Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.

Go	to www.	irs.aov	Form88	79 for	the	latest	inform	ation
00			1 0111100	10101		lacou		auon

Submission Identification Number (SID)

Taxpayer's name	Social security number				
PRASANNA GEMBALI	337-37-9198				
Spouse's name	Spouse's social security number				
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	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	 1 101,543.				
2 Total tax	2 14,596.				
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 19,776.				
4 Amount you want refunded to you	4 5,180.				
5 Amount you owe	5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	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
------------	------	-------	-----	-----	------

l authorize GLOBAL TAXES LLC X to enter or generate my PIN

7	9	1	9	8	
			gits, all ze		as my

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. G Decoration

Your signature

G Prasanna.	
-------------	--

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

Date

02/08/2024

as mv 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 ►	Da	ate 🕨	•							
Practitioner PIN Method Returns Only—c	ontinue	bel	ow							
Part III Certification and Authentication – Practitioner PIN Method	I Only									
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected	I PIN.	2	2	 	 	0 {	_	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 🕨					
		is Form — See Instructions he IRS Unless Requested To Do So					
For Denemicarly Deduction Act Nation and vour toy r	atura instructions	DEV/ 02/05/24 DDO	Earm 8879 (Bay, 01 2021)				

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

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not v	vrite 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	See separate instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	ocial sec	curity number	
PRASANNA			GEM	IBALI						337	37	9198	
		s first name and middle initial	Last r									security number	
										276	33	1905	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	vpt. no.			ection Campaign	
6201 WIN	IDHAV	VEN PKWY						1	.111	Check	here if y	ou, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		•	jointly, want \$3	
PLANO						ТХ	2	750	93			nd. Checking a not change	
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	1	x or refu	0	
											🗌 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.	X	Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)			
	lf y	ou checked the MFS box, enter the	e name	of your s	pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the	
	qu	alifying person is a child but not you	ur depe	endent: S	SIVA KUMA	AR (GEMBALI						
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rtv or	services): or	(h) sell			
Assets		hange, or otherwise dispose of a digi										es 🛛 No	
Standard		eone can claim: You as a de					a dependent	/ (-		- /			
Deduction	_	Spouse itemizes on a separate return	•		•		•						
		. Were born before January 2, 1		Are bl		ouse	_	n hefr	ore January	2 1050		s blind	
Dependents			000				(3) Relationsh	14				(see instructions):	
•		irst name Last name		(2) 3	Social security number		to you		Child tax c		1	or other dependents	
lf more than four	(1)											 	
dependents,												\square	
see instructions and check	s —												
here													
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions)					. 1a	a	116,220.	
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1t)		
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructions)				. 10	;				
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	ictions)			. 10	1		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26					. 16	•			
was withheld.	f	Employer-provided adoption bene								. 11	:		
If you did not	g	Wages from Form 8919, line 6 .								. 10	,		
get a Form W-2, see	h	Other earned income (see instruction	ions)					· ·		. <u>1</u> ŀ	۱ –	0.	
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			1 i						
	Z	Add lines 1a through 1h	···		· · · ·	• •		• •		. <u>1</u> 2	_	116,220.	
Attach Sch. B	2a	' –	2a				axable interest			. 2t			
if required.	<u>3a</u>		3a				ordinary divider			. 3t	-		
Standard	4a		4a				axable amoun			. 4k			
Deduction for –	5a		5a				axable amoun			. 5t			
 Single or Married filing 	6a	, _	6a				axable amoun	t	· · ·	. 6t)		
separately, \$13,850	с _	If you elect to use the lump-sum e				•	,	• •	· · · L	╡╎╶			
 Married filing 	7	Capital gain or (loss). Attach Sched		•	•		-	• •	l		_	11 677	
jointly or Qualifying	8	Additional income from Schedule						• •		. <u>8</u> . 9	_	<u>-14,677.</u> 101,543.	
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				,ome	σ	• •		. 9 . 10		TOT, 343.	
 Head of 	10 11	Adjustments to income from Sche			aross incon	 nc		• •		· <u>10</u> · 11	_	101 540	
household, [\$20,800	<u>11</u> 12	Subtract line 10 from line 9. This is Standard deduction or itemized						• •		· 11 · 12	-	<u>101,543.</u> 13,850.	
If you checked any box under	13	Qualified business income deduction		•		,		• •		· 12	_	13,030.	
Standard	14					033	о л	• •		. 14	-	13,850.	
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer		ss. enter	 -0 This is v	 0.1r 1	taxable incom			. 15	-	87,693.	
			5 51 16	, ontor	• • • • • • • • • •				• • •	. 16	·		

