Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

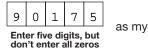
Тахрауе	er's name	Social security number				
KAR'	THEEK DEVARAPALLI	828-09-0175				
Spouse	's name	Spouse's social security number				
SAI	RISHITHA KORLAKUNTA	988-90-7626				
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Ent	er year you are authorizing.)				
Enter	whole dollars only 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 90,544.				
2	Total tax	. 2 7,099.				
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	. 3 14,454.				
4	Amount you want refunded to you	4 7,355.				
5	Amount you owe	5				

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

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

			FBO firm name		E
X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN	2



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

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

to enter or generate my PIN

Date

7 0 2 6 6 as mv Enter five digits, but don't enter all zeros

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 – Practitio	ner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five	-digit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 Don't enter all zeros

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 🕨	
	t Retain This Form – s Form to the IRS Un	 See Instructions less Requested To Do So 	
E. D. J. D. J. P. J. M. M. M. M. M. M. M. M.			E 9970 (D 01 0001)

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 12/21/23 PRO

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	ole in this	space.
For the year Jar	1. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	nstructi	ions.
Your first name	and m	iddle initial	Last n	ame						1	Your so	cial sec	urity nu	mber
KARTHEEF	<i>c</i>		ARAPAI	.т.т						828		0175		
		s first name and middle initial	ame						5				, number	
SAI RISH			KOB	LAKUNI	אי						988		7626	
		er and street). If you have a P.O. box, see						A	Apt. no.					, ampaign
	•	COMMONS BLVD										nere if yo		
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c	ode	5	spouse	if filing j	ointly, v	vant \$3
DUBLIN		,		•		OF	4	430	16			this fun ow will r		
Foreign country	/ name			Foreign p	rovince/state/o	-			n postal co			or refu		ige
										1		Yo		Spouse
Filing Status	. [] Single					Head of h	ouseh	old (HOH	 I)				
-		Married filing jointly (even if only o	ne had	income)				00.0011		,				
Check only one box.		Married filing separately (MFS)					Qualifying	surviv	ina spou	ise (Q	055)			
one box.	lf v	ou checked the MFS box, enter the	name	of vour s	pouse. If vou	u che			• •		,	ld's nar	ne if th	е
		alifying person is a child but not you												-
Digital		ny time during 2023, did you: (a) rece										🗌 Ye	- 🔽	No
Assets		hange, or otherwise dispose of a digi					-	31)? (56	einstruc	clions	5.)	L Te	5 🔼	NO
Standard Deduction	_	Someone can claim: You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien												
		· · · ·		_			_				4050			
		Were born before January 2, 1	959	Are b	•	ouse		11	ore Janua) Check th				blind	uctions):
Dependents		(see instructions): (1) First name Last name			Social security number	 (3) Relationship to you 		nip ("	Child ta		i			ependents
If more	(1)				number							oroan for		
than four dependents,	-													
see instruction	s ——												\dashv	
and check here				_					L	-				
	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)				L_		1a		100,	000.
Income	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•								1c			
attach Forms	d				on Form(s) W-2 (see instructions)						1d			
W-2G and	e	Taxable dependent care benefits f									1e			
1099-R if tax was withheld.	f	•		m Form 8839, line 29							1f			
If you did not	g										1g			
get a Form	h	Other earned income (see instructi									1h			0.
W-2, see instructions.	i	Nontaxable combat pay election (s												
	z	Add lines 1a through 1h									1z		100,	000.
Attach Sch. B	2a		2a			bТ	axable interes	t.			2b			-
if required.	3a	· -	3a			b C	Ordinary divide	nds .			3b			-
	4a	-	4a				axable amoun				4b			
Standard Deduction for –	5a		5a				axable amoun				5b			
Single or	6a	Social security benefits	6a				axable amoun				6b		-	
Married filing separately,	с	If you elect to use the lump-sum e	lection	method,	check here	(see	instructions)			. 🗆			-	
\$13,850	7	Capital gain or (loss). Attach Schee				•	,			. 🗆	7	1		
 Married filing jointly or 	8	Additional income from Schedule									8		-9,	456.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,									9			544.
surviving spouse, \$27,700	10	Adjustments to income from Sche									10			
 Head of household, 	11	Subtract line 10 from line 9. This is									11		90,	544.
\$20,800	12	Standard deduction or itemized	•	-	-						12			700.
 If you checked any box under 	13	Qualified business income deducti					5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14		27,	700.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ss, enter	-0 This is y	our t	taxable incom	ne.			15			844.

