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)

Taxpayer's name Social security number SUBBIAH VIMAL KUMAR DAVID 476-41-6649 Spouse's name Spouse's social security number 977-92-7569 RAJASUNDARI KESAVAN Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.) Part I 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. 141,807. 1 1 2 2 15,719. 3 3 30,838. 4 4 Amount you want refunded to you 15,119. 5 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: check one box only

X lauthorize GLOBAL TAXES LLC to enter or generate my PIN

	1	6	6	4	9					
Enter five digits, but don't enter all zeros										

9

7

5

Enter five digits, but don't enter all zeros

6

2

my

as mv

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.

Your signature

Spouse's PIN: check one box only

X I authorize GLOBAL TAXES LLC 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—continue below									
Part III Certification and Authentication – Practit	ioner PIN Method Only								
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your fi	ve-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 🕨	
	O Must Retain This Form — See hit This Form to the IRS Unless I		
			F 0070 (D 01 0001)

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

to enter or generate my PIN

REV 01/12/24 PRO

1040		artment of the Treasury—Internal Revenue Servin S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Onl	y—Do not v	/rite or sta	ple in this space.
For the year Jar	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ding			, 20	See se	parate i	nstructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number
SUBBIAH		AL KUN	MAR DAVI	D				476	41	6649		
	pouse's	s first name and middle initial	Last r									security number
RAJASUNI	DART		KES	AVAN						977	92	7569
		er and street). If you have a P.O. box, see						A	pt. no.			ection Campaigr
		DGE BLVD							18			ou, or your
		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP c		spouse	if filing j	jointly, want \$3
IRVING						TΣ	x	750	63	· ·		nd. Checking a not change
Foreign country	/ name			Foreign p	rovince/state/				n postal code		k or refu	•
							-	-			🗌 Yo	ou 🗌 Spouse
Filing Status	. [] Single					Head of h	ouseh	old (HOH)			
•		Married filing jointly (even if only or	ne hac	l income)								
Check only one box.] Married filing separately (MFS)		,				surviv	ing spouse	(QSS)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	pouse. If you	u che					ild's nar	me if the
		alifying person is a child but not you										
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi						-	,	. ,	∏ Ye	es 🛛 No
		neone can claim: You as a de		·			a dependent	,0: (00		113.)		
Standard Deduction	_	Spouse itemizes on a separate return			•		•					
				_			_	m h of c		0 1050		s blind
		: Were born before January 2, 1	909	Are bl	•	ouse		14	ore January			see instructions):
Dependents		First name Last name	(2) Social security number to you				Child tax of		· `	r other dependents		
lf more than four	(1)				number						or out to	
dependents,												
see instruction	s —											
and check here	ı ——											
	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	ctions)					. 1a		157,084.
Income	b	Household employee wages not re			,					. 1t		
Attach Form(s) W-2 here. Also	c				nstructions)					. 10		
attach Forms	d	Medicaid waiver payments not rep	•		-					. 10		
W-2G and	e	Taxable dependent care benefits fi		•	, ,					. 16		
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 11		
If you did not	a	Wages from Form 8919, line 6 .			,					. 10		
get a Form	h	Other earned income (see instructi								. 1ŀ		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					1i					
	z	Add lines 1a through 1h								. 1z	:	157,084.
Attach Sch. B	2a	Tax-exempt interest	2a			bТ	axable interest	t.		. 2t	,	
if required.	3a	Qualified dividends	3a			bС	Drdinary divide	nds .		. 3t	,	
	4a	IRA distributions	4a			bТ	axable amoun	t		. 41	,	
Standard Deduction for –	5a	Pensions and annuities	5a			bТ	axable amoun	t		. 5t)	
Single or	6a		6a			bТ	axable amoun	t		. 6t)	
Married filing separately,	с	If you elect to use the lump-sum el	lectior	n method,	check here	(see	instructions)					
\$13,850	7	Capital gain or (loss). Attach Sched				•	,			7		
 Married filing jointly or 	8	Additional income from Schedule								. 8		-15,277.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		141,807.
\$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incor	me				. 11		141,807.
\$20,800	12	Standard deduction or itemized	-	-	-					. 12	2	27,700.
If you checked any box under	13	Qualified business income deducti					95-A			. 13	;	
Standard Deduction,	14	Add lines 12 and 13								. 14		27,700.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	<u>-0 This is</u> y	<u>our</u>	taxable incom	ne	<u></u>	. 15	5	114,107.

