Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

► ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)					
Taxpaye	er's name		Social securit	y number	,	
PAV	AN KUMAR TADAKALURU		106-87-	-8153		
Spouse	's name		Spouse's soci	ial securi	ty number	
GEE'	THA LAKSHMI MUTHYALA		273-63-			
Part		ear Ending December 31, 2023 (Enter	year you a	re auth	orizing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave line				106	0.64
1				1		<u>,964.</u> ,653.
2 3	Total tax			3		
4				4		,877. ,224.
5				5	<i>ɔ</i> ,	, 224.
Part		ure Authorization (Be sure you get and k	eep a copy		ur retur	n)
return (to send for any Agent t paymer authori paymer busines taxes t person	(original or amended) I am now authorizing. I consider my return to the IRS and to receive from the IRS delay in processing the return or refund, and (c) to initiate an ACH electronic funds withdrawal (dirent of my federal taxes owed on this return and/or azation is to remain in full force and effect until Int, I must contact the U.S. Treasury Financial Ass days prior to the payment (settlement) date. I also receive confidential information necessary to a	ete. I further declare that the amounts in Part I above ent to allow my intermediate service provider, transmit (a) an acknowledgement of receipt or reason for reject he date of any refund. If applicable, I authorize the U.S et debit) entry to the financial institution account indicate a payment of estimated tax, and the financial institution notify the U.S. Treasury Financial Agent to terminate gent at 1-888-353-4537. Payment cancellation requises authorize the financial institutions involved in the parswer inquiries and resolve issues related to the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (original or amended) I amount in the pare for the income tax return (origina	ter, or electro ction of the trans. Treasury are cated in the tann to debit the the authorizal ests must be processing of ayment. I furt	enic returnansmission dits des ax prepara entry to attion. To a receive the election and the reckription of the election ackribed ackribes	n originate on, (b) the signated I ration soft this accorrevoke (cd no late tronic paynowledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the
Тахра	yer's PIN: check one box only		7	8 1	5 3	
×	I authorize GLOBAL TAXES LLC ERO firm r	to enter or generate n	[*] Ent	er five di		as my
	signature on the income tax return (original		dor	n't enter a	all zeros	
		income tax return (original or amended) I am no r return is filed using the Practitioner PIN metho				
Yours	signature Pavan Kumar Tadakaluru	Date ▶	Feb 2	7, 20	024	
Snous	se's PIN: check one box only 3242-4ZRRXQXK					
X		to enter or generate n		0 5	6 3	as my
	signature on the income tax return (original			i't enter a		
		income tax return (original or amended) I am no r return is filed using the Practitioner PIN metho				
Spous	e's signature ▶	Date ►				
	Practitioner	PIN Method Returns Only—continue below				
Part	Certification and Authentication	Practitioner PIN Method Only				
ERO's	EFIN/PIN. Enter your six-digit EFIN follower	d by your five-digit self-selected PIN. 2 2	2 4 9 0 Don't ente	6 6 £	1 9 8 s	9
authori	zed to file for tax year indicated above for the ta	s my signature for the electronic individual income tax xpayer(s) indicated above. I confirm that I am submited, Handbook for Authorized IRS e-file Providers of Inc.	tting this retu	rn in acc	cordance	
ERO's	signature ▶	Date ▶				
	ERO Must	Retain This Form — See Instructions				
	Don't Submit This	Form to the IRS Unless Requested To D	o So			