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

Form **1040** (2023)

Form 1040 (2023	3)							Page
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	1	6 7,099
Credits	17	Amount from Schedule 2, lin	ne3				1	7
	18	Add lines 16 and 17					1	8 7,099
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	ne8				2	20
	21	Add lines 19 and 20					2	21
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2 7,099
	23	Other taxes, including self-e					2	23 0
	24	Add lines 22 and 23. This is					2	24 7,099
Payments	25	Federal income tax withheld						
	а	Form(s) W-2				25a 14	,454.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions				25c		
	d	Add lines 25a through 25c	,				2	5d 14,454
If you have a	26	2023 estimated tax payment					2	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				31		
	32	Add lines 27, 28, 29, and 31	. These are vour	total other pa	avments and ref	undable credits	3	32
	33	Add lines 25d, 26, and 32. T		-				3 14,454
Refund	34	If line 33 is more than line 24						7,355
norana	35a	Amount of line 34 you want					. 🗆 🖪	5a 7,355
Direct deposit?	b	Routing number 0 5 1					Savings	
See instructions.	d	Account number 4 3 5	ů l					
	36	Amount of line 34 you want a						
Amount	37	Subtract line 33 from line 24						
You Owe	0.	For details on how to pay, g					3	37
	38	Estimated tax penalty (see in				38		
Third Party	Do	you want to allow another				' See		
Designee		tructions	•				omplete belo	w. 🗙 No
U	De	signee's		Phone			onal identificat	ion
	nar			no.			ber (PIN)	
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com						
Here			piete. Deciaration (、	,			, , ,
	Your signature Date Your occupation							S sent you an Identity on PIN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see inst.	
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat		If the IRS	S sent your spouse an
Keep a copy for your records.								Protection PIN, enter it h
your records.	HOME MAKER						(see inst.)
		one no. (614)619-916		Email address	KARTHEEK.6	744@GMAIL.CC		
Paid		eparer's name	Preparer's signat			Date	PTIN	Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/08/2024	P0208270	
Use Only	Fin	m's name GLOBAL TAX					Phone no	p. (678)965-952
	Firi	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 12/21/23 PRO		Form 1040 (20

REV 12/21/23 PRO

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023 lo. **01** number

	nent of the Treasury Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information		Attachment Sequence No. 01		
Name		ocial security number				
KART	-09-0	-				
Par	t Additio	onal Income	I			
		nds, credits, or offsets of state and local income taxes		1		
1 2a						
za b	Alimony rece	ived				
3	Business inc	ome or (loss). Attach Schedule C		3		
3 4		or (losses). Attach Form 4797				
5		state, royalties, partnerships, S corporations, trusts, etc. Attach Sched			-9,456.	
6		or (loss). Attach Schedule F			5,150.	
7		ent compensation		7		
8	Other income	•		-		
a		gloss				
b						
č	•	of debt		_		
d		ed income exclusion from Form 2555				
e		Form 8853				
f		Form 8889				
g		anent Fund dividends				
h		/				
i		wards				
i		ngaged in for profit income				
ķ		s				
I		the rental of personal property if you engaged in the rental				
		were not in the business of renting such property 81				
m	Olympic and	d Paralympic medals and USOC prize money (see				
	instructions)					
n	Section 951(a	a) inclusion (see instructions)				
ο	Section 951A	(a) inclusion (see instructions)				
р	Section 461(I) excess business loss adjustment				
q		ibutions from an ABLE account (see instructions) 8q				
r	Scholarship a	and fellowship grants not reported on Form W-2 8r				
S	Nontaxable a	amount of Medicaid waiver payments included on Form				
	1040, line 1a)		
t		nnuity from a nonqualifed deferred compensation plan or				
		mental section 457 plan		_		
u		d while incarcerated				
z	Other income	e. List type and amount:				
		8z				
9		come. Add lines 8a through 8z		9		
10	Combine line	is 1 through 7 and 9. This is your additional income . Enter here and	on Forn	n		
	1040, 1040-S	R, or 1040-NR, line 8		10	-9,456.	