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 🗌	10	6 14,596.
Credits	17	Amount from Schedule 2, lin	e3				17	7
	18	Add lines 16 and 17					18	B 14,596.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		19	9
	20	Amount from Schedule 3, lin	ie8				20	D
	21	Add lines 19 and 20					2 '	1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 14,596.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		23	3 0.
	24	Add lines 22 and 23. This is	your total tax				24	4 14,596.
Payments	25	Federal income tax withheld						
-	а	Form(s) W-2				25a 19	,776.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					25	d 19,776.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		20	6
qualifying child,	27	Earned income credit (EIC)				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, lin	ie 15			31		
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits	3	2
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments			3	3 19,776.
Refund	34	If line 33 is more than line 24	l, subtract line 24	4 from line 33.	This is the amou	nt you overpaid	34	4 5,180.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	. 🗌 35	a 5,180.
Direct deposit?	b	Routing number 0 5 4	0 0 0 0	3 0	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 5 3 6	6 2 5 8	4 4 5				
	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.irs.go</i> v	//Payments or	see instructions		37	7
	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	tructions					omplete belov	
	De nai	signee's		Phone no.			onal identification oer (PIN)	on
Ciana		der penalties of perjury, I declare th	nat I have examined		accompanying sch		()	est of my knowledge and
Sign		ief, they are true, correct, and com						
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
						Protection	n PIN, enter it here	
Joint return?					SOFTWARE 1	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion		sent your spouse an
your records.							(see inst.)	rotection PIN, enter it here
	Ph	one no. (562)348-746	E.	Email address		TTOCMATT CO	, <u>,</u>	
		one no. (562)348-746 eparer's name	D Preparer's signat	1	SIVA.GEMBA	LI@GMAIL.CC	PTIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270	
Preparer		n's name GLOBAL TAX		TAUAG INA	GOFIA IAUUAM	02/00/2024		. (678)965-9522
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's EIN	
Go to www.ire.cr		1040 for instructions and the late		TIDWICK IN				Form 1040 (2023)
		noro for manuallons and the late	schiomation.		BAA	REV 02/05/24 PRO		1 Juni 10-TO (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		Attachment Sequence No. 01			
Name(s) shown on Fo	Your social security number				
PRASANNA GEMBA	-9198				

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. Atta	ach Schedule E .	5	-14,677.
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 \ldots	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
ο	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:			
~	Tatal athen in some Add lines On the such On	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	-14,677.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		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-basis			
	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			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
2 4	Jury duty pay (see instructions)			
	Deductible expenses related to income reported on line 8l from the			
b	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			
ام			-	
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 0.	2/05/24 PRO	Schedule 1 (Fe	orm 1040) 202

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

N

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

.)	20 23
	Attachment Sequence No. 13

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

Name(s)) shown on return						Your so	cial security	number
PRAS	SANNA GEMBALI						337-	37-9198	3
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rty, use		e C. See	e instruc	ctions. If you a	ire an inc	lividual, rep	oort farm
	id you make any payments in 2023 that would require you to file Form(s) 1099? See instructions								
B	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No
1a	Physical address of each property (street, city, state, ZIP code)								
Α	IN								
В									
С									
1b		For each rental real estate property list above, report the number of fair rental			Fair Rental Days		Personal Use Days		QJV
Α	personal use days. Check the Q	JV boy	x only			365		0	
В	if you meet the requirements to								
С	qualified joint venture. See instru	uctions	5.	С					
Туре	of Property:				1				I
1	Single Family Residence3Vacation/Short-Term RerMulti-Family Residence4Commercial	ntal	5 Lanc 6 Roya			Self-Rental Other (descr	ribe)		
						Properti	es:		
Incom	ne:			Α		В			С
3	Rents received	3		6	23.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,6	23.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	55.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,6	42.				
15	Supplies	15		3,1	.24.				
16	Taxes	16							
17	Utilities	17		2,8	374.				
18	Depreciation expense or depletion	18		3,6	82.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,3	00.				
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		-14,6	577.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(14,67	77)	()
23a	Total of all amounts reported on line 3 for all rental prope		1	± 1,01	23a	(623.)
zsa b	Total of all amounts reported on line 4 for all royalty prop			•	23a		040.		
D C	Total of all amounts reported on line 12 for all properties			•	230 23c				
d	Total of all amounts reported on line 12 for all properties			•	230 23d	2	,682.		
e u	Total of all amounts reported on line 20 for all properties			•	23u 23e		,300.	-	
24	Income. Add positive amounts shown on line 21. Do no		 de anv le		200	10	. 24		
24 25	Losses. Add royalty losses from line 21 and rental real estat				nter to	· · · · ·			14,677.)
25 26	Total rental real estate and royalty income or (loss).							(<u></u> , , , , , , , , , , , , , , , , , , ,
20	here. If Parts II, III, and IV, and line 40 on page 2 do no								
	Schedule 1 (Form 1040), line 5. Otherwise, include this a						26		-14,677.