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



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	ıce.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate i	instructions	 s.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numbe	er
DINAKAR	RED:	DY	YADA	MALA							842	26	6955	
If joint return, s	pouse's	s first name and middle initial	Last nar	me							Spouse'	s social	security nur	mber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Camp	aign
AXIO 84	00,8	326 S DURHAM ST						E	214		Check I	nere if y	ou, or your	
		ice. If you have a foreign address, also co	mplete sp	paces belo	ow.	Sta	te	ZIP c	ode		•	-	jointly, want	
SANDY						UI	1	840	70		•		nd. Checking not change	•
Foreign countr	y name		F	oreign pro	ovince/state/	count	ry	Foreig	ın postal d	ode	your tax		nd.	
Filing Status	s 🗵	Single					Head of he	ouseh	old (HOI	— ∃)				
Check only		Married filing jointly (even if only or	ne had ir	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	If y	you checked the MFS box, enter the	name o	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ild's na	me if the	
	qu	ualifying person is a child but not you	ır depen	dent:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	, award, or	payn	nent for prope	rty or	services); or ((b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fin	ancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)		es 🛚 No)
Standard		neone can claim: You as a de	pendent	t 🗌 🕆	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	nd Sp	ouse	: Was bor	n befo	ore Janu	ary 2	, 1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for (see instruction	ons):
If more		(1) First name Last name			number		to you		Child t	ax cre	edit	Credit fo	r other depen	dents
than four														
dependents, see instruction														
and check	- —													
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a	1	9,18	0.
Attach Form(s)	b	Household employee wages not re	•								1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		•						10			
attach Forms W-2G and	d	Medicaid waiver payments not rep									1d			
1099-R if tax	e	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	tits from	1 Form 88	339, line 29						1f	_		
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			0.
W-2, see	h :	Other earned income (see instruction (see instruction)	,					i ·			1h			<u> </u>
instructions.	i -	Nontaxable combat pay election (s	see mstr	uctions)							1-		9,18	Λ
Attack Cal- D	<u>z</u> 2a	Add lines 1a through 1h Tax-exempt interest	2a		· · j	Ь Т	 axable interest				1z 2b		J, 10	-
Attach Sch. B if required.	2a 3a	· —	2a 3a				axable interest Irdinary divider							
	<u>3a</u> _ 4a		4a				axable amoun							
Standard	-та 5а		та 5а				axable amoun							
Deduction for— Single or	6a		6a				axable amoun				6b			
Married filing	C	If you elect to use the lump-sum e	_	nethod. ດ	check here					Г				
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		`	,			. 🗖	7			
Married filing jointly or	8	Additional income from Schedule									8		-11	7.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•								9		9,06	
\$27,700	10	Adjustments to income from Sche		•							10			
 Head of household, 	11	Subtract line 10 from line 9. This is									11		9,06	3.
\$20,800	12	Standard deduction or itemized	•	-	-						12		13,85	
If you checked any box under	13	Qualified business income deducti					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		13,85	0.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	e enter -	O This is y	011r t	avabla incom				15	.	·	\cap

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	0.
Credits	17	Amount from Schedule 2, lin	-				- 	17	
	18	Add lines 16 and 17						18	0.
	19	Child tax credit or credit for	other dependen	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	I. If zero or less,	enter -0				22	0.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	0.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instruction				25c			
	d	Add lines 25a through 25c	,					25d	
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	from Form 8863	3, line 8		29			
	30	Reserved for future use .		•		30			
	31	Amount from Schedule 3, lir				31			
	32	Add lines 27, 28, 29, and 31	32						
	33	Add lines 25d, 26, and 32. T						33	
Refund	34	If line 33 is more than line 24						34	
Herana	35a	Amount of line 34 you want	•					35a	
Direct deposit?	b	Routing number X X X			c Type:		Savings		
See instructions.	d	Account number X X X							
	36	Amount of line 34 you want				36			
Amount	37	Subtract line 33 from line 24							
You Owe	٠.	For details on how to pay, g						37	0.
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		structions	•				omplete	below.	X No
3 3	De	signee's		Phone				tification	
		me		no.			ber (PIN)		
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here			ipicto. Deciaration		1	asca on an imornia			
	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					DATA ANALY	YST		e inst.)	,
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat		If t	he IRS se	nt your spouse an
Keep a copy for your records.								•	ection PIN, enter it here
your records.							(se	e inst.)	
		one no. (385) 456-874		Email address	DHEENUREDDY	1105@GMAIL.C			T
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	1	RAM SAGAR	GUPTA TALLAM	03/09/2024	P020	82703	Self-employed
Use Only	Fire	m's name GLOBAL TA					Ph	one no.	(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 03/04/24 PRO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