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

Schedule 1 (Form 1040) 2023

ar	t II Adjustments to Income						
1	Educator expenses				. [11	
2	Certain business expenses of reservists, performing artists, and fee	-basi	s gov	vernm	ent		
	officials. Attach Form 2106					12	
3	Health savings account deduction. Attach Form 8889					13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans				. [16	
7	Self-employed health insurance deduction					17	
3	Penalty on early withdrawal of savings					18	
Эa	Alimony paid					19a	
b	Recipient's SSN						
С	Date of original divorce or separation agreement (see instructions):				-		
<u>כ</u>	IRA deduction					20	
1	Student loan interest deduction					21	
2	Reserved for future use					22	
3	Archer MSA deduction					23	
4	Other adjustments:	· ·	• •	• •	•	20	
a		24a					
		2 - 7a					
D		24b					
-	Nontaxable amount of the value of Olympic and Paralympic medals	240					
С	and USOC prize money reported on line 8m	24c					
		24C 24d					
a		240					
е	Repayment of supplemental unemployment benefits under the Trade						
	Act of 1974	24e					
f	Contributions to section 501(c)(18)(D) pension plans	24f					
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)	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					
j	Housing deduction from Form 2555	24j					
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form						
	1041)	24k					
z	Other adjustments. List type and amount:						
	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	24z					
5	Total other adjustments. Add lines 24a through 24z				.	25	
6	Add lines 11 through 23 and 25. These are your adjustments to income				on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

SCHE	EDULE E	Supple	emental	Inc	ome an	d Los	SS			OMB No	o. 1545-0074	
(Form 1040) (From rental real estate, royalties, partnershi				nips, S	corporati	s, etc.)	») 20 23					
Departm	nent of the Treasury			orm 1040,								
	Revenue Service	instru	ictions an	d the la	atest ir	formation.		Sequen	ice No. 13			
) shown on return										al security	
	-		& SAI RISHITHA							828-0	9-0175	
Part			s From Rental Real E ne business of renting perso				C See	instru	ctions If you ar	a an indiv	vidual ren	ort farm
	rental inco	me or los	s from Form 4835 on page	2, line 40.	ty, use	ochedule	0.000	, 1113010	ctions. It you al	c an man	nduai, rep	ortiann
			nts in 2023 that would re									s 🛛 No
BI	f "Yes," did you	or will y	ou file required Form(s)	1099? .							. 🗌 Ye	es 🗌 No
1a	Physical add	ess of ea	ach property (street, city	, state, ZIF	o code	e)						
Α												
В												
С												
1b	Type of Prope		For each rental real est					Fa	ir Rental	Person		QJV
	(from list below	∧)	above, report the numl personal use days. Che						Days	Da	-	
	3		if you meet the require				<u>A</u>		365		0	
B C			qualified joint venture.				B C					
	of Property:						U					
	Single Family R	esidence	a 3 Vacation/Short-	Term Rent	al	5 Land		7	Self-Rental			
	Multi-Family Re		4 Commercial			6 Roya			Other (descri	be)		
	,					,						
Incom							Α		Propertie B	:5:		С
3		4			3			95.	D			0
4					4							
Exper												
5					5							
6	Auto and trave	l (see ins	structions)		6							
7	Cleaning and r	naintena	nce		7		1,2	56.				
8	Commissions				8							
9					9							
10	•		sional fees		10							
11	-				11 12		8	00.				
12 13	Other interest		to banks, etc. (see instru	uctions)	12							
14					14		1 2	35.				
15					15			86.				
16					16		, -					
17					17		1,5	55.				
18	Depreciation e	xpense o	or depletion		18		3,3	19.				
19					19							
20	-		nes 5 through 19		20		10,0	51.				
21			ne 3 (rents) and/or 4 (roy									
	file Form 6198		structions to find out if y		01		-9,4	56				
22			estate loss after limitatio		21		ר, כ	50.				
22			ructions)		22	(9.4	56.)	((
23a		-	ported on line 3 for all re					23a	\	595.	\	
b			ported on line 4 for all ro					23b				
с			ported on line 12 for all p					23c				
d	Total of all am	ounts rep	ported on line 18 for all p	properties				23d		,319.		
е			ported on line 20 for all p					23e	10	,051.		
24			amounts shown on line 2			-						
25			ses from line 21 and renta								(9,456.
26			e and royalty income of IV, and line 40 on pag									
), line 5. Otherwise, inclu							26		-9,456.