IRS e-file Signature Authorization

OMB No. 1545-0074

Social accurity number

Internal Revenue Service

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

Submission Identification Number (SID)

Taypayar'a nama

Taxpayer S hame	Social security number									
RESHMA SHEIK	358-91-5830									
Spouse's name	Spouse's social security number									
Part I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you are authorizing.)									
Enter whole dollars only on lines 1 through 5.										
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.										
1 Adjusted gross income	1 68,917.									
2 Total tax										
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 10,796.									
4 Amount you want refunded to you	4 3,372.									
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.

Тахрауе	er's PIN: che	ck one box	c only					1	5 8	3 0]
X	I authorize	GLOBAL	TAXES	LLC	to enter or	generate r	my PIN			3 0 igits, but	as my
			- +	ERO firm name				don't			
	signature on the income tax return (original or amended) I am now authorizing.										
		•		ure on the income tax return (and your return is filed usin	•	,					-
Your sig	nature 🕨 🔄		ĺ	68hmacheik		Date►_	03/15/2	023			
Spouse	's PIN: chec	k one box d	only								1
	I authorize				to enter or	generate r	my PIN				as my
				ERO firm name						igits, but	
	signature or	n the income	e tax retu	Irn (original or amended) I am	now authorizing.			don't	enter	all zeros	
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box of if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part below.											
Spausa'	s signaturo					Data N					

Spouse's s	signature 🕨 L	Date 🕨											
	Practitioner PIN Method Returns Only—continue	e bel	ow										
Part III	Certification and Authentication – Practitioner PIN Method Only												
ERO's EF	N/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	4	9	6	6	1	9	8	9	
					Don	ı't er	nter a	all ze	eros				

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 🕨							
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So								
For Department Reduction Act Nation and your tax rate		DEV 02/07/24 DBO	Earm 8879 (Pov. 01 2021)						

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		turn	202	3	OMB No. 1545	-0074	IRS Use On	y—Do not v	/rite or sta	aple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last	name						Your so	cial sec	curity number	
RESHMA			SHE	тк								5830	
	pouse's	s first name and middle initial	Last							-		security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	vpt. no.	Preside	ntial El	ection Campaigr	
_7201 S C	UST	ER ROAD						2	2119			ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta	ate	ZIP c	ode			jointly, want \$3 nd. Checking a	
MCKINNEY	2					ТΣ	K	750	70			not change	
Foreign country	/ name			Foreign p	province/state/c	count	ty	Foreig	n postal code	your ta	_	_	
							_				∐ Ye	ou Spouse	
Filing Status	; 🗵	Single					Head of he	ouseh	old (HOH)				
Check only		Married filing jointly (even if only one had income)											
one box.	L	Arried filing separately (MFS)											
		If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:											
	qu	alifying person is a child but not you	ır aep	endent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	is a rewar	d, award, or	payr	ment for prope	rty or	services); o	r (b) sell,			
Assets		hange, or otherwise dispose of a digi			inancial intere	est ir	n a digital asse	et)? (Se	e instruction	ons.)	Y	es 🛛 No	
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate retur	n or y	ou were a	dual-status a	alien	۱						
Age/Blindness	S You	: Were born before January 2, 1	959	🗌 Are b	lind Spo	use	: 🗌 Was bor	n befo	ore January	2, 1959		s blind	
Dependents	s (see	instructions):		(2)	Social security		(3) Relationsh	in (4) Check the	oox if qual	ifies for	(see instructions):	
If more		irst name Last name		(-, -	number		to you		Child tax	credit	Credit fo	or other dependents	
than four													
dependents, see instructions													
and check	s												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)	•				. 1 8	ı 📃	82,788.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2)		
W-2 here. Also	С	Tip income not reported on line 1a (see instructions)									;		
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								. 10	_		
1099-R if tax	e	Taxable dependent care benefits f			-			• •		. 16	-		
was withheld.	f	Employer-provided adoption bene						• •		. 11	_		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				•		• •		· 10		0.	
W-2, see	h :	Other earned income (see instruction Nontaxable combat pay election (s	,	· · ·	· · · ·	•	· · · · ·			. <u>1</u> ł	1	0.	
instructions.	i z	Add lines 1a through 1h	see ins	structions)	•	· · _ II			. 1z	,	82,788.	
Attach Sch. B	 2a	Ŭ	2a			• Т	axable interest	•		· 12	-	0277001	
if required.	3a		2a 3a				Ordinary divider			. <u>2</u> .	-		
	4a		4a				axable amount			. 41	_		
Standard	5a		5a				axable amoun			. 5k	-		
 Deduction for — Single or 	6a	Social security benefits	6a				axable amount			. 6t	,		
Married filing separately,	с	If you elect to use the lump-sum e	lectior	n method,	check here (see	instructions)						
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	ired	, check here			7			
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-13,871.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	omo	e			. 9		68,917.	
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 10			
household,	11	Subtract line 10 from line 9. This is	s your	adjusted	gross incon	ne				. 11	_	68,917.	
\$20,800 • If you checked r	12	Standard deduction or itemized	dedu	ctions (fro	om Schedule	A)				. 12	2	13,850.	
any box under Standard	13	Qualified business income deduction	ion fro	m Form 8	8995 or Form	899	95-A			. 13	<u> </u>		
Deduction,	14	Add lines 12 and 13	• •			•				. 14		13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	ourt	taxable incom	ie .		. 15	j	55,067.	