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023)
------	---

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jar	ı. 1–Dec	31, 2023, or other tax year beginning		, 2023, en	ding		, 20	;	See sepa	rate instructions.		
Your first name	and m	iddle initial	Last n	ame				┤,	Your socia	al security number		
PAVAN KU	JMAR		TAD.	AKALURU					106	87 8153		
		s first name and middle initial	Last n					٠ ;		social security number		
GEETHA I	LAKSI	HMI	$ _{MUT}$	HYALA					273 63 0563			
		er and street). If you have a P.O. box, see					Apt. no.	Ti		al Election Campaigr		
34223 CC	OLLEI	EN TERRACE						(Check her	re if you, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces below.	Sta	ite	ZIP code	- 1	•	filing jointly, want \$3		
FREMONT					CZ	A	94555	- 1	•	nis fund. Checking a / will not change		
Foreign country	/ name			Foreign province/state/	coun ⁻	ty	Foreign postal co		your tax o	•		
										You Spouse		
Filing Status	; [Single				☐ Head of ho	ousehold (HOH	l)				
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spou	ise (C	QSS)			
	l f y	ou checked the MFS box, enter the	name	of your spouse. If yo	u che	ecked the HOH	l or QSS box, e	enter	the child	's name if the		
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward. award. or	· pavr	ment for prope	rtv or services):	: or (k	o) sell.			
Assets		ange, or otherwise dispose of a dig								_ Yes ⊠ No		
Standard	Som	eone can claim:	pende	nt	se as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien	1						
A wa /Dlindnaa			050	☐ Are blind Co		. D Was bar	n hafara lanua	O	1050	☐ la blind		
	-	Were born before January 2, 1	959	•	ouse		n before Janua					
Dependents		instructions): irst name Last name		(2) Social security number	У	(3) Relationsh to you	Child ta			edit for other dependents		
If more than four	(17)	<u> Last name</u>				,	Г	1				
dependents,								=		Ä		
see instructions	s —							_				
and check here]							_				
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					1a	145,675.		
Attach Form(s)	b	Household employee wages not re	eported	d on Form(s) W-2 .					1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ii	nstructions)					1c			
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see	instru	uctions)			1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits t	from Fo	orm 2441, line 26					1e			
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8839, 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 instruct	ions)						1h	0.		
instructions.	i	Nontaxable combat pay election (see ins	tructions)		<u>li</u>				1 4 5 6 7 5		
	z	Add lines 1a through 1h	· ;						1z	145,675.		
Attach Sch. B if required.	2a	· -	2a			axable interest			2b	301.		
	3a	· ·	3a			ordinary divider			3b			
Standard	4a	 	4a			axable amount			4b			
Deduction for—	5a	-	5a			axable amount			5b			
Single or Married filing	6a	,	6a	mothed check have		axable amount			6b			
separately, \$13,850	с 7	If you elect to use the lump-sum e			•	,		. .	7			
Married filing	<i>7</i> 8	Capital gain or (loss). Attach Sche Additional income from Schedule						. Ш	8	-9,012.		
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9	136,964.		
surviving spouse, \$27,700	10	Add lines 12, 25, 35, 45, 35, 65, 7 Adjustments to income from Sche		•					10	100,004.		
Head of household,	11	Subtract line 10 from line 9. This is							11	136,964.		
\$20,800	12	Standard deduction or itemized							12	27,700.		
If you checked any box under	13	Qualified business income deduct		•	•	 5-A .			13	21,100.		
Standard Deduction,	14								14	27,700.		
see instructions.	15	Subtract line 14 from line 11. If zon						•	45	100 264		

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			. 16	14,653.
Credits	17	Amount from Schedule 2, lir	ne3						. 17	
	18	Add lines 16 and 17							. 18	14,653.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				. 19	
	20	Amount from Schedule 3, lir	ne 8						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	14,653.
	23	Other taxes, including self-e	employment tax,	from Schedule	2, line 21				. 23	0.
	24	Add lines 22 and 23. This is	your total tax						. 24	14,653.
Payments	25	Federal income tax withheld								
•	а	Form(s) W-2				25a	23	3,8	77.	
	b	Form(s) 1099				25b			0.	
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							. 25d	23 , 877.
If you have a	26	2023 estimated tax paymen							. 26	
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	s, line 8 . .		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable	credits		. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					. 33	23,877.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you c	verpaid		. 34	9,224.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	ck here			☐ 35a	9,224.
Direct deposit?	b	Routing number 1 2 1				Check	ing 🗌	Savii	ngs	
See instructions.	d	Account number 3 2 5	1 8 0 5	1 3 7 9	9 4					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	I. This is the amo	ount you owe.						
You Owe		For details on how to pay, g	o to www.irs.go	//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	n with the IRS?	See	_			_
Designee		structions				.		•	ete below.	
	De nai	signee's me		Phone no.				onal i ber (F	dentification	
Sign		der penalties of perjury, I declare t	hat I have examined		accompanying sche	dules an				of my knowledge and
Sign		lief, they are true, correct, and com			. , ,					,
Here	Yo	ur signature		Date	Your occupation				If the IRS se	ent you an Identity
										PIN, enter it here
Joint return?					MANAGER OF		ICAL OP	ER	(see inst.)	
See instructions. Keep a copy for		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupati	on				ent your spouse an ection PIN, enter it here
your records.					HOME MAKER (see inst.)					
	Ph	one no. (510) 773-164	6	Email address	PAVANKUMAR.TAD		J@GMAIL.C	:OM		
Doid		eparer's name	Preparer's signat		,	Date		PTI	N	Check if:
Paid	VENKATA SAI PAVAN KUMAR DUDIPALLI VENKATA SAI PAVAN KUMAR DUDIPALLI P0247							2470833	Self-employed	
Preparer		m's name GLOBAL TA								(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816				Firm's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

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

PAVAN KUMAR TADAKALURU & GEETHA LAKSHMI MUTHYALA

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

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

	Sequence No. 01
Your soc	ial security number
106-87	-8153

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-9,012.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
- 1	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
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		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	- 9,012.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee				
	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	,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
Ū		24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful	5			
		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			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10		<u> </u>	26	
	ВАА	REV 02/	16/24 PRO	Schedule	e 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Attachment Sequence No. 13

