Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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	number
SRE	EHARSHA GURRAM	899-25-	2650
Spouse	e's name	Spouse's socia	l security number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you are	e 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 99,668.
2	Total tax	[2 14,189.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 17,488.
4	Amount you want refunded to you	[4 3,299.
5	Amount you owe	[5

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

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

Taxpayer's PIN: ch	leck one box only
--------------------	-------------------

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

5	2	6	5	0				
Enter five digits, but don't enter all zeros								

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. 1 ~

Your signature

hardha

Date > 01/24/2024

Spouse's	PIN:	check	one	box	only
----------	------	-------	-----	-----	------

I authorize

to enter or generate my PIN

		as my
er fiv n't er		

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	te 🕨	•								
Practitioner PIN Method Returns Only—continue below											
Part III Certification and Authentication – Practitioner PIN Method C	Only										
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P	IN.	2	2	2			0 all zei		2	7 1	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 🕨	
	st Retain This Form — See Instrunis Form to the IRS Unless Reque		
For Dependence Reduction Act Nation and vous tour		N/ 01/12/24 PPO	Earm 8879 (Bay, 01 2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta >		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			, 20	See se	parate	instructions.	
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number	
SREEHARSHA GURI				RAM						899	25	2650	
		s first name and middle initial	Last r									I security numbe	
		er and street). If you have a P.O. box, see	instruc	ctions.				A	vpt. no.			ection Campaigr	
150 COBI						0.			101			ou, or your jointly, want \$3	
	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	elow.	Sta		ZIP c			•	nd. Checking a	
KATY				F		TΣ		774				not change	
Foreign country	/ name			Foreign p	rovince/state/	coun	ty	Foreig	n postal code	your tax	k or retu Γ Υα	_	
		Single					Head of h	ouoob					
Filing Status		Married filing jointly (even if only o	ne har	t income)				ousen					
Check only one box.		Married filing separately (MFS)	ne nac					surviv	ving spouse	(OSS)			
one box.	lf v	you checked the MFS box, enter the	name	of vour s	pouse. If voi	u che			• •	. ,	ild's na	me if the	
		alifying person is a child but not you											
D :	<u>^+ o</u>	nutime during 2002 did your (a) rea											
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-				es 🛛 No	
Standard		neone can claim: You as a de					a dependent			,			
Deduction		Spouse itemizes on a separate return	•		•		•						
Age/Blindness	• You	: Were born before January 2, 1	959	🗌 Are b	lind Sno	ouse	• 🗌 Was bor	n hefr	ore January	2 1959		s blind	
Dependents			000		Social security		(3) Relationsh	14				(see instructions):	
If more		irst name Last name		(2)	number	/	to you	ip (, Child tax c			or other dependents	
than four	<u>.,</u>												
dependents,													
see instructions and check	s												
here 🗌													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions) .					. 1a	ı	114,416.	
Attach Form(s)	b	Household employee wages not re	•		.,					. 1b			
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)							. 10 . 10	-			
attach Forms W-2G and	d		Medicaid waiver payments not reported on Form(s) W-2 (see i										
1099-R if tax	e	Taxable dependent care benefits f			-			• •		. 1e			
was withheld.	f	Employer-provided adoption bene						• •		. 1f . 1g			
get a Form	9 h	Wages from Form 8919, line 6 . Other earned income (see instruction				• •		• •		· <u>ry</u> . 1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			• •							
	z	Add lines 1a through 1h								. 1z		114,416.	
Attach Sch. B	2a	Ŭ I	2a			bТ	axable interest	t.		. 2b	-	i	
if required.	3a		3a			bС	Drdinary divide	nds .		. 3b	,		
	4a	IRA distributions	4a			bТ	axable amoun	t		. 4b	,		
Standard Deduction for—	5a	Pensions and annuities	5a			bТ	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	n method,	check here	(see	instructions)		[
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee							[7			
jointly or	8	Additional income from Schedule								. 8	-	-14,748.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	com	е			. 9	_	99,668.	
\$27,700 • Head of	10	Adjustments to income from Sche								. 10			
household, \$20,800	11	Subtract line 10 from line 9. This is	-							. 11	-	99,668.	
If you checked	12	Standard deduction or itemized						• •		. 12	-	13,850.	
any box under <i>Standard</i>	13	Qualified business income deducti		m Form 8	995 or Form	1 899	95-A			. 13		10 050	
Deduction, see instructions.	14 15		· ·	· · ·	0 This is a	••••				. 14		13,850.	
	15	Subtract line 14 from line 11. If zer	U Or le	ess, enter	-u This is y	our	laxable incom	ie .		. 15		85,818.	

