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)

Taxpayer's name Social security number KUMAR RAJU 675-96-0399 Spouse's name Spouse's social security number 540-93-3816 DEEPA PERIASAMY Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 67,092. 1 1 2 2 4,085. 3 3 4,090. 4 4 Amount you want refunded to you 5. 5 5

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

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

Taxpayer's PIN: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

| 6 | 0 | 3 | 9 | 9 | |
|------------|-------|---|---|---|--|
| Ent dor | as my | | | | |

8 1 6

Enter five digits, but don't enter all zeros

as mv

3 3

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.

Your signature

Spouse's PIN: check one box only

X lauthorize GLOBAL TAXES LLC

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

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

| Spouse's signature ► | Date 🕨 | | | | | | | | | |
|---|--------|---|--|--|--|--------------|--|---|---|---|
| Practitioner PIN Method Returns Only—continue below | | | | | | | | | | |
| Part III Certification and Authentication – Practitioner PIN Method Only | | | | | | | | | | |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 2 | 2 | | | | 6 nter al | | _ | 7 | 1 |

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

| ERO's signature > | Date 🕨 | | | | | | | | |
|---|-------------------|------------------|---------------------------------|--|--|--|--|--|--|
| ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So | | | | | | | | | |
| For Paperwork Reduction Act Notice, see your tax return | instructions. BAA | REV 02/05/24 PRO | Form 8879 (Rev. 01-2021) | | | | | | |

