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	numbe	er
SRI	KANTH KAIRAMKONDA		098-13-	0148	
Spouse	's name		Spouse's socia	al secur	rity number
Par	Tax Return Information – Tax Year Ending December 31,	2023 (Enter	vear vou are	e auth	norizing.)
Enter	whole dollars only on lines 1 through 5.		<u> </u>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
1	Adjusted gross income			1	81,234.
2	Total tax		[2	10,130.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		[3	12,559.
4	Amount you want refunded to you		[4	2,429.
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		Ēr	
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	_	
-		AT AD 3 T				3)

3	0	1	4	8	as my
Ent don	er fiv i't en	e di ter a	gits, all ze	but ros	ao 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

		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 🕨	Date 🕨
Practitioner PIN N	ethod Returns Only—continue below
Part III Certification and Authentication – Pr	actitioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by y	bur 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 🕨	
ERO Must Retain This F Don't Submit This Form to the I			
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 01/08/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		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	ing			, 20	See se	parate	instructions.
Your first name	and mi	iddle initial	Last r	name						Your so	cial sec	curity number
SRIKANTH	I		KAI	RAMKON	JDA					098	13	0148
		s first name and middle initial	Last r									I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>6844 WES</u>												/ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
		AND HILLS				TΣ		761		box bel	ow will	not change
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou 🔄 Spouse
Filing Status		Single					Head of he	buseh	old (HOH)			
Check only		Married filing jointly (even if only or Married filing separately (MFS)	ne nac	i income)				ounviv	ing spouse	(099)		
one box.	L If y	you checked the MFS box, enter the	name	ofvours	nouse If voi	ı che					ild'e na	me if the
		alifying person is a child but not you									nu s nu	
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-				es 🛛 No
		neone can claim: You as a de		· · ·			a dependent	i): (0e		113.)		
Standard Deduction	_	Spouse itemizes on a separate return	•		•		•					
		: Were born before January 2, 1		Are b		ouse		n hofe	re January	2 1050		s blind
	-		353					14				(see instructions):
-		irst name Last name		(2) :	Social security number		(3) Relationsh to you	ip (*	Child tax c			or other dependents
	(1)											<u>·</u>
Dependents												
	3 —											
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions)					. 1a	1	92,267.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 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				nstru	ictions)			. 10		
1099-R if tax	е	Taxable dependent care benefits f			-			• •		. <u>1</u> e		
was withheld.	f	Employer-provided adoption bene			,			• •		. <u>1</u> f		
lf you did not get a Form	g L	Wages from Form 8919, line 6 .				• •		• •	· · ·	. 1g		0.
W-2, see	h :	Other earned income (see instruction /	,	· · ·		• •	· · · · ·	· ·		. 1h		0.
instructions.	i z	Nontaxable combat pay election (s Add lines 1a through 1h	see ms	siructions		•••	· · []			. 1z	,	92,267.
Attach Sch. B	2a	- 1	2a			• Т	axable interest	•••		. 12	-	527207.
if required.	3a		3a				Ordinary divider			. 3b	-	
	4a		4a				axable amount			. 4b	-	
Standard Deduction for—	5a		5a				axable amount			. 5b		
Single or	6a	Social security benefits	6a			bТ	axable amount	t		. 6b	,	
Married filing separately,	с	If you elect to use the lump-sum elect	lectior	n method,	check here	(see	instructions)		[
\$13,850	7	Capital gain or (loss). Attach Schee	dule D	if require	d. If not requ	iired	, check here		[7		
 Married filing jointly or 	8	Additional income from Schedule	1, line	10						. 8		-11,033.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8	3. This is y	our total inc	omo	e			. 9		81,234.
\$27,700 • Head of	10	Adjustments to income from Sche	dule 1	, line 26						. 10		
household,	11	Subtract line 10 from line 9. This is	-							. 11	-	81,234.
\$20,800 • If you checked _Г	12	Standard deduction or itemized								. 12	-	13,850.
any box under Standard	13	Qualified business income deducti	ion fro	m Form 8	995 or Form	899	5-A			. 13		
Deduction, see instructions.	14	Add lines 12 and 13	· ·	••••		••	· · · ·	• •		. 14		13,850.
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-U This is y	ourt	taxable incom	е.		. 15		67,384.

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 🗌		. 16	10,130.
Credits	17	Amount from Schedule 2, lin	e3					. 17	
	18	Add lines 16 and 17						. 18	10,130.
	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	10,130.
	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 total tax					. 24	10,130.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25 a 1	2,559	9.	
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						. 25d	12,559.
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)			No	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			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 credit	s.	. 32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33	12,559.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpai	. k	. 34	2,429.
	35a	Amount of line 34 you want	refunded to you	I. If Form 8888	3 is attached, che	ck here	[35a	2,429.
Direct deposit?	b	Routing number 1 2 1 0 0 3 5 8 c Type: X Checking Savings							
See instructions.	d	Account number 3 2 5 0 6 3 4 3 2 0 8 6 6							
	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 ir	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?	' See			
Designee	ins	structions				🗌 Yes.	Comple	te below.	× No
	De nai	signee's		Phone no.			rsonal ide mber (PIN	entification	
0:000		der penalties of perjury, I declare th	nat I have examined		accompanying sch			,	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date Your occupation If the I					nt you an Identity
				Pr				Protection P	IN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(5	see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occupat	lion			nt your spouse an
your records.								see inst.)	ection PIN, enter it here
	Dh	200000 (E10) (EC COE	<i>c</i>	Email address			,		
		one no. (510) 456-695 eparer's name	0 Preparer's signat		SRIKANTHKAIRAM	Date			Check if:
Paid								182202	Self-employed
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		ram Sagar	GUPIA TALLAM	1 01/13/2024		082703	
Use Only		m's name GLOBAL TAX	Y CT E BRU	NOMITOR N	J 08816				(678) 965-9522
Co to unit in a				NOWICK N				irm's EIN	84-3171965 Form 1040 (2023)
GO LO WWW.Irs.go	JVIFOM	n1040 for instructions and the late	sumormation.		BAA	REV 01/08/24 PR0)		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.