DINAKAR REDDY YADAMALA

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

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

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

Attachment Sequence No. 01 Your social security number

842-26-6955

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	-117.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	
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	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. Ente			
	1040 1040-SR or 1040-NR line 8		10	_117

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

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-ba	asis 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	Jury duty pay (see instructions)	ła		
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit	łb		
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses	ld		
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 24	lg		
h	Attorney fees and court costs for actions involving certain unlawful			
	discrimination claims (see instructions)	łh		
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	4j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)	łk		
Z	Other adjustments. List type and amount:			
0 -			05	
25 26	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E	nter here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u> </u>	26	

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. **09**

	of proprietor					ırity number (SSN)
	AKAR REDDY YADAMALA		continue (and instructions)		842-26-	
Α	Principal business or profession	ות, including product or s	service (see instructions)	- ''		e from instructions
	IT	. h	1			9 0 0 0
С	Business name. If no separate	business name, leave b	ank.	1	D Employer	ID number (EIN) (see instr.)
E	Business address (including s	uite or room no.) AX	IO 8400,8326 S DURHAM S	T, Apt. E	214	
	City, town or post office, state		NDV IIT 94070			
F	Accounting method: (1)	X Cash (2) Acc	rual (3) Other (specify)			
G	Did you "materially participate	" in the operation of this	business during 2023? If "No," see inst	tructions for lim	it on losses	. X Yes No
Н	If you started or acquired this	business during 2023, cl	neck here			🗆
I	Did you make any payments i	n 2023 that would require	you to file Form(s) 1099? See instructi	ons		🗌 Yes 🕱 No
J	If "Yes," did you or will you file	e required Form(s) 1099?				🗌 Yes 🗌 No
Par						
1	Gross receipts or sales. See in	nstructions for line 1 and	check the box if this income was repor	ted to vou on		
			orm was checked		1	3,213.
2	Returns and allowances				2	
3	Subtract line 2 from line 1 .				3	3,213.
4	Cost of goods sold (from line	42)			4	
5	Gross profit. Subtract line 4 f	rom line 3			5	3,213.
6	Other income, including feder	al and state gasoline or f	uel tax credit or refund (see instructions	s)	6	
7	Gross income. Add lines 5 ar	nd 6	<u> </u>		7	3,213.
Part			use of your home only on line 30.			
8	Advertising	8	18 Office expense (see i	nstructions) .	18	
9	Car and truck expenses		19 Pension and profit-sh	naring plans .	19	
	(see instructions)	9	20 Rent or lease (see ins	structions):		
10	Commissions and fees .	10	a Vehicles, machinery, a		20a	
11	Contract labor (see instructions)	11	b Other business prope		20b	
12	Depletion	12	21 Repairs and mainten	-	21	
13	Depreciation and section 179		22 Supplies (not include		22	
	expense deduction (not		23 Taxes and licenses .		23	
	included in Part III) (see instructions)	13	24 Travel and meals:			
14	Employee benefit programs		a Travel		24a	720.
• •	(other than on line 19) .	14	b Deductible meals (see		24b	620.
15	Insurance (other than health)	15	25 Utilities		25	1,990.
16	Interest (see instructions):		26 Wages (less employn		26	
а	Mortgage (paid to banks, etc.)	16a	27a Other expenses (from	n line 48)	27a	
b	Other	16b	b Energy efficient com	mercial bldgs		
17	Legal and professional services	17	deduction (attach Fo		27b	
28	Total expenses before expen	ises for business use of h	ome. Add lines 8 through 27b		28	3,330.
29	Tentative profit or (loss). Subt	ract line 28 from line 7.			29	-117.
30	Expenses for business use of	of vour home. Do not re	port these expenses elsewhere. Attac	h Form 8829		
	unless using the simplified me	,				
	Simplified method filers only	y: Enter the total square f	ootage of (a) your home:			
	and (b) the part of your home	used for business:	. Use the	e Simplified		
	Method Worksheet in the instr	ructions to figure the amo	ount to enter on line 30		30	
31	Net profit or (loss). Subtract	line 30 from line 29.				
		•	e 3, and on Schedule SE, line 2. (If yound trusts, enter on Form 1041, line 3.	u }	31	-117.
	• If a loss, you must go to lin	,		J		
32	If you have a loss, check the b	oox that describes your in	nvestment in this activity. See instructio	ns.		
	-	-	1 (Form 1040), line 3, and on Schedul	1		
			31 instructions.) Estates and trusts, ent		32a 🗙 A	II investment is at risk.
	Form 1041, line 3.	,	,		32b 🗌 S	ome investment is not
	• If you checked 32b, you mu	st attach Form 6198. Yo	ur loss may be limited.	J	а	t risk.