Date

to enter or generate my PIN

| 1040 | | artment of the Treasury—Internal Revenue Servi S. Individual Income Ta | | turn | 202 | 3 | OMB No. 1545 | -0074 | IRS Use Only | y−Do not w | vrite or sta | aple in this space. |
|--|----------|---|---------|-----------------------------------|---------------------------|-------|--------------------------|--------|---------------|------------|--------------|---------------------------|
| For the year Jan | . 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2023, end | ling | | | , 20 | See se | parate i | instructions. |
| Your first name | and m | iddle initial | Last r | name | | | | | Your so | cial sec | urity number | |
| KUMAR | | | RAJ | TTT | | | | | | 675 | 96 | 0399 |
| | pouse's | s first name and middle initial | Last r | | | | | | | | | security numbe |
| DEEPA | | | PER | IASAMY | ζ | | | | | 540 | 93 | 3816 |
| | (numbe | er and street). If you have a P.O. box, see | | | | | | A | pt. no. | | · · · · · | ection Campaigr |
| 1965 AXI | ELL | DR | | | | | | 4 | | Check I | nere if y | ou, or your |
| City, town, or p | ost offi | ice. If you have a foreign address, also co | mplete | spaces be | low. | Sta | ate | ZIP c | ode | 1 1 | 0. | jointly, want \$3 |
| TROY | | | | | | MI | Ľ | 480 | 84 | | | nd. Checking a not change |
| Foreign country | / name | | | Foreign p | rovince/state/ | count | ty | Foreig | n postal code | 1 | | |
| | | | | | | | | | | | Yo | ou 🗌 Spouse |
| Filing Status | ; [|] Single | | | | | Head of he | ouseh | old (HOH) | | | |
| Check only | | Married filing jointly (even if only o | ne hac | l income) | | | | | | | | |
| one box. | |] Married filing separately (MFS) | | | | | Qualifying | surviv | ing spouse | (QSS) | | |
| | lf y | you checked the MFS box, enter the | name | of your s | pouse. If you | u che | ecked the HOF | l or Q | SS box, ent | er the ch | ild's na | me if the |
| | qu | alifying person is a child but not you | ır depe | endent: | | | | | | | | |
| Digital | Δt ar | ny time during 2023, did you: (a) rece | oivo (a | s a roward | d award or | navr | ment for prope | rtv or | services): or | r (b) sell | | |
| Digital Assets | | hange, or otherwise dispose of a digi | | | | | | | | | ΠYe | es 🛛 No |
| Standard | | neone can claim: You as a de | | | | | a dependent | / (- | | - / | | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | | | • | | | | | |
| | | : Were born before January 2, 1 | | Are bl | | ouse | _ | n hofe | ore January | 2 1050 | | s blind |
| Dependents | | | 000 | | · · · | | | 14 | | | | see instructions): |
| - | | First name Last name | | (2) 8 | Social security number | / | (3) Relationsh to you | ip (| Child tax cre | | | or other dependents |
| lf more than four | (1) | | | | | | , | | | | | |
| dependents, | | | | | | | | | | | | |
| see instructions | s —— | | | | | | | | | | | |
| and check here | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, be | ox 1 (s | ee instruc | ctions) | | | | <u>_</u> | . 1a | | 85,590. |
| income | b | Household employee wages not re | • | | , | | | | | . 1b | | |
| Attach Form(s) W-2 here. Also | С | | • | nstructions) | | | | | . 10 | - | | |
| attach Forms | d | | • | on Form(s) W-2 (see instructions) | | | | | . 1d | - | | |
| W-2G and | е | Taxable dependent care benefits f | | | , , | | | | | . 1e | - | |
| 1099-R if tax was withheld. | f | Employer-provided adoption bene | | | | | | | . 1f | | | |
| lf you did not | q | Wages from Form 8919, line 6 . | | | | | | | | . 19 | - | |
| get a Form | h | Other earned income (see instructi | | | | | | | | . 1h | | 0. |
| W-2, see instructions. | i | Nontaxable combat pay election (s | see ins | structions) | | | 1 i | | | | | |
| | z | Add lines 1a through 1h | | | | | | | | . 1z | | 85,590. |
| Attach Sch. B | 2a | Tax-exempt interest | 2a | | | bТ | axable interest | : . | | . 2b | | |
| if required. | 3a | Qualified dividends | 3a | | | bС | Ordinary divider | nds . | | . 3b | | |
| | 4a | IRA distributions | 4a | | | bΤ | axable amoun | t | | . 4b | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | bΤ | axable amoun | t | | . 5b | | |
| Single or | 6a | Social security benefits | 6a | | | bΤ | axable amoun | t | | . 6b | | |
| Married filing separately, | с | If you elect to use the lump-sum e | lectior | method, | check here | (see | instructions) | | [| | | |
| \$13,850 • Married filing | 7 | Capital gain or (loss). Attach Schee | dule D | if require | d. If not requ | uired | , check here | | [| 7 | | |
| jointly or | 8 | Additional income from Schedule | 1, line | 10 | | | | | | . 8 | | -18,498. |
| Qualifying surviving spouse, | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, | , and 8 | 8. This is y | our total inc | come | e | | | . 9 | | 67,092. |
| \$27,700 | 10 | Adjustments to income from Sche | dule 1 | , line 26 | | | | | | . 10 | | |
| Head of household, | 11 | Subtract line 10 from line 9. This is | syour | adjusted | gross incor | ne | | | | . 11 | | 67,092. |
| \$20,800 • If you checked _r | 12 | Standard deduction or itemized | deduc | tions (fro | m Schedule | A) | | | | . 12 | : | 27,700. |
| any box under Standard | 13 | Qualified business income deduction | ion fro | m Form 8 | 995 or Form | 899 | 95-A | | | . 13 | | |
| Deduction, | 14 | Add lines 12 and 13 | | | | | | | | . 14 | · | 27,700. |
| see instructions. | 15 | Subtract line 14 from line 11. If zer | o or le | ss, enter | -0 This is y | our | taxable incom | e. | | . 15 | | 39,392. |