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

Form **1040** (2023)

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	14,189.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17					[·	18	14,189.
	19	Child tax credit or credit for	other dependent	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	14,189.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	14,189.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				25a 17	,488.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	<i>.</i>				2	5d	17,488.
If you have a	26	2023 estimated tax payment	s and amount a	oplied from 20	22 return .			26	· · · · · · · · · · · · · · · · · · ·
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	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				undable credits		32	
	33	Add lines 25d, 26, and 32. T	,	-	-			33	17,488.
Refund	34	If line 33 is more than line 24						34	3,299.
	35a	Amount of line 34 you want					. 🗆 🖪	5a	3,299.
Direct deposit?	b	Routing number 1 2 1					Savings		
See instructions.	d	Account number 3 2 5	J. J.						
	36	Amount of line 34 you want a		2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24				1 1			
You Owe	01	For details on how to pay, g						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another	,						
Designee			•				omplete belo	ow.	🗙 No
	De	signee's		Phone		Perso	onal identificat	tion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com							
Here			piete. Deciaration					•	, 0
	Yo	ur signature		Date	Your occupation				t you an Identity I, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat		If the IR	3 sent	your spouse an
Keep a copy for	- 1-	, , , , , , , , , , , , , , , , , , ,					Identity	Protec	ction PIN, enter it here
your records.							(see inst	.)	
	Ph	one no. (510) 320-158	8	Email address	HARSHA.GUR	AM@GMAIL.CC	М		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN	6	Check if:
Preparer	SYAM	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/25/2024	P020827	03	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Phone n	o. (6	578)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's E	IN	84-3171965
Go to www.irs.go	v/Forn	n1040 for instructions and the late	st information.		BAA	REV 01/12/24 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 20

Attachment Sequence No. **01** Your social security number

Internal Revenue Service	
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR
SREEHARSHA GUF	RAM

Your social security	nι
899-25-2650	

Part 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. Attac	ch Schedule E .	5	-14,748.
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	Bd (
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	Bg		
h		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)	Bm		
n	Section 951(a) inclusion (see instructions)	8n		
ο		Во		
р		Вр		
q	Taxable distributions from an ABLE account (see instructions)	Bq		
r		8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
		8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	U	8t		
u		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-SR, or 1040-NR, line 8		10	-14,748.
or Pa	nerwork Reduction Act Notice, see your tay return instructions		Cabadul	a 1 (Earm 1040) 2023

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

Schedule 1 (Form 1040) 2023

1	Adjustments to Income					11	
	Educator expenses				·	11	
2	Certain business expenses of reservists, performing artists, and fee	-pasi	s gov	vernme	ent	12	
,	officials. Attach Form 2106	• •	• •	• •	• -	13	
3	Moving expenses for members of the Armed Forces. Attach Form 3903					13	
4 5						15	
5	Deductible part of self-employment tax. Attach Schedule SE						
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
9a	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)	24a					
b	Deductible expenses related to income reported on line 8I from the						
	rental of personal property engaged in for profit	24b					
С	Nontaxable amount of the value of Olympic and Paralympic medals						
	and USOC prize money reported on line 8m	24c					
d	Reforestation amortization and expenses	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
q	Contributions by certain chaplains to section 403(b) plans	24g					
· ·	Attorney fees and court costs for actions involving certain unlawful						
	discrimination claims (see instructions)	24h					
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	24i					
i	Housing deduction from Form 2555	24i					
ן ר	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	2 7j					
N		24k					
_		24K					
z	Other adjustments. List type and amount:	24z					
	Tatal athen adjustments Add lines 04- through 04-				_	05	
25	Total other adjustments. Add lines 24a through 24z				-	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income					a a	
	Form 1040, 1040-SR, or 1040-NR, line 10	• •	• •	• •	•	26	

