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

OMB No. 1545-0074

Department of the Treasury 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)

Taxpay	er s name	Social security r	014-25-6808						
BAB	Y SRI PRAVALLI CHIMMIRI	014-25-6							
Spouse	's name	Spouse's social	security number						
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er 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> 59,713.						
2	Total tax		<b>2</b> 5,400.						
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[	<b>3</b> 9,946.						
4	Amount you want refunded to you		4 4,546.						
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 perjury, 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

			EBO firm name		E	ľ
i autnorize	GLOBAL	TAXES	ГПС	to enter or generate my PIN		Ī
l authorize			TTC	to output outputs your DIN	10	)

Enter five digits, but don't enter all zeros											
5	6	8	0	8	as						

my

signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨

Date

Spouse's PIN: check one box only	
I authorize	

to enter or generate my PIN

as my Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date							
Practitioner PIN Method Returns Only—conti	nue be	low						
Part III Certification and Authentication – Practitioner PIN Method On	ly							
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN	. 2	2	2	 	0 III zer	 2 7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >			
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retu	Irn instructions.	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Tax</b>		turn	202	3	OMB No. 1545-	0074	IRS Use Only	/—Do not w	rite or sta	aple in this space.	
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling		I	, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number	
BABY SRI	PR	AVALLI	CHI	IMMIRI						014	25	6808	
If joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's socia	security number	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr	
<u>17803 La</u>	CAI	NTERA TERRACE						1	2309			ou, or your	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	de			jointly, want \$3 nd. Checking a	
SAN ANTC	DNIO					TΣ		782		box bel	ow will	not change	
Foreign country	name			Foreign p	Foreign province/state/county Foreign p								
											∐ Yo	ou Spouse	
Filing Status		Single		、			Head of ho	ouseho	old (HOH)				
Check only		Married filing jointly (even if only one had income)											
one box.	L If \	Arried filing separately (MFS) Qualifying surviving spouse (QSS)											
	-	alifying person is a child but not you			pouse. Il you						iiu s na		
			-										
Digital		ny time during 2023, did you: (a) rec											
Assets		hange, or otherwise dispose of a dig						t)? (Se	e instructio	ns.)		es 🛛 No	
Standard Deduction	_	neone can claim: 🗌 You as a de	•		•		a dependent						
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	allen	l						
Age/Blindness	You	: Were born before January 2, 1	959	Are bl	lind <b>Spo</b>	ouse	: 🗌 Was borr		re January			s blind	
Dependents				(2) 5	Social security	,	(3) Relationshi	p (4)		•		(see instructions):	
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax o	realt	Credit to	or other dependents	
than four dependents,													
see instructions	s —												
and check here													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a		67,154.	
	b	Household employee wages not re								. 1b	,	,	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a (see instructions)								. 10	;		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ii	nstru	uctions)			. 1d			
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	from F	orm 2441,	, line 26					. 1e	•		
was withheld.	f	Employer-provided adoption bene	efits fro	om Form 8	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					· · · ·	· ·		. 1h		0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1i</b>						
		Add lines 1a through 1h			· · · ·	 	· · · · ·	• •		. 1z	_	67,154.	
Attach Sch. B if required.	2a 2a	· · -	2a 3a				axable interest			. 2b			
	<u>3a</u> 4a		3a 4a				Ordinary dividen axable amount			. 3b . 4b	-		
Standard	ча 5а		4a 5a				axable amount			. 40	-		
Deduction for — • Single or	6a		6a				axable amount			. 6b	-		
Married filing	c	If you elect to use the lump-sum e		n method.	check here				[				
separately, \$13,850	7	Capital gain or (loss). Attach Sche							[	7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		-	-					. 8		-7,441.	
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		59,713.	
\$27,700	10	Adjustments to income from Sche								. 10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is			gross incor	ne				. 11		59 <b>,</b> 713.	
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	ctions (fro	m Schedule	A)				. 12	2	13,850.	
any box under Standard	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	95-A			. 13			
Deduction,	14	Add lines 12 and 13								. 14	_	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	ourt	taxable income	е.		. 15	i	45,863.	

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

Form **1040** (2023)

Form 1040 (2023	8)								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	5,400.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	5,400.
	19	Child tax credit or credit for	other dependen <sup>.</sup>	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	5,400.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is						24	5,400.
Payments	25	Federal income tax withheld							;
<b>,</b>	а	Form(s) W-2				<b>25a</b>	,946.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c		1	
	d	Add lines 25a through 25c	,					25d	9,946.
H	26	2023 estimated tax payment						26	
If you have a L qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28		1	
	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						32	
	33	Add lines 25d, 26, and 32. T	-				• •	33	9,946.
Refund	34	If line 33 is more than line 24	-					34	4,546.
Reluna	35a	Amount of line 34 you want						35a	4,546.
Direct deposit?	b	Routing number 0 7 1					· Savings	554	
See instructions.		Account number 1 0 7					Savings		
	d 36	Amount of line 34 you want a			d tox	36			
A		•				30			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
Tou Owe	20					1 1	• •	37	
	38	Estimated tax penalty (see in				38			
Third Party		you want to allow another	•		rn with the IRS?		omplete b		× No
Designee		signee's		Phone			onal identif		
	nai			no.			ber (PIN)	CallOIT	
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statemen	ts, and to th	ne best (	of my knowledge and
Here		ief, they are true, correct, and com							
пеге	Yo	ur signature		Date	Your occupation				nt you an Identity
									IN, enter it here
Joint return?				_	DATA ANAL		(see i	,	
See instructions. Keep a copy for	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here
your records.						(see i	,		
	Ph	one no. (470) 494-288	3	Email address	BABYSRI90	COM			
		eparer's name	Preparer's signat		DELOKIOR	Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CAR CUDUA	03/28/2024	P02082	, 702	Self-employed
Preparer		m's name GLOBAL TAX			JUN GUEIA	00/20/2024			
Use Only			Y CT E BRU	NOWICK N	J 08816				678)965-9522
Co to united in				TIONICI IN			Firin	s EIN	Form <b>1040</b> (2023)
GO IO WWW.IIS.go	JV/POM	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