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	7,424.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17					[18	7,424.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	7,424.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is	your total tax				[24	7,424.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				25a 10	,796.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	10,796.
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)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	10,796.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,372.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	is attached, che	ck here	. 🗆 🏾	35a	3,372.
Direct deposit?	b	Routing number 1 1 1							
See instructions.	d	Account number 8 1 9							
	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 amo	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//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?				_
Designee	ins	structions					omplete be		X No
	De nai	signee's		Phone no.			onal identifio ber (PIN)	cation	
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sche		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the I	RS se	nt you an Identity
							Protec	ction P	IN, enter it here
Joint return?					SOFTWARE I		(see ir	ist.)	-
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.							(see in		ection Fin, enter it here
	Phone no. (469)406-5002 Email address RESHMASHEIK10374@GMAIL.COM								
		eparer's name	z Preparer's signat		KEOHRADEIKI		PTIN		Check if:
Paid		ATA SAI PAVAN KUMAR DUDIPALLI			AR DUDIPALLI		P02470	833	Self-employed
Preparer		n's name GLOBAL TAX			678)965-9522				
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		
Go to www.ire.cr		1040 for instructions and the late		NOWICK N					88-2145487 Form 1040 (2023)
		in the instructions and the late	st mornation.		BAA	REV 03/07/24 PRO			10111 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01	
Name(s) shown on Fo	Your social security number			
RESHMA SHEIK		358-91	-5830	

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. Attack		5	-13,871.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	· · ·	a ()	
b	Gambling			
С	Cancellation of debt	-	<u>,</u>	
d	8	d ()	
е	Income from Form 8853		_	
f	Income from Form 8889		_	
g	Alaska Permanent Fund dividends		_	
h	Jury duty pay 8		_	
i	Prizes and awards		_	
J	Activity not engaged in for profit income		-	
-	Stock options	ĸ	-	
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		-	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	-		
n	Section 951(a) inclusion (see instructions)		-	
n o	Section 951A(a) inclusion (see instructions)		-	
p		p	-	
р q		a	-	
r r	Scholarship and fellowship grants not reported on Form W-2 8		-	
s.	Nontaxable amount of Medicaid waiver payments included on Form	•	-	
Ū	1040, line 1a or 1d	s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or		<u></u>	
	a nongovernmental section 457 plan	t		
u	Wages earned while incarcerated			
z	Other income. List type and amount:			
		z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter h	ere and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-13,871.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	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-b	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		4a		
b	Deductible expenses related to income reported on line 8I from the			
		4b		
с	Nontaxable amount of the value of Olympic and Paralympic medals			
-		4c		
d		24d		
e	Repayment of supplemental unemployment benefits under the Trade			
•		24e		
f		24f	-	
q		24g	-	
	Attorney fees and court costs for actions involving certain unlawful			
		24h		
:	Attorney fees and court costs you paid in connection with an award		-	
	from the IRS for information you provided that helped the IRS detect			
		24i		
÷		24j		
ר ע	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
ĸ		24k		
-		.4N	-	
Z	Other adjustments. List type and amount:	4z		
05			25	
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		06	
			26	
	BAA	REV 03/07/24 PRO	Schedule 1	(Form 1040) 202