SCHEDULE E			Supplemental Income and Loss							OMB No. 1545-0074		
(Form 1040) (From rental real estate, royalties, par		tate, royalties, partnersl	erships, S corporations, estates, trusts, REMICs, etc.)							20 7 3		
Department of the Treasury Attach to Form 1040,										Attachn		
Internal Revenue Service Go to www.irs.gov/ScheduleE for i					r instru	uctions an	d the la	atest in	formation.		Sequen	ce No. 13
Name(s) shown on return Your social s									-			
	SREEHARSHA GURRAM 899-25-2650											
Part	Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm											
	Note: If yo rental inco	ou ai ome	re in the business (or loss from Form	of renting personal proper 4835 on page 2, line 40.	ty, use	Schedule	e C . See	e instru	ctions. If you a	ire an indiv	vidual, rep	ort farm
Α [that would require you	to file	Form(s) 1	099? 5	See ins	structions .		. 🗌 Ye	s 🛛 No
				red Form(s) 1099?								
1a				y (street, city, state, ZIF								
						,				0110		
	H-NO 1-19	6,	KAMMAVARIPA	ALEM PAMUR (M) PF	KAKAS	SAM, ANL	HRA	PRAD	ESH IN 52	23110		
<u> </u>												
<u>C</u>	Turne of Durane	ut.						-				
1b	Type of Prope (from list below			rental real estate prope port the number of fair				⊢a	ir Rental Days	Person Da		QJV
Α	3	••)		use days. Check the Q.			Α		365	Da	0	
B	5		if you mee	et the requirements to f	ile as	a	B		305		0	
			qualified j	oint venture. See instru	ictions	S.	C					
	of Property:						U					
	Single Family R	esic	dence 3 Va	cation/Short-Term Ren	tal	5 Land	1	7	Self-Rental			
	Multi-Family Re			mmercial		6 Roya			Other (desc	ribe)		
									Properti	es:		•
Incom							Α	C 1	В			C
3					3		/	61.				
4		ivec	1		4							
Exper					5							
5					5 6							
6					6 7		1 7	11				
7 8					8		±, /	41.				
о 9					9							
10					10							
11	•				11		2.2	10.				
12				etc. (see instructions)	12		<i>∠,</i> ∠	10.				
13					13							
14	Repairs	•			14		3.5	24.				
15	a				15			20.				
16					16		- / -					
17					17		2,1	41.				
18	Utilities 17 Depreciation expense or depletion 18							73.				
19	Othor (list)	-	-		19							
20	· · · · · · · · · · · · · · · · · · ·			gh 19	20		15,5	09.				
21	Subtract line 2	20 fr	om line 3 (rents)	and/or 4 (royalties). If								
				o find out if you must								
	file Form 6198	Ś.			21	-	- 14,7	48.				
22				after limitation, if any,								
	on Form 8582	l (se	e instructions) .		22	(14,74	18.)	()	(
23a				ne 3 for all rental prope				23a		761.		
b								23b				
С												
d	1 1 1							23d		,873.		
е								23e	15	,509.		
24				own on line 21. Do not		-				. 24		
25		-		21 and rental real estate							(14,748.
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											
	nere. It Parts I	II, III	i, and IV, and lir	ie 40 on page 2 do no	τ appl	y to you,	also e	nter ti	his amount c	n		

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

-14,748.

NPA