Your social security number

PAV.	AN KUMAR TADAKALURU & GEETHA LAKSHMI MU'	THYAI	LA				106-8	7-8153	
Par	Note: If you are in the business of renting personal proper			C. See	instru	ctions. If you	are an indi	vidual, rep	ort farm
	rental income or loss from Form 4835 on page 2, line 40.								
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. □ Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code))						
Α	MITHILANAGAR PRAGATHINAGA HYDERABAD	TELA	ANGANA	IN !	5000	90			
В									
C									
1b	Type of Property 2 For each rental real estate prope	erty list	ed		Fa	air Rental	Person	nal Use	
	(from list below) above, report the number of fair				' '	Days	1	ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to t			В					
С	qualified joint venture. See instru	lctions	·.	С					
Туре	of Property:								•
1	Single Family Residence 3 Vacation/Short-Term Ren	ıtal	5 Land		7	Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
	·								
lnaai	mai			Α		Propert B	162.		С
Incoi 3	Rents received	3			50.	В			
4	Royalties received	4		0	50.				
	nses:	-							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1.9	47.				
8	Commissions	8		1,3	1 / •				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,5	49				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		1,6	25.				
15	Supplies	15		2,1					
16	Taxes	16		·					
17	Utilities	17		2,5	89.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,8	62.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If								
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-9, 0	12.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22	(9,01		()	(
23 a	Total of all amounts reported on line 3 for all rental prope				23a		850.	-	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e		9,862.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat							(9,012.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no						I		0.010
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	mount	iii the tol	ai on II	116 4 I	on page 2	26	1	-9,012.

DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN Your name 106-87-8153 PAVAN KUMAR TADAKALURU Spouse's/RDP's name Spouse's/RDP's SSN or ITIN GEETHA LAKSHMI MUTHYALA Part I Tax Return Information (whole dollars only) Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ■ Lauthorize GLOBAL TAXES LLC **ERO firm name** Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. 🔲 I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's PIN: check one box only ▼ Lauthorize GLOBAL TAXES LLC ERO firm name Do not enter all zeros as my signature on my 2023 e-filed California individual income tax return. 🔲 I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. 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/RDP's signature

______ Practitioner PIN Method Returns Only -- continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return 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 FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

____ Date ▶

ERO's signature \(\bigvereal_{\text{\colored}}\)

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return

540

AΡ

ATTACH FEDERAL RETURN

23

106-87-8153 TADA 273-63-0563

PAVANKUMAR TADAKALURU GEETHALAKSH MUTHYALA

34223 COLLEEN TERRACE

FREMONT CA 94555

09-20-1988 06-10-1993

		Enter your county at time of	f filing (see instructions)		\neg						
nce	•	f vour address above is	s the same as your princi	nal/nhvs	ical residence addr	ess at the time of filing	ı check this bo	nx			
side			principal/physical reside				,, 5110011 11110 25				
Principal Residence	•	Street address (number ar	d street) (If foreign address,	see instru	actions.)		Apt. no/st	e. no.			
Prin	•	Dity					State	ZIP code			
		If your California filing	status is different from y	our fede	eral filing status, ch	eck the box here					
tus	1	Single	4		Head of household	(with qualifying perso	n). See instruc	ctions.			
Filing Status	2		ing jointly (even if 5 e/RDP had income).		Qualifying survivin	g spouse/RDP. Enter y	ear spouse/RD	P died.			
Ē		See instructions			See instructions.						
	3	Married/RDP fil	ing separately. Enter spo	use's/RD	P's SSN or ITIN ab	ove and full name here).				
	6	If someone can claim	you (or your spouse/RDF	P) as a de	ependent, check the	e box here. See instr	● 6				
•	Fo		d line 10: Multiply the num	-	•		mount for that	line.	dollars only		
Exemptions	7		ted box 1, 3, or 4 above, enter the box. If you checked the				44 = • \$		288		
empl	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions									
Ж	9	Senior: If you (or you	spouse/RDP) are 65 or enter 2. See instructions	older, en	ter 1;		44 = • \$				
		REV 02/02/24 PRO					_				