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 | 4,285. |
| Credits | 17 | Amount from Schedule 2, lin | ne3 | | | | | 17 | |
| | 18 | Add lines 16 and 17 | | | | | | 18 | 4,285. |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | 19 | |
| | 20 | Amount from Schedule 3, lir | ne8 | | | | | 20 | 200. |
| | 21 | Add lines 19 and 20 | | | | | | 21 | 200. |
| | 22 | Subtract line 21 from line 18 | . If zero or less, | enter -0 | | | | 22 | 4,085. |
| | 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 | 4,085. |
| Payments | 25 | Federal income tax withheld | from: | | | | | | |
| • | а | Form(s) W-2 | | | | 25a 4 | ,090. | | |
| | b | Form(s) 1099 | | | | 25b | | | |
| | с | Other forms (see instructions | s) | | | 25c | | | |
| | d | Add lines 25a through 25c | | | | | | 25d | 4,090. |
| 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 | | | | 28 | | | |
| | 29 | American opportunity credit | from Form 8863 | 8, line 8 | | 29 | | | |
| | 30 | Reserved for future use . | | | | 30 | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | Indable credits | | 32 | |
| | 33 | Add lines 25d, 26, and 32. T | | | | | | 33 | 4,090. |
| Refund | 34 | If line 33 is more than line 24 | 1, subtract line 2 | 4 from line 33. | This is the amour | nt you overpaid | | 34 | 5. |
| | 35a | Amount of line 34 you want | refunded to you | J. If Form 8888 | 3 is attached, cheo | ckhere | . 🗆 | 35a | 5. |
| Direct deposit? | b | Routing number 1 1 1 | 0 0 0 6 | 1 4 | c Type: 🛛 🗙 | Checking | Savings | | |
| See instructions. | d | Account number 5 7 9 | 9 1 5 0 | 5 6 | | | | | |
| | 36 | Amount of line 34 you want a | applied to your | 2024 estimate | ed tax | 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.ir</i> s.gov | //Payments or | see instructions . | | | 37 | |
| | 38 | Estimated tax penalty (see in | nstructions) . | | | 38 | | | |
| Third Party | Do | you want to allow another | person to disc | cuss this retu | rn with the IRS? | See | | | _ |
| Designee | ins | structions | | | | . Yes. Co | omplete b | elow. | × No |
| | De: nar | signee's | | Phone no. | | | onal identifi ber (PIN) | cation | |
| Ciarra | | der penalties of perjury, I declare tl | 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 | IRS se | nt you an Identity |
| | | | | | | | Prote | ction P | IN, enter it here |
| Joint return? | | | | | PROJECT MA | ANAGER | (see ii | nst.) | - |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | ooth must sign. | Date | Spouse's occupati | on | | | nt your spouse an |
| your records. | | | | | HOME MAKEF | 0 | (see in | | ection PIN, enter it here |
| | Ph | one no. (469)674-040 | 0 | Email address | | | ` | | |
| | | eparer's name | 0 Preparer's signat | | IUMAK, KAJU | .R@GMAIL.CC | | | Check if: |
| Paid | | PRIYA RAM SAGAR GUPTA TALLAM | | | | | P02082 | 202 | Self-employed |
| Preparer | | n's name GLOBAL TA | | TAUAG INAL | GUETA TALLAM | 02/09/2024 | | | 678)965-9522 |
| Use Only | | | Y CT E BRU | NGWICK N | J 08816 | | Firm's | | |
| Go to wave in a | | 1040 for instructions and the late | | TIDWICK IN | | | | | 84-3171965 Form 1040 (2023) |
| GO IO WWW.IIS.go | JV/POM | TIO40 IOF INSTRUCTIONS and the late | st mornation. | | BAA | REV 02/05/24 PRO | | | Form 1040 (2023) |

REV 02/05/24 PRO

| 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**

Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number KUMAR RAJU & DEEPA PERIASAMY 675-96-0399

| 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. Att | | 5 | -18,498. |
| 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 . Enter 1040, 1040, SP, or 1040, NP, line 8 | r nere and on Form | | 10 /00 |
| Eor Po | 1040, 1040-SR, or 1040-NR, line 8 | | 10 Sehedul | -18,498. e 1 (Form 1040) 2023 |
| i ui Pa | perwork neuronon Act Notice, see your las return instructions. | | Schedul | e i (Form 1040) 2023 |