(Form	1040)	(From r	ental	real estate, royalties	s, partnersł	nips, S	corporati	ons, es	states,	trusts, REMIC	s, etc.)	200 2		
	ent of the Treasury			Attach to F								Attachment		
	Revenue Service		Go	to www.irs.gov/Sch	neduleE for	r instru	uctions an	d the la	itest in	î		Sequen	ce No. 13	
. ,	shown on return											al security	number	
_	MA SHEIK		- F ra	m Dantal Daal D		d Day					358-9	1-5830		
Part	Note: If yo	ou are in tl	ne bus	om Rental Real E siness of renting person Form 4835 on page	onal proper			c . See	e instrue	ctions. If you a	re an indiv	/idual, rep	ort farm	
				n 2023 that would re									s 🛛 No	
B li	f "Yes," did you	or will y	ou file	e required Form(s)	1099? .							. 🗌 Ye	s 🗌 No	
1 a	Physical addr	ress of ea	ach p	roperty (street, city	, state, ZIF	code	e)							
Α	D:NO8-36	MAIN R	OAD	UPPALAGUPTAM	MANDAL	A A	IDHRA P	RADE	SH I	IN 533-21	3			
В														
С														
1b	Type of Prope (from list below	each rental real est ve, report the num	ber of fair i	rental	and		Fa	ir Rental Days	Personal Use Days		QJV			
Α	3			sonal use days. Cho ou meet the require				Α		365		0		
B			aua	lified joint venture.	See instru	ictions	a 5.	В						
C			-1					С						
1	of Property: Single Family R Multi-Family Re)	3 Vacation/Short-4 Commercial	Term Rent	tal	5 Land 6 Roya			Self-Rental Other (descri	ibe)			
										Propertie	es:			
Incom	ie:							Α		В			С	
3						3		4	80.					
4		ived				4								
Expen						_								
5	-					5								
6 7		-		ions)		6 7		1 2	90.					
8						8		1,2	90.					
9						9								
10				l fees		10								
11	•					11		8	70.					
12	-			anks, etc. (see instr		12								
13	Other interest					13								
14	Repairs					14		4,2	51.					
15	Supplies .					15		3,9	56.					
16						16								
17						17			~ .					
18	-	expense of	or dep	pletion		18		3,9	84.					
19 20	Other (list)	o Add lin	F	through 19		19 20		14,3	E 1					
20 21	•			(rents) and/or 4 (roy		20		14,3	51.					
21	result is a (loss	s), see in	struc	tions to find out if y		21	-	-13,8	71.					
22				e loss after limitatio ons)		22		13,87		()	(
23a		•		d on line 3 for all re					23a		480.			
b				d on line 4 for all ro					23b					
С				d on line 12 for all p	-				23c					
d				d on line 18 for all p	-				23d		,984.			
е				d on line 20 for all p	-				23e	14	,351.			
24				nts shown on line 2					• •	• • • • •	24	(10 071	
25	Losses. Add ro	oyaity loss	ses tro	om line 21 and renta	i real estate	e iosse	es trom lin	e 22. E	nter to	tal losses here	e 25	(13,871.	

Supplemental Income and Loss

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 For Paperwork Reduction Act Notice, see the separate instructions.

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result

26

SCHEDULE E

-13,871.

26

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OMB No. 1545-0074