175

Υοι	ır na	me:	TAD.	AK <i>i</i>	ALURU		Your	SSN or	ITIN:	106-	87-8153						
	10	Depend	ents:		ot in <mark>clude</mark> yo Dependent 1	urself	or your spou	se/RDP.	Depende	ant 2				Dependent 3			
		First I	Name	•	Dependent 1					siit Z				Dependent 3			
<u>s</u>		Last N	lame	•]				
Exemptions		SSN.		•					,								
Exen		Deper	ctions. ndent's onship	•]				
		to you										 					
	Tota				otions							X \$44					
	11	Exemp	otion a	amou	nt: Add line	7 throu	gh line 10. T	ransfer th	nis amoun	nt to lin	e 32		① 1	1 \$		28	8
	12	State v Form(wages s) W-2	from 2, bo	ı your federa x 16	l 		• 12			1456	75 .0	0				
	13	,	,		ısted gross i					0-SB	line 11	•	13		1369	64	. 00
	14	Califor	nia ad	justr	nents – subt Iumn B	ractions	s. Enter the a	ımount fr	om Sched	dule CA	\ (540),					$\overline{}$. 00
ø)	15	Subtra	ct line	14 f	rom line 13.	If less	than zero, en	iter the re	sult in pa	renthe	ses.				1369	64	. 00
Com	16	Califor	nia ad	ljustr	nents – addi [†] Iumn C	ions. E	nter the amo	unt from	Schedule	e CA (5	40),		15			\equiv	.00
Taxable Income	47														1369	64	. 00
Тах	17 18	Enter 1	(d gross inco California it								ິ່)		1000	<u> </u>	• [UU]
	10	larger	of J	You	California s	tandard	deduction s	shown be	low for yo	our filii	ng status:		}				
					ngle or Marri rried/RDP filir										107	26	
	19	Subtra	act line		rried/RDP filin rom line 17.	٠.	•			i, STOP	. See instructi	ons	18		107	=	_ 00
					enter - 0								19		1262	38]	. 00
	•	- 0			16.6		Tax Table	>	Tax Ra	ate Sch	nedule						
	31	lax. C	neck t	ne bo	ox if from:		FTB 3800	•	FTB 38	803			31		51	82	_00
L.	32				s. Enter the a			,	 federal AG	GI is m	ore than				2	88	. 00
Тах	33											C			48	94	. 00
					rom line 31.		Г										. 00
	34				ons. Check t				dule G-1			0A •			48	<u></u>	
	35	Add lir	ne 33 a	and I	ine 34							····· •	35		10	<u></u>	- 00
dits	40	Nonre	fundal	ole C	hild and Dep	endent	Care Expens	es Credit	. See instr	ruction	S		40				_00
Special Credits	43	Enter	credit	name	e			c	ode •		and amou	nt •	43				. 00
Specia	44	Enter	credit	name	e				ode		and amou	nt •	44				. 00
•								,			_			REV 02/02/24 F	PRO		
		Side 2	Form	540	2023		175		31022	234	- 1						

You	r nar	ne:	TADAKALURU	Your SSN or ITIN:	106-87-8153					
Ø	45	To cl	aim more than two credits, see instr	uctions. Attach Schedule	P (540)	• 4	5			_ 00
Special Credits	46	Nonr	refundable Renter's Credit. See instru	octions		• 4	6			. 00
cial	47	Add	line 40 through line 46. These are yo	ur total credits		• 4	7			. 00
Spe	48		ract line 47 from line 35. If less than						4894	_ 00
es	61	Alter	native Minimum Tax. Attach Schedul	e P (540)		• 6	1			. 00
Other Taxes	62	Men	tal Health Services Tax. See instruction	ons		• 6	2			. 00
Othe	63	Othe	r taxes and credit recapture. See inst	ructions		• 6	3			. 00
	64	Add	line 48, line 61, line 62, and line 63.	This is your total tax		• 6	4		4894	. 00
		0 111				. 7			9051	
	71		ornia income tax withheld. See instru						7001	. 00
	72		B California estimated tax and other p							00
S	73	With	holding (Form 592-B and/or Form 59	93). See instructions		• 7	3			. 00
Payments	74	Exce	ss SDI (or VPDI) withheld. See instru	uctions		• 7	4			. 00
Рау	75	Earn	ed Income Tax Credit (EITC). See ins	tructions		• 7	5			. 00
	76	Your	ng Child Tax Credit (YCTC). See instru	uctions		• 7	6			. 00
	77		er Youth Tax Credit (FYTC). See instr			• 7	7			. 00
	78	Add See i	line 71 through line 77. These are yonstructions	ur total payments.		• 7	8		9051	. 00
Use Tax	91	Use	Tax. Do not leave blank. See instruct	ions	• 91			_00		
šn —		If lin	e 91 is zero, check if: No	use tax is owed.	You paid your u	se tax obli	gation direc	tly to CDTFA.		
ISR Penaltv	92	See	u and your household had full-year hinstructions. Medicare Part A or C couding the hot check the box, see instruct	overage is qualifying heal		•				
		Indiv	ridual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92					
<u>o</u>	93	Payn	nents balance. If line 78 is more than	line 91, subtract line 91	from line 78	● 9	3		9051	. 00
Overpaid Tax/Tax Due	94		Tax balance. If line 91 is more than			• 9	4			. 00
Tax/T	95	-	nents after Individual Shared Respon ract line 92 from line 93				5		9051	. 00
paid	96		ridual Shared Responsibility Penalty ract line 93 from line 92				6			. 00
Ove	97		paid tax. If line 95 is more than line (-			4157	. 00
	51		/ 02/02/24 PPO	5 1, Subtract IIIIC 07 110111		🕒 🥉				- [30]

