Internal Revenue Service

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

OMB No. 1545-0074

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

Submission Identification Number (SID)

Taxpayer's name		Social security number								
RAJENDRA VUNGARALA		627-77-9732								
Spouse's name		Spouse's socia	I security number							
NAVYA ADAPALA		992-98-	8540							
Part I Tax Return Information – Tax Year Ending December 31, 2023 (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			<b>1</b> 97,866.							
<b>2</b> Total tax			2 7,981.							
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		[	<b>3</b> 8,995.							
4 Amount you want refunded to you		[	4 1,014.							
5 Amount you owe		[	5							
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)										

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

## Taxpayer's PIN: check one box only

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

7	9	7	3	2	00 mV
Ent don	as my				

Enter five digits, but don't enter all zeros

as mv

8 8 5 4 0

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

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 🕨	Date 🕨							
Practitioner PIN Method Returns Only—continue below								
Part III Certification and Authentication – Prac	titioner PIN Method Only							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by you	five-digit self-selected PIN. 2 2 2 4 9 6 6 1 9 8 9							

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 🕨	
	Must Retain This Form — See Instructions This Form to the IRS Unless Requested To	
For Demonstrally Deduction Act Nation and services		Earma <b>8870</b> (Day, 01 0001)

Date

to enter or generate my PIN

<b>E1040</b>		artment of the Treasury—Internal Revenue Servin <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	0074	IRS Use Onl	y—Do not w	vrite or stap	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 ir	nstructions.
Your first name	and m	iddle initial	Last r	ame						Your so	cial secu	urity number
RAJENDRA	4		VUN	GARALA	<b>A</b>					627	77	9732
		s first name and middle initial	ame	-							security number	
NAVYA		PALA						992	98	8540		
	(numbe	er and street). If you have a P.O. box, see						A	pt. no.	Preside		ction Campaign
8811 ROI	DEO 1	DR						2	19			ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co				ointly, want \$3
IRVING						T	ζ.	750	63	1 0		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		or refur	•
											You	u 🗌 Spouse
Filing Status	; [	Single					Head of ho	ouseho	old (HOH)	-		
•		Married filing jointly (even if only or	ne had	l income)					. ,			
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	lf y	ou checked the MFS box, enter the	name	of your s	pouse. If you	u che					ild's nar	ne if the
		alifying person is a child but not you										
Divital		ny time during 2023, did you: (a) rece										
Digital Assets		ange, or otherwise dispose of a digi	•					-			∏Ye	s 🗙 No
Standard		eone can claim:  You as a de					a dependent	.). (00				
Deduction		Spouse itemizes on a separate return			•							
Age/Blindness	s You	Were born before January 2, 1	959	Are bl	ind Spc	ouse	: 🗌 Was bor	n befo	re January	2, 1959		blind
Dependents		•		<u> </u>	Social security		(3) Relationshi	10		-		see instructions):
If more	•	irst name Last name			number to you				Child tax	credit	Credit for	r other dependents
than four												
dependents,												
see instructions and check	s ——											
here												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	tions) .					. 1a	1	119,482.
	b	Household employee wages not re	porte	d on Form	n(s) W-2 .					. 1b	,	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	nstructions)						. 10	:		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	instructions)				. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits fi	rom Fo	orm 2441,	line 26					. 1e	,	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instructi	ons)					· ·		. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	tructions)			<b>1</b> i					
	z	Add lines 1a through 1h	• ;							. 1z		119,482.
Attach Sch. B	<b>2</b> a	Tax-exempt interest	2a			bΤ	axable interest	•		. <b>2</b> b	)	
if required.	3a	Qualified dividends	3a			b C	Ordinary divider	nds .		. 3b	)	
Oten devid	4a	IRA distributions	4a			bΤ	axable amount			. 4b	,	
Standard Deduction for –	5a	Pensions and annuities	5a			bΤ	axable amount			. 5b	)	
Single or	6a	,	6a				axable amount			. 6b	,	
Married filing separately,	С	If you elect to use the lump-sum el	lection	method,	check here	(see	instructions)					
\$13,850 • Married filing	7	Capital gain or (loss). Attach Scheo	dule D	if required	d. If not requ	uired	, check here					
jointly or	8	Additional income from Schedule	1, line	10						. 8		-21,616.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8	8. This is y	our <b>total inc</b>	come	e			. 9	_	97,866.
\$27,700 • Head of	10	Adjustments to income from Schee	dule 1	, line 26						. 10		
household,	11	Subtract line 10 from line 9. This is	your	adjusted	gross incor	ne				. 11	_	97,866.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	tions (fro	m Schedule	A)				. 12	:	27,700.
any box under Standard	13	Qualified business income deducti	on fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction,	14									. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our	taxable incom	е.		. 15		70,166.