BAA

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

Part	Cost of Goods Sold (see instructions)			
33	Method(s) used to			
	value closing inventory: $\mathbf{a} \Box Cost \qquad \mathbf{b} \Box Lower of cost or market \qquad \mathbf{c} \Box Other (attack)$		planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor of "Yes," attach explanation		. Yes	☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle during 2023, enter the number of miles you were your vehicle during 2023, enter the number of miles you were your vehicle during 2024, enter the number of miles you were your vehicle during 2024, enter the number of miles you	ehicle	e for:	
а	Business b Commuting (see instructions) c C	ther		
45	Was your vehicle available for personal use during off-duty hours?		Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?		Tes	☐ No
47a	Do you have evidence to support your deduction?			☐ No
	If "Yes," is the evidence written?	07h	Yes	☐ No
Part	Other Expenses. List below business expenses not included on lines 6–26, line	∠1D,	or lifte 30.	
48	Total other expenses. Enter here and on line 27a	48		

Additional Information From 2023 Federal Tax Return

Schedule C (IT): Profit or Loss from Business

Line 25

Itemization Statement							
Amount							

Description	Amount
PHONE BILLS	1,270.
INTERNET BILLS	720.
Total	1,990.

403011555

Utah State Tax Commission

Utah Individual Income Tax Return

All state income tax dollars support education, children and individuals with disabilities.

• Amended Return - enter code:

(see instructions)

INTUIT

2023

TC-40

Your Social Security No. 842266955 Spouse's Soc. Sec. No.

Your first name
DINAKAR REDDY
Spouse's first name

Your last name
YADAMALA
Spouse's last name

Full-yr Resident?
Y/N
Y

Address

If deceased, complete page 3, Part 1

AXIO 8400,8326 S DURHAM , APT E 214
City State ZIP+4
SANDY UT 84070

Telephone number 385-456-8740 Foreign country (if not U.S.)