175 3103234

Form 540 2023 **Side 3**

our nar	me: TADAKALURU Your SSN or ITIN: 106-87-8153		
98 <u>e</u>	Amount of line 97 you want applied to your 2024 estimated tax	98	0 .00
1ax/Tax Due 98 00 100	Overpaid tax available this year. Subtract line 98 from line 97	99	4157 .00
× 100 ⊔	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100	_ 00
		<u>Code</u>	<u>Amount</u>
	California Seniors Special Fund. See instructions	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
	California Sea Otter Voluntary Tax Contribution Fund	410	.00
SHOIL	California Cancer Research Voluntary Tax Contribution Fund	413	.00
Silonnarino	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
3	State Parks Protection Fund/Parks Pass Purchase	423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
	Suicide Prevention Voluntary Tax Contribution Fund	444	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00

Your name:		ne: TADAKALURU Your SSN or ITIN: 106-87-8153
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information.
t and ties	112 113	Interest, late return penalties, and late payment penalties
Interest and Penalties		Check the box: ● FTB 5805 attached ● FTB 5805F attached
	114	Total amount due. See instructions. Enclose, but do not staple, any payment
	115	REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
		Mail to: Franchise Tax Board , Po Box 942840 , Sacramento ca 94240-0001 ● 115 4157 .00
Refund and Direct Deposit		Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type Account number Account number 325180513794 4157
Refun		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
		 Routing number Checking Savings Account number • 117 Direct deposit amount
Voter Info.		For voter registration information, check the box and go to sos.ca.gov/elections. See instructions
Health Care Coverage Info.)	Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions

Sign your tax return on Side 6

175 3105234

Form 540 2023 **Side 5**

Your name:

TADAKALURU

Your SSN or ITIN:

106-87-8153

IMPORTANT:	See the instructions to find out if you should attac	h a copy of your com	plete federal tax return.					
Our privacy notice to locate FTB 113	can be found in annual tax booklets or online. Go to ftb.c 1 EN-SP, Franchise Tax Board Privacy Notice on Collectior	ca.gov/privacy to learn at a. To request this notice b	oout our privacy policy statement, or go y mail, call 800.338.0505 and enter fori	to ftb.ca.gov m code 948 v	//forms and search for 113 /hen instructed.			
Under penalties is true, correct, a	of perjury, I declare that I have examined this tax return nd complete.	ı, including accompanyiı	ng schedules and statements, and to t	the best of m	y knowledge and belief, i			
Your signature		Date	Spouse's/RDP's signature (if	a joint tax ret	turn, both must sign)			
	Your email address. Enter only one email address	}. 		Prefe	erred phone number			
Sign				5107	731646			
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)							
	VENKATA SAI PAVAN KUMAF	R DUDIPALLI						
It is unlawful to forge a	Firm's name (or yours, if self-employed)		● PTIN					
spouse's/ RDP's	GLOBAL TAXES LLC		P02470833					
signature.	Firm's address		● Firm's FEIN					
Joint tax return?	245 ROONEY CT E BRUNSWI	ICK NJ 0881	.6		882145487			
See instructions.	Do you want to allow another person to discus	ss this tax return with	us? See instructions ●	Yes	× No			
	Print Third Party Designee's Name			Telephon	ie Number			

2023 California Adjustments — Residents

CA (540)

	Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.									
	me(s) as shown on tax return					SSN or ITIN				
P	TADAKALURU & G MUTHYALA					106878153				
Pa Se	art I Income Adjustment Schedule ction A – Income from federal Form 1040 or 1040-SR	A	Federal Amounts (taxable amounts from your federal tax return)		Subtractions See instructions	C Additions See instructions				
1	a Total amount from federal Form(s) W-2, box 1. See instructions 1a	•	145675	•		•				
	b Household employee wages not reported on federal Form(s) W-21b	•		•		•				
	c Tip income not reported on line 1a 1c	•		•		•				
	d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	•		•		•				
	e Taxable dependent care benefits from federal Form 2441, line 26 1e	•		•		•				
	f Employer-provided adoption benefits from federal Form 8839, line 29	•		•		•				
	g Wages from federal Form 8919, line 61g	•		•		•				
	h Other earned income. See instructions 1h	•	0	•		•				
	i Nontaxable combat pay election. See instructions1i					•				
	z Add line 1a through line 1i1z	•	145675	•		•				
		•	301	•		•				
	Ordinary dividends. See instructions. a 3b	•		•		•				
	IRA distributions. See instructions. a • 4b	•		•		•				
		•		•		•				
6	Social security benefits. a • 6b	•		•						
	Capital gain or (loss). See instructions	l		•		•				
	ction B – Additional Income from federal Schedule 1	(Fori	n 1040)							
1	Taxable refunds, credits, or offsets of state and local income taxes	•		•						
2	a Alimony received. See instructions 2a	•				•				
3	Business income or (loss). See instructions 3	•		•		•				
	Other gains or (losses)	•		•		•				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	•	-9012	•		•				
6	Farm income or (loss)	•		•		•				
7	Unemployment compensation	•		•						

ction B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
Other income: a Federal net operating loss8a			•
b Gambling8k	•	•	
c Cancellation of debt		•	•
d Foreign earned income exclusion from federal Form 2555	• ()		•
e Income from federal Form 8853 8e	•		•
f Income from federal Form 88898f	•	•	
g Alaska Permanent Fund dividends8g	•		
h Jury duty pay8h	•		
i Prizes and awards	•		
${f j}$ Activity not engaged in for profit income ${f 8j}$	•		
k Stock options	•		•
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 money8n	_		
n IRC Section 951(a) inclusion8n	•	•	
o IRC Section 951A(a) inclusion80	•	•	
p IRC Section 461(I) excess business loss adjustment 8p	•	•	•
q Taxable distributions from an ABLE account 8q	•		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	•		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d8s	()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	•		
u Wages earned while incarcerated8u	•		
z Other income. List type and amount.			
● 8z	•	•	•