| Par | t II Adjustments to Income | | | |
|--------|---|--------------|---------------|---------------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basi | | | |
| | 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 | | | 19a | |
| b | Recipient's SSN | | | |
| c | 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: | | 20 | |
| 2 a | Jury duty pay (see instructions) | | | |
| b | Deductible expenses related to income reported on line 8I from the | | | |
| D | rental of personal property engaged in for profit | | | |
| - | Nontaxable amount of the value of Olympic and Paralympic medals | | - | |
| С | and USOC prize money reported on line 8m | | | |
| h | | | - | |
| d | | | - | |
| е | Repayment of supplemental unemployment benefits under the Trade | | | |
| | Act of 1974 | | - | |
| f | Contributions to section 501(c)(18)(D) pension plans | | - | |
| g | Contributions by certain chaplains to section 403(b) plans 24g | | - | |
| h | Attorney fees and court costs for actions involving certain unlawful | | | |
| | discrimination claims (see instructions) | | - | |
| i | Attorney fees and court costs you paid in connection with an award | | | |
| | from the IRS for information you provided that helped the IRS detect | | | |
| _ | tax law violations | | - | |
| j | Housing deduction from Form 2555 | | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form | | | |
| | 1041) | | | |
| z | Other adjustments. List type and amount: | | | |
| | 24z | | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income. Enter | | | |
| | Form 1040, 1040-SR, or 1040-NR, line 10 | | 26 | |
| | BAA REV | 02/05/24 PRO | Schedule 1 (F | orm 1040) 202 |

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074 2

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

| Departm Internal | Attachment Sequence No. 03 | | | | | |
|---------------------|--------------------------------------|---|----|---------|---------|----------------|
| | s) shown on Form 1040 | | | | ocial s | ecurity number |
| Par | t I Nonrefundat | | | 675- | 96-0 | 399 |
| | | | | | | |
| 1 | • | Attach Form 1116 if required | | | 1 | |
| 2 | Form 2441 | Attach | 2 | | | |
| 3 | Education credits f | | 3 | | | |
| 4 | Retirement savings | | 4 | 200. | | |
| 5a | Residential clean e | | 5a | | | |
| b | Energy efficient ho | | 5b | | | |
| 6 | Other nonrefundab | • | | | | |
| а | | redit. Attach Form 3800 | 6a | | | |
| b | Credit for prior yea | r minimum tax. Attach Form 8801 | 6b | | | |
| с | | tach Form 8839 | 6c | | | |
| d | • | ly or disabled. Attach Schedule R | 6d | | | |
| е | Reserved for future | - | 6e | | 1 | |
| f | Clean vehicle credi | t. Attach Form 8936 | 6f | | | |
| g | Mortgage interest of | credit. Attach Form 8396 | 6g | | | |
| h | District of Columbia | first-time homebuyer credit. Attach Form 8859 | 6h | | | |
| i | Qualified electric ve | ehicle credit. Attach Form 8834 | 6i | | | |
| j | Alternative fuel vehi | cle refueling property credit. Attach Form 8911 | 6j | | | |
| k | Credit to holders of | f tax credit bonds. Attach Form 8912 | 6k | | | |
| I | Amount on Form 8 | 978, line 14. See instructions | 61 | | | |
| m | Credit for previous | y owned clean vehicles. Attach Form 8936 . | 6m | | | |
| z | Other nonrefundab | le credits. List type and amount: | | | | |
| | | | 6z | | | |
| 7 | Total other nonrefu | ndable credits. Add lines 6a through 6z | | | 7 | |
| 8 | | h 4, 5a, 5b, and 7. Enter here and on Form 1 | | -SR, or | | |
| | 1040-NR, line 20 | | | | 8 | 200. |

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

| Par | t II Other Payments and Refundable Credits | | | | | | | | | |
|-----|---|--------------|--------|------------------------|--|--|--|--|--|--|
| 9 | Net premium tax credit. Attach Form 8962 | | 9 | | | | | | | |
| 10 | Amount paid with request for extension to file (see instructions) . | | 10 | | | | | | | |
| 11 | 11 Excess social security and tier 1 RRTA tax withheld | | | | | | | | | |
| 12 | Credit for federal tax on fuels. Attach Form 4136 | | 12 | | | | | | | |
| 13 | Other payments or refundable credits: | | | | | | | | | |
| а | Form 2439 | 13a | | | | | | | | |
| b | Credit for repayment of amounts included in income from earlier years | 13b | | | | | | | | |
| с | Elective payment election amount from Form 3800, Part III, line 6, column (i) | 13c | | | | | | | | |
| d | Deferred amount of net 965 tax liability (see instructions) | 13d | | | | | | | | |
| z | Other payments or refundable credits. List type and amount: | | | | | | | | | |
| | | 13z | | | | | | | | |
| 14 | Total other payments or refundable credits. Add lines 13a through | 13z | 14 | | | | | | | |
| 15 | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31 | | 15 | | | | | | | |
| | BAA REV | 02/05/24 PRO | Schedu | ule 3 (Form 1040) 2023 | | | | | | |