• 20

• 22

831

0

1 Filing Status - enter code	• 2 Qualifying Dependents	under	3 Election Campaig	-			
1 = Single	a Dependents age 16 andb Other dependents	under	Enter the code for the	our tax or reduce your refund. Yourself Spouse			
± 0, ,	 2 = Married filing jointly 3 = Married filing separately b Other dependents c Dependents born in 2023 						
4 = Head of household	_ '		party of your choice. See instructions for				
_	d 0 Total (add lines a, b and	C)					
5 = Qualifying surviving spouse	See instructions.			incometax.utah.gov/elect			
If using code 2 or 3, enter spouse's name and SSN above	See instructions.		If no contribution, ente	ei N.			
4 Federal adjusted gross income from feder	al return		•	4 9063			
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)		•	5			
6 Total income - add line 4 and line 5				6 9063			
7 State tax refund included on federal form	1040, Schedule 1, line 1 (if any)		•	7			
8 Subtractions from income from TC-40A, P	art 2 (attach TC-40A, page 1)		• 8				
9 Utah taxable income/loss - subtract the	sum of lines 7 and 8 from line 6			9 9063			
10 Utah tax - multiply line 9 by 4.65% (.0465	(not less than zero)		• ′	10 421			
11 Utah personal exemption (multiply line 2d b	y \$1,941)	• 11	0				
12 Federal standard or itemized deductions		• 12	13850	Electronic filing is quick, easy and			
13 Add line 11 and line 12		13	13850	free, and will speed up your refund.			
14 State income tax included in federal itemiz	red deductions	• 14		To learn more,			
15 Subtract line 14 from line 13		15	13850	go to tap.utah.gov			
16 Initial credit before phase-out - multiply line	e 15 by 6% (.06)	• 16	831				
17 Enter: \$16,742 (single or married filing se	parately); \$25,114 (head of ng jointly or qualifying surviving spou	• 17	16742	•			
18 Income subject to phase-out - subtract line		18	0				
19 Phase-out amount - multiply line 18 by 1.3	% (.013)	• 19	0				

20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)

22 Utah income tax - subtract line 20 from line 10 (not less than zero)

21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.) • 21

403	302		Individ 842266	ual Income Ta 6955		n (continu st name YAI	-		INTUIT	TC-40 2023		Pg. 2
23	Enter ta	ax from	TC-40, page	e 1, line 22						23		0
24	Apportion	onable ı	nonrefundab	ole credits from TC-4	I0A, Part 3	(attach TC-40	A, page 1)			• 24		
25	•		-	line 24 from line 23 complete and enter	•	,	0B, line 41			• 25		0
26	Nonapp	ortiona	ble nonrefur	ndable credits from 1	ГС-40A, Ра	rt 4 (attach TC	C-40A, page	e 1)		• 26		
27	Subtrac	t line 26	6 from line 2	5 (not less than zero	0)					27		0
28	Volunta	ry contr	ibutions fror	m TC-40, page 3, Pa	art 4 (attach	TC-40, page	3)			• 28		
29	AMEND	DED RE	TURN ONL	Y - previous refund						• 29		
30	Recapti	ure of Ic	w-income h	ousing credit						• 30		
31	Utah us	se tax								• 31		
32	Total ta	ıx, use	tax and add	ditions to tax (add I	ines 27 thro	ough 31)				32		0
33			0	ave mineral producti not, enter on line 33		0 .		y withholding,		• 33		
34				es prepaid from TC-				3		• 34		
35	5 AMENDED RETURN ONLY - previous payments									• 35		
36	6 Nonapportionable refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)								• 36			
37	Apportion	onable ı	refundable c	redits from TC-40A,	Part 6, line	e c (attach TC-	40A, page	2)		• 37		
38	Total wi	thholdir	ng and refun	dable credits - add I	ines 33 thro	ough 37				38		
39	TAX DU	JE - sub	otract line 38	from line 32 (not le	ss than zer	0)				• 39		0
40	Penalty	and int	erest (see ir	nstructions)						40		
41	TOTAL	DUE -	PAY THIS A	MOUNT - add line 3	39 and line	40				• 41		0
42	REFUN	I D - sub	tract line 32	from line 38 (not les	ss than zero	0)				• 42		
43		•	actions from	refund (not greater	than line 4	-2)				• 43		
44		NING R	EFUND DIF	RECT DEPOSIT - yo	our account Account no		ee instructi	ions for foreign a	ccounts) Type	checking	savings	foreign •
Unde	er penaltie	es of perj	jury, I declare	to the best of my know	ledge and be	elief, this return a	and accompa	nying schedules ar	e true, correc	ct and complete.		
SIGI	N Yours	signature	•]	Date	Spouse's s	signature (if filing joi	intly)			Date
	d Party signee	Name o	f designee (if	any) you authorize to o	discuss this re	eturn		Designee's telepho	one number	Designee PIN		
	<u>J - </u>	Prepare	er's signature		[Date		Preparer's telepho	one number	Preparer's PTI	N	
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