#### 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)

Taxpayer's name

Taxpay	er's name		Social security n	umber
MEG	HANA MUSUNOORI		831-23-3	906
Spouse	's name		Spouse's social	security number
Par	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			<b>1</b> 62,520.
2	Total tax			<b>2</b> 6,016.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099			<b>3</b> 8,135.
4	Amount you want refunded to you			4 2,119.
5	Amount you owe			5

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

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

#### Taxpayer's PIN: check one box only

				FBO firm name		Er
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_
		~~ ~ ~ ~ ~ ~				3

3	3	9	0	6	
Ent don	er fiv i't er	ve die nter a	gits, all ze	but ros	as my

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

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

Your signature

Date 🕨

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

I authorize

to enter or generate my PIN

Enter five digits, but don't enter all zeros

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

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

Spouse's signature >	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
Part III Certification and Authentication – Practitioner PIN Method Only									
<b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	_	6 nter a	 	2	7 1	

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

ERO's signature >		Date 🕨	
ERO Must Retain This Don't Submit This Form to the			
For Paperwork Reduction Act Notice, see your tax return instruction	S. BAA	REV 03/07/24 PRO	Form <b>8879</b> (Rev. 01-2021)

<b>1040</b>		artment of the Treasury—Internal Revenue Servi <b>S. Individual Income Ta</b>		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not w	rite or staple in this sp	bace.
For the year Jar	n. 1–Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate instructior	ns.
Your first name	and mi	iddle initial	Last r	name						Your so	cial security numb	ber
MEGHANA			MUS	UNOORI	I					831	23 3906	
If joint return, s	pouse's	s first name and middle initial	Last r	name							's social security nu	umber
										492	57 3315	
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ntial Election Cam	npaign
644 W NO	ORTH	TEMPLE ST						3	314	Check I	here if you, or you	r
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP o	ode		if filing jointly, war	
SALT LAP	KE CI	ITY				רט	C	841	16	, v	o this fund. Checkin ow will not change	•
Foreign country	y name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		k or refund.	
											🗌 You 🔄 Sp	pouse
Filing Status	; [	Single					Head of h	ouseh	old (HOH)			
Check only		] Married filing jointly (even if only or	ne hac	l income)								
one box.	X	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	ı che	ecked the HOH	l or Q	SS box, ente	er the chi	ld's name if the	
	qu	alifying person is a child but not you	ır depe	endent: _ ]	LOKESH D	DAS	ARI					
Digital	Atar	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		ange, or otherwise dispose of a digi						-			🗌 Yes 🛛 N	ю
Standard		eone can claim:  You as a de					a dependent	/ (		,		
Deduction		Spouse itemizes on a separate retur	•		•		•					
Age/Blindnes	s You	. Were born before January 2, 1	959	Are b	lind Spc	ouse	: 🗌 Was bo	m befr	ore January	2 1959	Is blind	-
Dependent		•			Social security		(3) Relationsh	11	•		ifies for (see instruct	tions):
-		irst name Last name		(2)	number		to you		Child tax c		Credit for other depe	,
lf more than four												
dependents,												
see instruction and check	s ——											
here	]											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	71,01	13.
	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b	)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	(see i	nstruction	ns)					. 1c	;	
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see ir	nstru	uctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441,	, line 26					. 1e	•	
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g	ı	
get a Form W-2, see	h	Other earned income (see instruction	ons)				<sub>.</sub> .			. 1h	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	71,01	13.
Attach Sch. B	2a	Tax-exempt interest	2a			b⊤	axable interes	t.		. 2b	,	
if required.	<u>3a</u>		3a			b C	Ordinary divide	nds .		. 3b	<u> </u>	
Standard	4a		4a				axable amoun			. 4b	<u> </u>	
Deduction for –	5a	Pensions and annuities	5a			b⊺	axable amoun	t		. 5b	J	
<ul> <li>Single or Married filing</li> </ul>	6a	, _	6a				axable amoun	t	· · · .	. 6b	·	
separately,	С	If you elect to use the lump-sum e				`	,		l			
<ul><li>\$13,850</li><li>Married filing</li></ul>	7	Capital gain or (loss). Attach Schee							l			
jointly or Qualifying	8	Additional income from Schedule	-							. 8		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	come	e	• •		. 9	· · ·	20.
\$27,700 • Head of	10	Adjustments to income from Sche								. 10		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-			• •		. 11	- , -	
• If you checked	12	Standard deduction or itemized								. 12		50.
any box under <i>Standard</i>	13	Qualified business income deducti	on fro	m ⊦orm 8	995 or Form	899	5-A			. 13		<u> </u>
Deduction, see instructions.	14	Add lines 12 and 13			••••••••••••••••••••••••••••••••••••••					. 14		
	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-U This is y	our	taxable incom	ie .		. 15	48,6	

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

Form 1040 (2023)

