13, 850.       13       Qualified business income deduction from Sense gas income       12       13, 850.         12       13, 850.       13 </td <td></td> <td>h</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· ·</td> <td></td> <td>. 11</td> <td>n</td> <td>0.</td>		h							· ·		. 11	n	0.	
Attach Sch. B       2a       Tax-exempt interest       2a       b       Taxable interest       2b         if required.       3a       Qualified dividends       3a       b       Ordinary dividends       3b         4a       IRA distributions       4a       b       Taxable amount       4b         5a       Pensions and annuities       5a       b       Taxable amount       4b         Standard Deduction for-       6a       Social security benefits       6a       b       Taxable amount       5b         6a       Social security benefits       6a       b       Taxable amount       5b       5b         6a       Social security benefits       6a       b       Taxable amount       7       6b         Married filing jointly or       C       If you elect to use the lump-sum election method, check here (see instructions)       7       7         Married filing jointly or       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       120, 551.         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your adjusted gross income       11       120, 551.         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         14       Add lines 12 and		i		see ins	structions)			<b>1</b> i						
if required.       3a       3a       b       Ordinary dividends       3b         Standard Deduction for-       fa       IRA distributions       fa       b       Taxable amount       fa       fb         Standard Deduction for-       fa       Pensions and annuities       fa       fa       b       Taxable amount       fb         Standard Deduction for-       fa       Social security benefits       fa       fa       b       Taxable amount       fb         Standard Deduction for-       fa       Social security benefits       fa       fa       fa       fb       fb         Single or       fa       Social security benefits       fa       fa       fb       fb       fb         Single or       fi you elect to use the lump-sum election method, check here (see instructions)       fb       fb       fb         standard giointy or       Capital gain or (loss). Attach Schedule D if required. If not required, check here       ft       fa       ff.474.         Qualifying       successful form       fb       fs       ff.74.       ff.674.         Standard       fo       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       ff.74.       ff.74.         Subtract line 10 from line 9. This is your adjusted gross income				···		· · · ·							135,225.	
Out       O														
Standard Deduction for -       5a       5a       b       Taxable amount       5b         • Single or Married filing separately, \$13,850       6a       b       Taxable amount       6b         • Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       .       6b         • Married filing jointly or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .       .       .       8       -14,674.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       .       .       .       11       120,551.         • Subtract line 10 from line 9. This is your adjusted gross income       . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>								•						
Deduction for -       6a       Social security benefits       6a       b Taxable amount       6b         Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       .       c       6b         Married filing jointy or Qualifying surviving spouse, \$27,700       8       Additional income from Schedule 1, line 10       .       .       .       7         Married filing jointy or Qualifying surviving spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       120, 551.         11       Subtract line 10 from line 9. This is your adjusted gross income       11       120, 551.         12       Standard deduction or itemized deductions (from Schedule A)       12       13, 850.         13       Qualified business income deduction from Form 8995 or Form 8995-A       13       14       13, 850.	Standard									• • •				
Married filing separately, \$13,850       c       If you elect to use the lump-sum election method, check here (see instructions)       7         • Married filing jointy or Qualifying surviving spouse, \$27,700       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointy or Qualifying surviving spouse, \$27,700       9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       120, 551.         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       120, 551.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       12         • Head of household, Standard deduction or itemized deduction from Form 8995 or Form 8995-A       13       14       13, 850.														
\$13,850       7       Capital gain or (loss). Attach Schedule D if required. If not required, check here       7         • Married filing jointly or Qualifying souse, 3       8       Additional income from Schedule 1, line 10       8       -14,674         9       Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income       9       120,551         \$27,700       10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       120,551         \$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850         • If you checked any box under Standard Deduction, 14       Add lines 12 and 13       14       13,850	Married filing				method	check here			ι			5		
<ul> <li>Married filing jointy or Qualifying surviving spouse, \$27,700</li> <li>Head of household, \$20,800</li> <li>Subtract line 10 from line 9. This is your adjusted gross income</li> <li>Standard deduction or itemized deductions (from Schedule A)</li> <li>Qualified business income deduction from Form 8995 or Form 8995-A</li> <li>Add lines 12 and 13</li> <li>Add lines 12 and 13</li> </ul>									• •			,		
Qualifying surving spouse, \$27,7009120,551.10Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income10Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income1012120,551.\$20,8001213Standard deduction or itemized deductions (from Schedule A)1214Add lines 12 and 1314	<ul> <li>Married filing</li> </ul>												-14.674	
10       Adjustments to income from Schedule 1, line 26       10         • Head of household, \$22,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       120,551.         • Head of household, \$22,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         • If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850.	Qualifying													
• Head of household, bousehold, s20,800       11       Subtract line 10 from line 9. This is your adjusted gross income       11       120,551.         • If you checked any box under Standard Deduction, beduction, b	\$27,700				-									
\$20,800       12       Standard deduction or itemized deductions (from Schedule A)       12       13,850.         If you checked any box under Standard Deduction,       13       Qualified business income deduction from Form 8995 or Form 8995-A       13       13         Add lines 12 and 13       14       13,850.       14       13,850.			•										120,551.	
13       Qualified business income deduction from Form 8995 or Form 8995-A       13         14       Add lines 12 and 13       14       13,850	\$20,800			-										
Deduction, 14 Add lines 12 and 13	any box under	13						95-A			. [1:	3		
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15 106, 701.	Deduction,	14	Add lines 12 and 13								. 14	4	13,850.	
	see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable incom	ie .		. 1	5	106,701.	