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z 9a	•	•	•
b1 Disaster loss deduction from form FTB 3805V 9b1		•	
b2 NOL deduction from form FTB 3805V 9b2		•	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809		•	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions		•	•
Section C – Adjustments to Income from federal Schedule 1 (Form 1040)			
11 Educator expenses	•	•	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	•	•	•
13 Health savings account deduction	•	•	
14 Moving expenses. Attach form FTB 3913. See instructions	•		•
15 Deductible part of self-employment tax. See instructions	•	•	
16 Self-employed SEP, SIMPLE, and qualified plans16	•		
17 Self-employed health insurance deduction. See instructions	•	•	
18 Penalty on early withdrawal of savings 18	•		
19 a Alimony paid	•		•
b Recipient's: SSN ◉			
Last Name 💿			
20 IRA deduction	•	•	•
21 Student loan interest deduction21	•		•
22 Reserved for future use			
23 Archer MSA deduction	•		

Section C – Adjustments to Income Continued	A	Federal Amounts (taxable amounts from your federal tax return)		B Subtractions See instructions		Additions See instructions
4 Other adjustments: a Jury duty pay	•					
b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	•		•		•	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	•		•			
d Reforestation amortization and expenses24d	•		•			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	O					
f Contributions to IRC Section 501(c)(18)(D) pension plans	•		•		•	
g Contributions by certain chaplains to IRC Section 403(b) plans	•		•		•	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 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 federal Form 2555 24 j	•		•			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)24k	•					
z Other adjustments. List type and amount.						
	•		•		•	
Total other adjustments. Add line 24a through line 24z	•		•		•	
Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	•		•		•	
7 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	•	136964	•		•	

Part II Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for federal but will itemize for California

			A	Federal Amounts (from federal Schedule A (Form 1040))		B Subtractions See instructions		C Additions See instructions
Me	dical and Dental Expenses See instructions.							
1	Medical and dental expenses •	1						
2	Enter amount from federal Form 1040 or 1040-SR, line 11 136964	2						
3	Multiply line 2 by 7.5% (0.075) • 10272							
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0		•				•	
Tax	es You Paid							
	a State and local income tax or general sales taxes.	.5a	•	10362	•	10362		
	b State and local real estate taxes	.5b	•					
	c State and local personal property taxes	.5c	•					
	d Add line 5a through line 5c	.5d	•	10362				
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C	.5e	•	10000	•	10362	•	36.
6	Other taxes. List type	6	•		•		•	
7	Add line 5e and line 6	.7	•	10000	•	10362	•	36
	rest You Paid a Home mortgage interest and points reported to you on federal Form 1098	.8a	•				•	
	b Home mortgage interest not reported to you on federal Form 1098	.8b	•				•	
	c Points not reported to you on federal Form 1098.	.8c	•				•	
	d Reserved for future use	.8d						
	e Add line 8a through line 8c	.8e	•		•		•	
9	Investment interest	.9	•		•		•	
40	Add line 8e and line 9	10	•		•		•	

Pai	t II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))		ractions nstructions	C Additions See instructions
Gift	to Charity				
11	Gifts by cash or check	•	•	•	
12	Other than by cash or check	•	•	•	
13	Carryover from prior year	•	•	•	
	Add line 11 through line 13	•	•	•	
	ialty and Theft Losses Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions 15	•	•	•	
Oth	r Itemized Deductions				
16	Other—from list in federal instructions	•	•	•	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	1000	0 •	10362	362
18	Total. Combine line 17 column A less column B plus co	olumn C		• 18	0
Job	Expenses and Certain Miscellaneous Deductions				
	Unreimbursed employee expenses: job travel, union du Attach federal Form 2106 if required. See instructions . Tax preparation fees		1920		
	Other eynences: investment, safe denosit				
	box, etc. List type		② 21	0	
22	Add line 19 through line 21		22	0	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	136964			
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.		24	2739	
25	Subtract line 24 from line 22. If line 24 is more than line	e 22, enter 0		25	0
26	Total Itemized Deductions. Add line 18 and line 25			26	0
27	Other adjustments. See instructions. Specify.			② 27	
28	Combine line 26 and line 27			28	0
29	Is your federal AGI (Form 540, line 13) more than the Single or married/RDP filing separately Head of household Married/RDP filing jointly or qualifying surviving s No. Transfer the amount on line 28 to line 29.		\$237,035 \$355,558		
	Yes. Complete the Itemized Deductions Worksheet in the	ne instructions for Schedule	CA (540), line 29.	🕥 29	0
30	Enter the larger of the amount on line 29 or your stand				
	Single or married/RDP filing separately. See instrumentally Married/RDP filing jointly, head of household, or quality the amount on line 30 to Form 540, line 18.	ualifying surviving spouse/RD	P \$10,726		
	IPANCIAL THE AMOUNT ON LINE ALL TO FORM WILL THE ALL			(() 2N	10726