| | DULE E | | Supplement | | | | | | | OMB No | o. 1545-0074 |
|----------|---|-------------|---|------------|------------|------------------|-----------|------------------|-------------|-------------------|--------------------------|
| (Form | 1040) | (From r | rental real estate, royalties, partne | rships, S | S corporat | tions, es | states, | trusts, REMI | Cs, etc.) | 20 | 23 |
| | nent of the Treasury Revenue Service | | Attach to Form 104 Go to www.irs.gov/ScheduleE | | | | | formation. | | Attachn Seguen | nent ce No. 13 |
| |) shown on return | | g | | | | | | Your soci | al security | |
| . , | R RAJU & D | EEPA F | PERIASAMY | | | | | | 675-9 | 6-0399 | |
| Part | | | s From Rental Real Estate a | and Ro | valties | | | | | | |
| | Note: If yo | ou are in t | the business of renting personal prop ss from Form 4835 on page 2, line 4 | perty, use | | e C . See | e instruc | ctions. If you a | are an indi | vidual, rep | ort farm |
| Α | | | ents in 2023 that would require yo | | Form(s) | 1099? 8 | See ins | tructions . | | . 🗌 Ye | s 🛛 No |
| | | | vou file required Form(s) 1099? | | | | | | | | |
| 1a | | | ach property (street, city, state, 2 | | | | | | | | |
| Α | | | MENT MANPAKKAM, CHENNAI | | | TN 6 | 0012 | | | | |
| B | | | | 171.111 | | IN U | 0012 | | | | |
| | | | | | | | | | | | |
| 1b | Type of Prope | erty 2 | For each rental real estate pro | nertv lis | ted | | Fa | ir Rental | Persor | al Use | |
| 15 | (from list below | | above, report the number of fa | | | | '' | Days | Da | | QJV |
| Α | 2 | - | personal use days. Check the | | | Α | | 365 | | 0 | |
| В | | | if you meet the requirements to | | | В | | | | | |
| С | | | qualified joint venture. See ins | truction | 5. | С | | | | | |
| Туре | of Property: | | | | | | | | | | |
| 1 | Single Family R | esidence | e 3 Vacation/Short-Term Re | ental | 5 Land | b | | Self-Rental | | | |
| 2 | Multi-Family Re | sidence | 4 Commercial | | 6 Roya | alties | 8 | Other (desc | ribe) | | |
| | | | | | | | | Properti | | | |
| Incom | ne: | | | | | Α | | B | | | С |
| 3 | Rents received | 1 | | 3 | | 5 | 80. | | | | |
| 4 | Royalties rece | ived | | 4 | | | | | | | |
| Exper | | | | | | | | | | | |
| 5 | Advertising | | | 5 | | | | | | | |
| 6 | Auto and trave | el (see ins | structions) | 6 | | 4 | 30. | | | | |
| 7 | | | ance | 7 | | 1,7 | 14. | | | | |
| 8 | | | | 8 | | | | | | | |
| 9 | | | | 9 | | | | | | | |
| 10 | | | sional fees | 10 | | | | | | | |
| 11 | - | | | 11 | | 1,4 | 20. | | | | |
| 12 | | | I to banks, etc. (see instructions) | | | | | | | | |
| 13 | | | | 13 | | 4 0 | 75 | | | | |
| 14 | | | | 14 | | | 75. | | | | |
| 15 16 | | | | 15 | | э, 2 | 11. | | | | |
| 17 | | | | 17 | | 5 4 | 28. | | | | |
| 18 | | | or depletion | 18 | | 5,1 | 20. | | | | |
| 19 | Other (list) | | | | | | | | | | |
| 20 | | s. Add lir | nes 5 through 19 | 20 | | 19,0 | 78. | | | | |
| 21 | | | ine 3 (rents) and/or 4 (royalties). | If | | | | | | | |
| | | | nstructions to find out if you mus | | | | | | | | |
| | file Form 6198 | Ś | | 21 | | -18,4 | 98. | | | | |
| 22 | Deductible rer | ntal real e | estate loss after limitation, if any | /, | | | | | | | |
| | | | structions) | 22 | (| 18,49 | 98.) | (|) | (| |
| 23a | | - | ported on line 3 for all rental pro | - | | | 23a | | 580. | | |
| b | | - | ported on line 4 for all royalty pro | - | | | 23b | | | | |
| С | | | ported on line 12 for all propertie | | | | 23c | | | | |
| d | | | ported on line 18 for all propertie | | | | 23d | | 0.70 | | |
| e | | | ported on line 20 for all propertie | | | | 23e | 19 | ,078. | | |
| 24 05 | | | amounts shown on line 21. Do n | | - | | | | . 24 | / | 10 400 |
| 25 | | | ses from line 21 and rental real est | | | | | | | | 18,498. |
| 26 | LOTAL rental re | Par estat | IN AND TOVAITY INCOME OF LIOSS | LLOMP | ine lines | 24 and | 125 E | THE THE TEST | IIT | | |