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

Form **1040** (2023)

Form 1040 (2023	5)								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	7,981.
Credits	17	Amount from Schedule 2, lin	ne3					17	
	18	Add lines 16 and 17					[	18	7,981.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,981.
	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 <b>total tax</b>				[	24	7,981.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				<b>25a</b> 8	,995.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	8,995.
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, lin	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. T					🗆	33	8,995.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	1,014.
	35a	Amount of line 34 you want	refunded to you	<b>.</b> If Form 8888	is attached, che	ck here	. 🗆 🕄	35a	1,014.
Direct deposit?	b	Routing number 0 6 4 0 0 0 2 0 <b>c</b> Type: X Checking Savings							
See instructions.	d	Account number 4 4 4 0 2 6 1 8 7 2 9 1							
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	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	structions				<b>Yes.</b> Co	omplete bel	SW.	X No
	De: nar	signee's		Phone no.			onal identifica per (PIN)	tion	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	hest (	of my knowledge and
Sign		ief, they are true, correct, and com							, ,
Here	Yo	ur signature		Date	Your occupation		If the IR	S ser	nt you an Identity
							Protecti	on Pl	N, enter it here
Joint return?					SOFTWARE I	DEVELOPER	(see ins	,	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, <b>t</b>	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.					HOME MAKEI	2	(see ins		ction Pin, enter it here
	Ph	one no. (901)799-382	Q	Email address			`		
		one no. (901)799-382 eparer's name	9 Preparer's signat		KAU ENDKA.BU	ILD@GMAIL.CC	PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P024708	22	Self-employed
Preparer		n's name GLOBAL TAX			WY DODIENTI	1			678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's E		88-2145487
Go to www.ire.cr		1040 for instructions and the late		TIONICK IN					Form <b>1040</b> (2023)
		in the initial actions and the late	sciniornation.		BAA	REV 01/12/24 PRO			1 Juni 10-TU (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

Attachment Sequence No. **01** 

Your social security number

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

RAJE	NDRA VUNGARALA & NAVYA ADAPALA		627-77-	973	2						
Par	t I Additional Income										
1	Taxable refunds, credits, or offsets of state and local income taxes		1	I							
2a	Alimony received			a							
b	Date of original divorce or separation agreement (see instructions):										
3	Business income or (loss). Attach Schedule C										
4	Other gains or (losses). Attach Form 4797										
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att			;	-21,616.						
6	Farm income or (loss). Attach Schedule F.			3							
7	Unemployment compensation			/							
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									
ĥ	Jury duty pay	8h									
i	Prizes and awards	8i									
j	Activity not engaged in for profit income	8j									
k	Stock options	8k									
I	Income from the rental of personal property if you engaged in the rental										
	for profit but were not in the business of renting such property	81									
m	Olympic and Paralympic medals and USOC prize money (see										
	instructions)	8m									
n	Section 951(a) inclusion (see instructions)	8n									
ο	Section 951A(a) inclusion (see instructions)	80									
р	Section 461(I) excess business loss adjustment	8p									
q	Taxable distributions from an ABLE account (see instructions)	8q									
r	Scholarship and fellowship grants not reported on Form W-2	8r									
S	Nontaxable amount of Medicaid waiver payments included on Form										
	1040, line 1a or 1d	<b>8s</b> (	)								
t	Pension or annuity from a nonqualifed deferred compensation plan or										
	a nongovernmental section 457 plan	8t									
u	Wages earned while incarcerated	8u									
z	Other income. List type and amount:										
		8z									
9	Total other income. Add lines 8a through 8z			)							
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here and or	n Form								
	1040, 1040-SR, or 1040-NR, line 8		1	0	-21,616.						
For Pa	perwork Reduction Act Notice, see your tax return instructions.			edule	1 (Form 1040) 2023						