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form1040 for instructions and the	Att
Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SRIKANTH KAIRAMKONDA	098-13-0148

Par	t Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a		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. Attach Schedule E .	5	-11,033.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling	-	
с	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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)	_	
n	Section 951(a) inclusion (see instructions)	_	
0	Section 951A(a) inclusion (see instructions)	_	
р	Section 461(I) excess business loss adjustment	_	
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)	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	_	
u	Wages earned while incarcerated 8u	_	
z	Other income. List type and amount:		
9	Tatal other income. Add lines %a through %z	9	
9 10	Total other income. Add lines 8a through 8z		· · · · · · · · · · · · · · · · · · ·
10	1040, 1040-SR, or 1040-NR, line 8	10	-11,033.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		ule 1 (Form 1040) 2023
		Coneu	

Part	Adjustments to Income					
11	Educator expenses				11	
12	Certain business expenses of reservists, performing artists, and fee					
	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					
	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:			• •		
		24a				
	Deductible expenses related to income reported on line 81 from the	2-14				
Ň		24b				
с	Nontaxable amount of the value of Olympic and Paralympic medals	2-10				
U	and USOC prize money reported on line 8m	24c				
d		24d				
e	Repayment of supplemental unemployment benefits under the Trade	2-10			1	
e	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			1	
	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	2 7 9			-	
		24h				
	Attorney fees and court costs you paid in connection with an award	2411			-	
	from the IRS for information you provided that helped the IRS detect					
	tax law violations	24i				
:	Housing deduction from Form 2555	24i 24i				
	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	24j				
ĸ		24k				
z	Other adjustments. List type and amount:	24N				
2		24z				
25					25	
25 26	Total other adjustments. Add lines 24a through 24z				20	
20	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA)1/08/24 PRC		-	1 (Form 1040) 2

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)									00 02		
	nent of the Treasury Revenue Service	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.									Attachment Sequence No. 13		
Name(s) shown on return										Your socia	ial security number		
SRIKANTH KAIRAMKONDA											3-0148		
Part				ntal Real Estate ar	nd Ro	valties							
	Note: If yo	ou are in	the business of	renting personal prope 835 on page 2, line 40.	rty, use	Schedule	c . See	e instru	ctions. If you a	are an indiv	vidual, repo	ort farm	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions												
											. 🗌 Ye	s 🗌 No	
1a				(street, city, state, ZI		,			0.1				
<u>A</u>	H NO 2-42	MUNE	ERABAD MEI	DCHAL, HYDERABAI	D TEI	LANGANA	A IN	5014	01				
B													
C										-			
1b	Type of Prope (from list below			For each rental real estate proper above, report the number of fair r				⊢a	ir Rental Days	Personal Use Days		QJV	
Α	3			e days. Check the QJV box				365		0			
B			if you meet	the requirements to	irements to file as a								
C			qualified joi	int venture. See instru	uctions	S.	B C						
-	of Property:						•						
	Single Family R	esiden	ce 3 Vaca	ation/Short-Term Rer	ntal	5 Land		7	Self-Rental				
	Multi-Family Re			nmercial		6 Roya			Other (desc	ribe)			
						- · · · · , ·							
							•		Properti	es:			
ncome: 3 Rents received				•		A 654.		В	•		С		
3					3		6	54.					
4		ived .			4								
Exper					5								
5 6	-				5 6								
7		-			7		2 5	40.					
8	•				8		2,3	40.					
9					9								
10					10								
11	Management fees						2.0	13.					
12	Mortgage interest paid to banks, etc. (see instructions)												
13					13								
14	Repairs						2,4	87.					_
15	Supplies				14 15			96.					_
16	Taxes				16								
17	Utilities				17		2,3	51.					
18	Depreciation e	xpense	e or depletion		18								
19	Other (list)				19								
20			-	n 19	20		11,6	87.					
21				nd/or 4 (royalties). If									
				find out if you must			11 0						
00	file Form 6198			· · · · · · · · ·	21	-	-11,0	33.					
22				iter limitation, if any,	22	(11,03	33.)	()	(
23a	Total of all am	ounts r	eported on line	e 3 for all rental prope	erties			23a		654.			
b	Total of all am	perties			23b								
с				e 12 for all properties				23c					
d				e 18 for all properties				23d					
е				e 20 for all properties				23e	11	, 687.			
24				wn on line 21. Do no		-							
25				21 and rental real estat							(1	1,033.	
06	Total vental v		ata and ravel	huinaama ar (laaa)	Comh	ing lines	01 000		ntor the read	.u+			

Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 -11,033. NPA For Paperwork Reduction Act Notice, see the separate instructions.

26

-11,033.

OMB No. 1545-0074

SCHEDULE E

Т

Supplemental Income and Loss