E 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return



For the year Jar	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See se	parate instructions.
Your first name	and n	niddle initial	Last n	ame					Your so	cial security number
PAVAN KU	IMAR		TAD	AKALURU					106	87 8153
		's first name and middle initial	Last n							's social security number
GEETHA I	LAKS	нмт	MUT	HYALA					273	63 0563
		per and street). If you have a P.O. box, see					Apt. no			ntial Election Campaigr
34223 CC	·)T.T.F	EN TERRACE							t	nere if you, or your
		fice. If you have a foreign address, also co	mplete	spaces below.	Sta	te	ZIP code			if filing jointly, want \$3
FREMONT	FREMONT			•	CF	4	94555			o this fund. Checking a ow will not change
Foreign country name				Foreign province/state/o			Foreign post	al code	1	k or refund.
						•	0 1		1	You Spouse
Filing Status	<u> </u>	Single				Head of he	usehold (H	OH)	ļ.	
=		☑ Married filing jointly (even if only o	ne had	income)				· .,		
Check only one box.	Ī	☐ Married filing separately (MFS)		,		☐ Qualifying	survivina sı	oouse	(QSS)	
one box.	 If	you checked the MFS box, enter the	name	of your spouse. If you						ild's name if the
		ualifying person is a child but not you		ndont						
Digital		any time during 2023, did you: (a) rec	,				•	, .	. , .	
Assets		hange, or otherwise dispose of a dig					t)? (See ins	ructio	ns.)	☐ Yes 🔀 No
Standard	_	neone can claim: U You as a de				•				
Deduction	Ш	Spouse itemizes on a separate retur	n or yo	ou were a dual-status	alien	l				
Age/Blindness	s You	u: 🗌 Were born before January 2, 1	959	Are blind Spo	ouse	: 🗌 Was bor	n before Ja	nuary 2	2, 1959	☐ Is blind
Dependent	s (see	e instructions):		(2) Social security	,	(3) Relationsh	ip (4) Chec	k the b	ox if quali	fies for (see instructions):
If more	•	First name Last name		number		to you		ld tax c	redit	Credit for other dependents
than four										
dependents,										
see instruction and check	s —									
here]									
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instructions) .					. 1a	145,675.
	b	Household employee wages not re	eported	d on Form(s) W-2 .					. 1b	ı
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	Tip income not reported on line 1a (see instructions)							;
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see in	nstru	ıctions)			. 1d	i
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441, line 26					. 1e	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8839, line 29					. 1f	
If you did not	g	Wages from Form 8919, line 6 .							. 1g	j
get a Form W-2, see	h	Other earned income (see instruct	ions)						. 1h	0.
instructions.	i	Nontaxable combat pay election (see ins	tructions)		<u>1i</u>				
	z	Add lines 1a through 1h							. 1z	145,675.
Attach Sch. B	2a	Tax-exempt interest	2a		b T	axable interest	t		. 2b	301.
if required.	3a	Qualified dividends	3a		b C	rdinary divide	nds		. 3b	,
	4a	IRA distributions	4a		b T	axable amoun	t		. 4b	,
Standard Deduction for—	5a	Pensions and annuities	5a		b T	axable amoun	t		. 5b	,
Single or	6a	Social security benefits	6a		b T	axable amoun	t		. 6b	,
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Sche	dule D	if required. If not requ	uired	, check here		[□ 7	
Married filing jointly or	8	Additional income from Schedule	1, line	10					. 8	-9,012.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8	. This is your total inc	come	e			. 9	136,964.
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26					. 10	ı
Head of household,	11	Subtract line 10 from line 9. This is	s your a	adjusted gross incor	ne				. 11	136,964.
\$20,800 If you checked	12	Standard deduction or itemized	deduc	tions (from Schedule	A)				. 12	27,700.
any box under	13	Qualified business income deduct	ion froi	m Form 8995 or Form	899	5-A			. 13	,
Standard Deduction,	14	Add lines 12 and 13							. 14	27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss enter -∩- This is v	Our 1	avable incom	ne.		15	109 264