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s governme	nt	
	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				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
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)	24h		_	
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	24i		_	
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
z	Other adjustments. List type and amount:				
		24z			
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b>	e. Ent	er nere and o	on	
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA	REV	01/12/24 PRO	Schedul	e 1 (Form 1040) 2023

				Supplementa							OMB No	. 1545-0074
(Form	(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									2023		
	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest information.									Attachm	nent ce No. <b>13</b>	
	shown on return		Go to www.irs.	gov/ScheduleE 10	instru			liest II		/our soci	al security	
. ,	RAJENDRA VUNGARALA & NAVYA ADAPALA 627-77											lumber
	Part I Income or Loss From Rental Real Estate and Royalties											
	Note: If yo	u are in th	e business of rent	ing personal proper			C. See	instru	ctions. If you ar	e an indi	vidual, rep	ort farm
Α				on page 2, line 40. would require you	to filo	Form(s) 1	0002 9	Soo in	structions			e X No
				orm(s) 1099?								_
 1a				eet, city, state, ZIF								
	-			TELANGANA IN		,						
 	SERILINGA	ЧРАЦЦІ	HIDERABAD	IELANGANA IN	1 500	1064						
C												
1b	Type of Prope	rty 2	For each rental	real estate prope	rtv list	ed		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below		above, report th	ne number of fair i	rental	and			Days		iys	QJV
Α	3			ays. Check the Qu requirements to f			Α		365		0	
B				enture. See instru			B					
<u> </u>	( <b>D</b>						С					
	of Property: Single Family R	esidence	3 Vacation	/Short-Term Rent	tal	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commer		lai	6 Roya	Ities		Other (descril	ce)		
Incom							Α		Propertie B	s:		С
3		I			3			80.	В			0
4					4							
Exper												
5					5							
6			tructions)		6							
7	•		nce		7		1,6	50.				
8					8							
9 10			ional fees		9 10							
11	-	-			11		1 3	40.				
12	0		to banks, etc. (s		12		±,5	10.				
13	Other interest				13							
14	Repairs				14		6,2	55.				
15					15		6,3	52.				
16					16							
17					17		6,5	99.				
18 19			r depletion		18 19							
20	Total expense:	s. Add lin	es 5 through 19		20		22,1	96.				
21	-		-	or 4 (royalties). If			,_					
				l out if you must								
					21	-	21,6	16.				
22				imitation, if any,						,	,	
00-		-	ructions)		22		21,61		(	)	(	)
23a				or all rental prope or all royalty prop				23a 23b		580.		
b c				for all properties				230 23c				
d				for all properties				23d				
e				for all properties				23e	22,	196.		
24				on line 21. <b>Do not</b>	inclu	de any los	ses			24		
25	Losses. Add ro	yalty loss	es from line 21 ar	nd rental real estate	e losse	es from line	e 22. E	nter to	tal losses here	25	(	21,616. )
26				come or (loss).								
				on page 2 do no								21 616
	Schedule I (FC	лні 1040 <sub>,</sub>	, inte 5. Otherwi	se, include this ar	nount		ai Ul II	118 41	un page 2 .	26		-21,616.

-21,616.