IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

ERO must obtain and retain completed Form 8879.

Submission Identification Number (SID)

Taxpayer's name Social security number VAMSEE KRISHNAM RAJU INAPAKUTHIKA 535-95-7960 Spouse's name Spouse's social security number 990-97-5276 NEERAJA VUDIMUDI Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income 101,895. 1 1 2 2 8,461. 3 3 16,078. 4 4 7,617. 5 5

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

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

Taxpayer's PIN: check one box only

l authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	
		ERO firm name		5

	5	7	9	6	0	as				
Enter five digits, but don't enter all zeros										

7 2

Enter five digits, but don't enter all zeros

6

as mv

7 5 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.

Date

to enter or generate my PIN

Your signature 🕨

X

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC 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—continue below												
Part III Certification and Authentication	 Practitioner PIN Method Only 											
ERO's EFIN/PIN. Enter your six-digit EFIN followed	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 🕨	
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax return	instructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		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, ending , 20					, 20	See separate instructions.			
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	urity number	
VAMSEE K	RISE	HNAM RAJU	INA	PAKUTH	IIKA					535	95	7960	
		s first name and middle initial	Last r									security number	
NEERAJA			VUD	IMUDI						990	97	5276	
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.			ction Campaign	
5245 NAT	ORP	BLVD								Check	nere if yo	ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3	
MASON						OF	H	450	40			nd. Checking a not change	
Foreign country	name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code				
											Yo	ou 🗌 Spouse	
Filing Status	;] Single					Head of ho	ouseh	old (HOH)				
Check only		Married filing jointly (even if only o	ne hac	l income)									
one box.] Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or Q	SS box, ent	er the ch	ild's nar	me if the	
	qu	alifying person is a child but not you	ır depe	endent:									
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): o	r (h) sell			
Assets		lange, or otherwise dispose of a dig						-			Ye	es 🛛 No	
Standard		eone can claim: You as a de					a dependent	, (,			
Deduction		Spouse itemizes on a separate retur	•				•						
Age/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	🗌 ls	s blind	
Dependents		•		(2) 5	Social security	,	(3) Relationsh	ip (4) Check the I	oox if qual	fies for (see instructions):	
If more		irst name Last name		(_, <	number		to you	ч.	Child tax of	credit	Credit fo	r other dependents	
than four													
dependents,													
see instructions and check	s —												
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	119,401.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b)		
W-2 here. Also	С	Tip income not reported on line 1a	(see i	nstruction	nstructions)					. 10	;		
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s	on Form(s) W-2 (see instructions)					. 1d			
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,						. 1e			
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8						. 1f			
If you did not	g	Wages from Form 8919, line 6 .								. 1g			
get a Form W-2, see	h	Other earned income (see instruct	,				· · · · ·	· ·		. 1h	1	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i						
	Z	Add lines 1a through 1h	• •		· · · ·					. 1z		119,401.	
Attach Sch. B	2a	'	2a				axable interest			. 2 b			
if required.	<u>3a</u>		3a				Ordinary divider						
Standard	4a		4a				axable amount			. 4b			
Deduction for –	5a		5a				axable amount			. 5b			
 Single or Married filing 	6a	, _	6a				axable amount	t		. 6b	•		
separately,	_c	If you elect to use the lump-sum e						• •					
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche						• •				17 506	
jointly or Qualifying	8	Additional income from Schedule								. 8		-17,506.	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		101,895.	
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		101 005	
household, \$20,800	11	Subtract line 10 from line 9. This is	-					• •		. 11		101,895.	
• If you checked	12	Standard deduction or itemized								. 12		27,700.	
any box under <i>Standard</i>	13	Qualified business income deduct		m ⊦orm 8	995 or Form	899	95-A			. 13		07 700	
Deduction, see instructions.	14		 		••••	• •	· · · ·			. 14		27,700.	
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-u I nis is y	our	laxable incom	е.		. 15		74,195.	