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 .
 For Paperwork Reduction Act Notice, see the separate instructions.

26

-18,498.

| Form 8880 | |
|------------------|--|
|------------------|--|

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Credit for Qualified Retirement Savings Contributions

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

Go to www.irs.gov/Form8880 for the latest information.

OMB No. 1545-0074

Sequence No. 54

(b) Your spouse

2,000.

Your social security number 675-96-0399

(a) You

4,578.

4,578.

4,578.

2,000.

67,092.

REV 02/05/24 PRO

7

1

2

3

4

5

6

8

KUMAR RAJU & DEEPA PERIASAMY



10 11 12 You cannot take this credit if either of the following applies.

• The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
 Elective defense to a 401(t) on other sublicitied employee place.
- **2** Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . .
- 5 Subtract line 4 from line 3. If zero or less, enter -0-
- 6 In each column, enter the smaller of line 5 or \$2,000
- Add the amounts on line 6. If zero, stop: you can't take this credit
- 7 Add the amounts on line 6. If zero, **stop**; you can't take this credit .
- 8 Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11* .
- 9 Enter the applicable decimal amount from the table below.

| If line 8 is— | | And your filing status is – | | | | | |
|--|------------------|---------------------------------------|-----------------------|---|-------------|---|------|
| Over- | But not over— | Married filing jointly Enter or | Head of household | Single, Married filing separately, or Qualifying surviving spouse | | | |
| | \$21,750 | 0.5 | 0.5 | 0.5 | | | |
| \$21,750 | \$23,750 | 0.5 | 0.5 | 0.2 | | | |
| \$23,750 | \$32,625 | 0.5 | 0.5 | 0.1 | 9 | х | .1 |
| \$32,625 | \$35,625 | 0.5 | 0.2 | 0.1 | | | |
| \$35,625 | \$36,500 | 0.5 | 0.1 | 0.1 | | | |
| \$36,500 | \$43,500 | 0.5 | 0.1 | 0.0 | | | |
| \$43,500 | \$47,500 | 0.2 | 0.1 | 0.0 | | | |
| \$47,500 | \$54,750 | 0.1 | 0.1 | 0.0 | | | |
| \$54,750 | \$73,000 | 0.1 | 0.0 | 0.0 | | | |
| \$73,000 | | 0.0 | 0.0 | 0.0 | | | |
| | Note: | If line 9 is zero, stop ; | you can't take this d | credit. | | | |
| <i>I</i> ultiply line 7 by line 9 | | | | | . 10 | | 200 |
| imitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | | | | | s 11 | 4 | ,285 |
| | | • | | maller of line 10 or line 11 h | | | |
| d on Sched | ule 3 (Form 10 | 40), line 4 | | | · 12 | | 200 |

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form **8880** (2023)