Form 1040 (2023	3)								Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 4972	3 🗌		16	6,016.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	6,016.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	6,016.
	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 <b>total tax</b>					24	6,016.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				<b>25a</b> 8	,135.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	8,135.
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)				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	e 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	8,135.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	int you <b>overpaid</b>		34	2,119.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆	35a	2,119.
Direct deposit?	b	Routing number 0 3 1				Checking	Savings		
See instructions.	d	Account number 3 6 1	4 1 7 6	6 4 9 5	5				
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	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	
	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				🗌 <b>Yes.</b> Co	omplete b	elow.	× No
	De nai	signee's		Phone no.			onal identifi oer (PIN)	cation	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sch		. ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
				Prote	ction Pl	IN, enter it here			
Joint return?						DUE DILIGENCE		- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an ection PIN, enter it here
your records.							(see in	,	ection Pin, enter it here
	Ph	one no. (801)410-678	0	Email address	MECUANA MUCH	NOORI@GMAIL.CO	`		
		one no. (801) 410-678 eparer's name	9 Preparer's signat		MEGRANA.MUSI		PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			CIIDUA	03/28/2024	P02082	507	Self-employed
Preparer		m's name GLOBAL TAX			JUIN GUEIA	00/20/2024			(678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's		010100-9022
Go to www.irc.cr		1040 for instructions and the late		TADAATOI IN					Form <b>1040</b> (2023)
			stanomation.		BAA	REV 03/07/24 PRO			10111 10-10 (2023)

SCHEDULE	1
(Form 1040)	

# Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. <b>01</b>
Name(s) shown on Fo	orm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
MEGHANA MUSUNO	ORI	831-23	-3906

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta		5	-8,493.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a (	)	
b		8b		
С		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	•	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			
		8m		
n		8n		
0		80		
р		8р		
q		8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form	- (		
		<u>8s (</u>	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u		<u>8u</u>	_	
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 <b>additional income</b> . Enter			_0 102
	1040, 1040-SR, or 1040-NR, line 8		10	-8,493.
FOL Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	e 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 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)		
b	Deductible expenses related to income reported on line 8I from the		
	rental of personal property engaged in for profit		
С	Nontaxable amount of the value of Olympic and Paralympic medals		
	and USOC prize money reported on line 8m	_	
d	Reforestation amortization and expenses    24d		
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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	<b>BAA</b> REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

SCHEDULE	Ε
(Form 1040)	

### Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

2023	
Attachment Sequence No. <b>13</b>	

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

Name(s) shown on return											Your social security number			
MEGHANA MUSUNOORI										831-23-3906				
Part	Note: If you a	re in t	s From Rental Real Estate an the business of renting personal proper ss from Form 4835 on page 2, line 40.			<b>c</b> . See	instruc	tions. If you	are an indi	vidual, rep	ort farm			
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions													
B	If "Yes," did you or will you file required Form(s) 1099?													
1a	Physical address	of e	ach property (street, city, state, Zl	P cod	e)									
Α	H NO: 1-4-28	32,E	PMH COLONY KAMAREDDY TEI	LANG	ANA IN	5031	11							
В														
С														
1b	Type of Property (from list below)	2	above, report the number of fair	rental	al and Days				Personal Use Days		QJV			
Α	3	]	personal use days. Check the Q			Α	365		0					
В			if you meet the requirements to qualified joint venture. See instru			В								
С						С								
	of Property:													
	Single Family Resid			ntal	5 Land			Self-Rental						
2	Multi-Family Reside	ence	4 Commercial		6 Roya	alties	8	Other (desc	ribe)					
								Propert	ies:					
Incom						Α		В			С			
3				3		4	25.							
4		1.		4										
Exper														
5				5										
6	•	structions)	6		1 0	0.5								
7	•		ance	7		1,3	25.							
8				8										
9 10				10										
11				11		1,0	0.0							
12	•		l to banks, etc. (see instructions)	12		1,0	00.							
13	00			13										
14			14		2,1	24.								
15			15		1,8									
16				16										
17	Utilities			17		2,5	93.							
18			or depletion	18										
19				19										
20	Total expenses. A	nes 5 through 19	20		8,9	18.								
21	result is a (loss), s	see ir	ine 3 (rents) and/or 4 (royalties). If instructions to find out if you must	21		-8,4	93.							
22	Deductible rental	real	estate loss after limitation, if any, tructions)	22	(		93.)(		)	(	)			
23a	Total of all amoun	its re	ported on line 3 for all rental prope	erties			23a		425.		,			
b	Total of all amoun	its re	ported on line 4 for all royalty prop	perties			23b							
С			ported on line 12 for all properties				23c							
d			ported on line 18 for all properties				23d							
е			ported on line 20 for all properties				23e	8	8,918.					
24			amounts shown on line 21. Do no		-				. 24		0.455			
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here <b>25</b> ( 8, 493. <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result										8,493.)			
26			<b>te and royalty income or (loss).</b> d IV, and line 40 on page 2 do no											

Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2