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	19,008.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	19,008.
	19	Child tax credit or credit for	other dependent	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	19,008.
	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	19,008.
Payments	25	Federal income tax withheld							i
<b>,</b>	а	Form(s) W-2				<b>25a</b> 22	,121.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c	<i>.</i>				2	25d	22,121.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return .			26	
qualifying child,	27	Earned income credit (EIC)			No	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, lin				31			
	32	Add lines 27, 28, 29, and 31		32					
	33	Add lines 25d, 26, and 32. T	•	-	-			33	22,121.
Refund	34	If line 33 is more than line 24						34	3,113.
noruna	35a	Amount of line 34 you want				•	. 🗆 🖪	35a	3,113.
Direct deposit?	b	Routing number 0 2 1	Savings						
See instructions.	d	Account number 7 2 7	J. J.						
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24	•••••						
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee		structions	•				omplete belo	ow.	🗙 No
U	De	signee's		Phone			onal identifica	tion	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			ploto. Doolaration o		.,,			•	, ,
	Yo	ur signature		Date	Your occupation				t you an Identity N, enter it here
Joint return?					SOFTWARE DE	VELOPMENT ENG	(		-,
See instructions.	Sp	ouse's signature. If a joint return, <b>I</b>	ooth must sign.	Date	Spouse's occupat	tion	If the IR	S sent	t your spouse an
Keep a copy for your records.							-		ction PIN, enter it here
your records.							(see inst	.)	
		one no. (617) 838-501		Email address	YASHWANT7KOT	IPALLI@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	03/26/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone r	. (f	678)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form <b>1040</b> (2023)

Department of the Treasury

Internal Revenue Service

## Additional Income and Adjustments to Income

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023 Attachment Sequence No. 01

Your social security number

896-85-2755

Name(s) sho	wn oi	n Form 10	040,	1040-SR, or 1040-NR	
VENKATA	SAI	PAWAN	ΥA	KOTIPALLI	

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. Attach Sche	dule E .	5	-14,674.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss		)	
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555		)	
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
	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)			
n	Section 951(a) inclusion (see instructions)			
ο	Section 951A(a) inclusion (see instructions)		_	
р	Section 461(I) excess business loss adjustment		-	
q	Taxable distributions from an ABLE account (see instructions)       8q		-	
r	Scholarship and fellowship grants not reported on Form W-2		- 1	
S	Nontaxable amount of Medicaid waiver payments included on Form			
_	1040, line 1a or 1d		4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated         8u		-	
Z	Other income. List type and amount:			
~	Tatal ather income. Add lines to through the			
9 10	Total other income. Add lines 8a through 8z	 d on Form	9	
	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here an 1040, 1040-SR, or 1040-NR, line 8		10	-14,674.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 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		
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 <b>adjustments to income</b> . Enter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHE (Form	DULE E	(From r	antal roal astate	Supplementa e, royalties, partnersl					truete REMI	Cs. etc.)	OMB N	No. 1545-0074
		(FIOIIII)				-				05, 810.)	2(	0 <b>23</b>
	ent of the Treasury Revenue Service			Attach to Form 1040, rs.gov/ScheduleE for					formation.		Attach	ment nce No. <b>13</b>
	shown on return									Your socia		
. ,	ATA SAI PA	WAN YA	KOTIPALLI	r.						896-8	5-2755	5
Part				al Real Estate an	d Ro	valties						-
	Note: If yo	ou are in th	ne business of re	enting personal proper <b>35</b> on page 2, line 40.			<b>c</b> . See	instru	ctions. If you a	are an indiv	/idual, re	port farm
				t would require you								es 🛛 No
B If	"Yes," did you	or will yo	ou file required	l Form(s) 1099? .							. 🗌 Y	es 🗌 No
1a	Physical addr	ess of ea	ach property (s	treet, city, state, ZIF	o code	e)						
Α	506, A WI	NG, PA	RKWOODS KA	VESAR, THANE-	-WESI	MAHAF	RASHTI	RA	IN 40005	3		
В		- /		- /			-					
С												
1b												QJV
	(from list below	∧)		t the number of fair					Days	Da	ys	QUV
Α	3			days. Check the Que			Α		365		0	
В				venture. See instru			В					
С			qua				С					
	of Property:											
	Single Family R			on/Short-Term Ren	tal	5 Land		-	Self-Rental			
2	Multi-Family Re	sidence	4 Comm	nercial		6 Roya	alties	8	Other (desc	ribe)		
									Propert	ies:		
Incom	e:						Α		В			С
3	Rents received	ł			3		6	17.				
4	Royalties rece	ived			4							
Expen												
5	Advertising .				5							
6					6							
7	Cleaning and r	naintena	nce		7		2,0	11.				
8	Commissions				8							
9					9							
10	•	•			10							
11	-				11		2,2	17.				
12	00		,	(see instructions)	12							
13					13			4.1				
14					14		3,2					
15					15		2,6	32.				
16 17					16 17		2,4	22				
18					18		2,4					
19	Other (list)	-	-		19		<i>∠,</i> /	50.				
20				19	20		15,2	91				
21	-		-	d/or 4 (royalties). If			10/2	<u>, , , , , , , , , , , , , , , , , , , </u>				
21				nd out if you must								
					21	-	-14,6	74.				
22				r limitation, if any,								
					22	(	14,67	4.)	(	)	(	
23a	Total of all am	ounts rep	oorted on line 3	3 for all rental prope	rties			23a		617.		
b	Total of all am	ounts rep	oorted on line 4	4 for all royalty prop	erties			23b				
С		-		12 for all properties				23c				
d		-		18 for all properties				23d		2,758.		
е		-		20 for all properties				23e	15	5,291.		
24				n on line 21. <b>Do not</b>		-						
25				and rental real estate							(	14,674.
26				income or (loss).								
	nere. If Parts I	i, iii, and	i iv, and line 4	0 on page 2 do no	τ appl	y to you,	aiso e	nter th	iis amount (	on		

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .

26

-14,674.

-14,674.