## **Additional Income and Adjustments to Income**

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

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

OMB No. 1545-0074 2023 Attachment Sequence No. **01** 

Your social security number

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR B.

BABY	<u>SRI PRAVALLI CHIMMIRI</u>		014-2	25-680	8
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			5	-7,441.
6	Farm income or (loss). Attach Schedule F.			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a (	)		
b	Gambling	8b	,		
C	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d (	)	-	
e	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			
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	8р			
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		n Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-7,441.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		1	Schedule	1 (Form 1040) 2023

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			-
	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			
	rental of personal property engaged in for profit	4b	_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_		
		4c		
d	Reforestation amortization and expenses	1d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	-	
f		4f	-	
g	, , , , , , , , , , , , , , , , , , , ,	4g	-	
h	Attorney fees and court costs for actions involving certain unlawful	41-		
	discrimination claims (see instructions)	+n	-	
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			
		4i		
:		4j	-	
J V	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	+j	-	
n	1041)	16		
7			-	
2		4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . E			_
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			Schedule 1 (Form 1040) 20	23

	DULE E			Supplementa							OMB No	0. 1545-0074
(Form	1040)	(From re	ental real es	tate, royalties, partnersl	hips, S	corporati	ons, es	states,	trusts, REMIC	s, etc.)	20	23
	ent of the Treasury Revenue Service		Go to ww	Attach to Form 1040, w.irs.gov/ScheduleE for					formation.		Attachm Sequen	nent ce No. <b>13</b>
Name(s)	shown on return									Your soci	al security	
BABY	SRI PRAVA	LLI CH	IMMIRI							014-2	5-6808	
Part				ntal Real Estate an								
				of renting personal proper	ty, use	Schedule	<b>C</b> . See	instruc	ctions. If you a	re an indiv	vidual, rep	ort farm
Α				<b>4835</b> on page 2, line 40. that would require you	to filo	Form(a) 1	0002 0	Soo ino	tructions			
				red Form(s) 1099?								
1a	Physical addr	ess of ea	ch property	/ (street, city, state, ZIF	P code	e)						
Α	FLAT NO:8	01, SR	I SURYA	RAJENDRA NAGAF	R, GUN	NTUR AN	IDHRA	PRAI	DESH IN 5	22006		
В		,			,							
С												
1b	Type of Prope	rtv 2	For each r	ental real estate prope	ertv list	ted		Fai	ir Rental	Person	al Use	<b>A</b> 11/
	(from list below			port the number of fair					Days	Da		QJV
Α	3			se days. Check the Q			Α		350		0	
В				t the requirements to f			В					
С			quaimed jo	pint venture. See instru	ICTIONS	s	С					
	of Property:					I		1				
	Single Family R	esidence	3 Vac	ation/Short-Term Ren	tal	5 Land		7	Self-Rental			
	Multi-Family Re			nmercial		6 Roya	Ities	8	Other (descr	ibe)		
	, ,					, 						
									Propertie	es:		-
Incom							<u>A</u>	- 0	В			C
3					3		4	50.				
4		ved			4							
Expen					_							
5	-				5							
6		-			6		1 0	0.5				
7	-				7		Ι,Ο	25.				
8					8							
9					9							
10	0	•			10		1,1	25.				
11	Management f				11							
12		•		tc. (see instructions)	12							
13					13							
14					14			98.				
15					15		Ζ,Ι	45.				
16					16		1 0	0.0				
17					17		1,6	98.				
18	•	xpense c	or depletion		18							
19 00	Other (list)	- A alal lia			19		7 0	0.1				
20	•		0	jh 19	20		/,8	91.				
21			· · ·	and/or 4 (royalties). If								
	,			o find out if you must	21		-7,4	41				
00				after limitation, if any,	21		·/ ¬	<u>-</u> .				
22					22	(	7,44	11.)(	(	)	(	)
23a	Total of all am	ounts rep	orted on lir	ne 3 for all rental prope	erties			23a		450.		
b				ne 4 for all royalty prop				23b				
С				ne 12 for all properties				23c				
d		-		ne 18 for all properties				23d				
е		•		ne 20 for all properties				23e	7	,891.		
24				own on line 21. <b>Do not</b>		•				. 24		
25				21 and rental real estate							(	7,441.
26				Ity income or (loss).								
				e 40 on page 2 do no						n		
	Schedule 1 (Fo	orm 1040	), line 5. Otl	nerwise, include this ar	mount	t in the tot	al on l	ne 41	on page 2	· 26		-7,441.

Schedule E (Form 1040) 2023

-7,441.