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 🗌	1	16	8,461.
Credits	17	Amount from Schedule 2, lin	e3				1	17	
	18	Add lines 16 and 17 .					1	18	8,461.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	8,461.
	23	Other taxes, including self-e					2	23	0.
	24	Add lines 22 and 23. This is					2	24	8,461.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 16	,078.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>				2	5d	16,078.
If you have a	26	2023 estimated tax payment	s and amount a	oplied from 20	22 return .		2	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	, line 8		29			
	30	Reserved for future use .		· 		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31				undable credits	3	32	
	33	Add lines 25d, 26, and 32. T	3	33	16,078.				
Refund	34	If line 33 is more than line 24						34	7,617.
	35a	Amount of line 34 you want	-			, .	. 🗆 3	5a	7,617.
Direct deposit?	b	Routing number 0 5 3					Savings		
See instructions.	d	Account number 2 3 7	Ŭ						
	36	Amount of line 34 you want a				36			
Amount	37	Subtract line 33 from line 24							
You Owe	0.	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	w.	× No
U		signee's		Phone			onal identificat	ion	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare tl ief, they are true, correct, and com							
Here		· · · ·	ploto. Doolaration o						, ,
	YO	ur signature		Date	Your occupation				you an Identity I, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see inst		,
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IRS	sent	your spouse an
Keep a copy for your records.							Identity F		tion PIN, enter it here
your records.	HOME MAKER							.)	
		one no. (919) 670-870		Email address	VAMSEEKRISHNA	MRAJU1@GMAIL.CO			
Paid		eparer's name	Preparer's signat			Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	04/02/2024	P0208270		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone n	o. (6	578)965-9522
			Y CT E BRU	NSWICK N	J 08816		Firm's E	N	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		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 number
V INAPAKUTHIKA & N VUDIMUDI	535-95-7960
Part L. Additional Income	

Par	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	-17,506.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b		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			
	· · · · · · · · · · · · · · · · · · ·	8m		
n		8n		
0	Section 951A(a) inclusion (see instructions)	80		
р		8p		
q		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	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or	_		
	a nongovernmental section 457 plan	8t		
		8u	_	
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 1040, 1040-SR, or 1040-NR, line 8		10	-17,506.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 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 adjustments to income . 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

	EDULE E			Supplementa	al Income and Loss						OMB No. 1545-0074				
(Form	1040)	(Fron	n rental real estate	, royalties, partnersh	nips, S	corporati	ons, es	tates,	trusts, REMI	Cs, etc.)	20	70	3		
	ent of the Treasury Revenue Service			Attach to Form 1040, s.gov/ScheduleE for					formation		ک Attachr Sequer	nent	12		
	shown on return		00100000	S.gov/Scheduler Iol	mour			itest in	ionnation.	Your socia					
.,		c N	VIIDTMIIDT								5-7960		<i>3</i> 1		
V INAPAKUTHIKA & N VUDIMUDI 535-95- Part I Income or Loss From Rental Real Estate and Royalties											5-7900				
Fart	Note: If yo	ou are ir	n the business of re	nting personal proper 5 on page 2, line 40.	ty, use	Schedule	C . See	instruc	ctions. If you a	re an indiv	vidual, rep	ort far	'n		
Α				t would require you	to file	Form(s) 1	099? S	See ins	tructions .		. 🗌 Ye	es 🛛	No		
B II	f "Yes," did you	or will	you file required	Form(s) 1099?							. 🗌 Ye	es 🗌	No		
1a				treet, city, state, ZIF											
Α	WEST BLOC	K-308	B.GAYATHRI G	OODLIFE, SEEG	EHAI	LI BAN	IGALOI	RE, I	KARNATAKA	A IN 56	50067				
B			.,	,				, -							
C															
1b	Type of Prope	erty	2 For each rent	al real estate prope	rtv list	ted		Fa	ir Rental	Person	al Use				
	(from list below		above, report	the number of fair i	rental	and			Days	Da	ys		ζĴΛ		
Α	3			days. Check the Quere requirements to f			Α		365		0				
В				venture. See instru			В								
С			J				С								
	of Property:							_							
	Single Family R			on/Short-Term Rent	tal	5 Land			Self-Rental						
2	Multi-Family Re	esidenc	e 4 Comm	ercial		6 Roya	lities	8	Other (desc	ribe)					
									Properti	es:					
Incom	ne:						Α		В			С			
3					3		5	50.							
4		ived .			4										
Expen					_										
5			· · · · · · ·		5										
6		-	instructions) .		6			50.							
7			nance		7		1,5	68.							
8 9					9										
10			essional fees		10										
11	•	•			11		2,8	51							
12			id to banks, etc.		12		/ 0	<u> </u>							
13					13										
14	Repairs				14		4,3	67.							
15	Supplies				15		4,5	96.							
16	Taxes				16										
17					17		3,8	24.							
18		expense	e or depletion .		18										
19	Other (list)				19										
20	•		lines 5 through 1		20		18,0	56.							
21				I/or 4 (royalties). If nd out if you must											
	file Form 6198				21	_	-17,5	06							
22				r limitation, if any,											
~~			nstructions) .		22	(17,50	6.)	()	(,		
23a				for all rental prope				23a	x	550.					
b				for all royalty prop				23b							
С				2 for all properties				23c							
d				8 for all properties				23d							
е				0 for all properties				23e	18	,056.					
24		-		n on line 21. Do not		-		· ·		. 24	/				
25				and rental real estate							(17,5	,06.		
26				income or (loss). (0 on page 2 do no											

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2023

26

-17,506.

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