Form 1040 (2023	3)									Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		1	16	14,653.
Credits	17	Amount from Schedule 2, lin	ne3					1	17	
	18	Add lines 16 and 17						1	18	14,653.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			1	19	
	20	Amount from Schedule 3, lin	ne 8					2	20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				2	22	14,653.
	23	Other taxes, including self-e						2	23	0.
	24	Add lines 22 and 23. This is							24	14,653.
Payments	25	Federal income tax withheld								
,	а	Form(s) W-2				25a	23,8	377.		
	b	Form(s) 1099				25b		0.		
	С	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	,			-		2	5d	23,877.
If you have a	26	2023 estimated tax paymen							26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit fro				28				
	29	American opportunity credit				29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin				31				
	32	Add lines 27, 28, 29, and 31					edits	3	32	
	33	Add lines 25d, 26, and 32. 1		=	=			3	33	23,877.
Refund	34	If line 33 is more than line 24							34	9,224.
	35a	Amount of line 34 you want				-	-		5a	9,224.
Direct deposit?	b	Routing number 1 2 1			c Type: 🔀			vings		
See instructions.	d	Account number 3 2 5					_			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	ount vou owe.		'				
You Owe		For details on how to pay, g		•				3	37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	See				
Designee	ins	structions				. 🔲	Yes. Com	plete belo	.w. [X No
		signee's		Phone				l identificat	ion	
<u>o:</u>		me der penalties of perjury, I declare t	hat I have eversine	no.	a a a a m n a n vin a a a b a	dulas and a	number	` '		my knowledge and
Sign		lief, they are true, correct, and con								
Here	Vο	ur signature		Date	Your occupation			If the IBS	sent v	you an Identity
		ar orginataro			Tour occupation			Protection	on PIN,	, enter it here
Joint return?					MANAGER OF :	rechnic <i>a</i>	L OPER	(see inst.	.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign .	Date	Spouse's occupati	on				your spouse an
your records.				LIONE MAKED						ion PIN, enter it here
		one no /E10\772 164	<u> </u>	Email address	HOME MAKER		MATT COM	(see inst.		
		one no. (510) 773-164 eparer's name	Preparer's signat		PAVANKUMAR.TAD	Date		TIN	\Box	Check if:
Paid		KATA SAI PAVAN KUMAR DUDIPALLI	1 '		AR DUDIPALLI			. 0247083		Self-employed
Preparer				TAVAN NUM	MY DODIENTI	1	I P		- '	
Use Only		m's name GLOBAL TA		NICWITON AT	T 00016			Phone n		78) 965-9522
	FIF	m's address 245 ROONE	Y CT E BRU	MOMICE N) NOOTO			Firm's E	IN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

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

PAVAN KUMAR TADAKALURU & GEETHA LAKSHMI MUTHYALA

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

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

Your social security number 106-87-8153

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	ı
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			1
3	Business income or (loss). Attach Schedule C		3	1
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ach Schedule E .	5	-9,012.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r	_	
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s (
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		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente 1040 1040-SR or 1040-NR line 8	r here and on Form	10	-9.012
	1.140 1.140=30 ULIU4U=ND IIIE 0		1 1 ()	

Page **2** Schedule 1 (Form 1040) 2023

Par	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	,	24a			
b	Deductible expenses related to income reported on line 8I from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d		24d			
e	Repayment of supplemental unemployment benefits under the Trade				
Ū		24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		24g			
h	Attorney fees and court costs for actions involving certain unlawful	5			
		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			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10		<u> </u>	26	
	BAA	REV 02/	16/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Go to www.irs.gov/ScheduleE for instructions and the latest information. Sequence No. 13 Name(s) shown on return Your social security number 106-87-8153 PAVAN KUMAR TADAKALURU & GEETHA LAKSHMI MUTHYALA Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. ☐ Yes
☒ No В If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No Physical address of each property (street, city, state, ZIP code) 1a IN 500090 MITHILANAGAR PRAGATHINAGA HYDERABAD TELANGANA Α В C 1b Type of Property For each rental real estate property listed **Fair Rental Personal Use** QJV (from list below) above, report the number of fair rental and **Days** Days personal use days. Check the QJV box only Α 3 Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. C С

Туре	of Property:						
1	Single Family Residence 3 Vacation/Short-Term Rent	al	5 Land	7 Se	f-Rental		
2	Multi-Family Residence 4 Commercial		6 Royalties	8 Oth	ner (describe)		
					Properties:		
Incor	ne:		Α		В		С
3	Rents received	3	85	0.			
4	Royalties received	4					
Expe	nses:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,94	7.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,54	9.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14	1,62				
15	Supplies	15	2,15	2.			
16	Taxes	16					
17	Utilities	17	2,58	9.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	9,86	2.		1	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must						
	file Form 6198	21	-9,01	2.			
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(9,012	.) ()(
					٥٢٥		

	Total of all amounts reported on line 3 for all rental properties Total of all amounts reported on line 4 for all royalty properties	23a 23b		50.	
	Total of all amounts reported on line 12 for all properties	23c			
	Total of all amounts reported on line 18 for all properties	23d			
е	Total of all amounts reported on line 20 for all properties	23e	9,8	62.	
24	Income. Add positive amounts shown on line 21. Do not include any losses			24	

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . .

	25	(9,012.)
	26	- 9,012.
_		