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 🗌	1	6 15,719.
Credits	17	Amount from Schedule 2, lin	ie3				1	7
	18	Add lines 16 and 17					1	8 15,719.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9
	20	Amount from Schedule 3, lin	e8				2	20
	21	Add lines 19 and 20					2	:1
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	15,719.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	0.
	24	Add lines 22 and 23. This is	your total tax				2	4 15,719.
Payments	25	Federal income tax withheld	from:					
-	а	Form(s) W-2				25a 30	,838.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					2	5d 30,838.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	22 return		2	26
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27		
	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	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 30,838.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amou	int you overpaid	3	4 15,119.
	35a	Amount of line 34 you want	. 🗌 🔄	5a 15,119.				
Direct deposit?	b	Routing number 2 1 1	Savings					
See instructions.	d	Account number 4 4 2						
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36		
Amount	37	Subtract line 33 from line 24						
You Owe		For details on how to pay, g				3	57	
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party		you want to allow another	•					N N
Designee		tructions					omplete belo	
	De nai	signee's ne		Phone no.			onal identificati per (PIN)	ion
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and statement	s, and to the b	est of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is b	ased on all information	on of which pre	parer has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
							Protectio (see inst.	on PIN, enter it here
Joint return? See instructions.				<u> </u>	SOFTWARE		`	
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 Protection PIN, enter it here
your records.					HOME MAKE	(see inst.		
	Ph	one no. (612)814-562	1	Email address		ID@GMAIL.CO	M	
Deid		eparer's name	Preparer's signat			Date	PTIN	Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	01/24/2024	P0208270) 3 Self-employed
Preparer		n's name GLOBAL TAX						p. (678)965-9522
Use Only	Firi		Y CT E BRU	NSWICK N	J 08816		Firm's El	
Go to www.irs.go		n1040 for instructions and the late	st information.		BAA	REV 01/12/24 PRO	i	Form 1040 (2023)

REV 01/12/24 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

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

s and the latest information. Your social security number 476-41-6649

Name(s) shown on Form 1040, 1040-SR, or 1040-NR								
SUBBIAH	VIMAL	KUMAR	DAVID	&	RAJASUNDARI	KESAVAN		

Pai	t I Additional Income								
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1							
2a			a						
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								
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	. 5		-15,277.					
6	Farm income or (loss). Attach Schedule F.								
7	Unemployment compensation		L.						
8	Other income:								
а	Net operating loss)							
b	Gambling								
С	Cancellation of debt								
d	Foreign earned income exclusion from Form 2555 8d ()							
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)								
ο	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:								
•	Tatal athen in some Add lines On through On								
9	Total other income. Add lines 8a through 8z.								
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Fo			-15,277.					
For Pa	1040, 1040-SR, or 1040-NR, line 8								

Par	t II Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee	-basi	s governme	nt	
	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				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l 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			
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			
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income	e. Ent	er nere and o	on	
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA	REV	01/12/24 PRO	Schedul	e 1 (Form 1040) 2023

SCHE	Supplemental Income and Loss									OMB No. 1545-0074		
(Form	1040)	ental real estate, royalties, partners	ships, S	6 corporat	s, etc.)	2023						
Department of the Treasury Internal Revenue ServiceAttach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to www.irs.gov/ScheduleE for instructions and the latest in									formation.		Attachm Sequend	nent ce No. 13
Name(s)	shown on return									Your soci	al security r	
										1-6649		
Part				From Rental Real Estate ar								
	Note: If yo	ou are	in th	e business of renting personal prope s from Form 4835 on page 2, line 40.	erty, use	Schedule	e C. See	e instru	ctions. If you are	e an indi	vidual, repo	ort farm
Α				nts in 2023 that would require you		Form(s)	10992 5	See ins	structions			s X No
				pu file required Form(s) 1099?								
1a	Physical addr	ress c	of ea	ch property (street, city, state, ZI	P code	e)						
Α	33/15 MOR	RISC	ON S	ST ALANDUR CHENNAI TAM	ILNAI	DU IN 6	50001	6				
В												
С												
1b	Type of Prope		2	For each rental real estate prope				Fa	ir Rental		nal Use	QJV
	(from list below	w)		above, report the number of fair					Days	Da	iys	
A	2			personal use days. Check the Q if you meet the requirements to			Α		365		0	
B				qualified joint venture. See instru			В					
							С					
	of Property:	! .! .				5 1		7				
	Single Family R				ntal	5 Lanc			Self-Rental)		
2	Multi-Family Re	esider	nce	4 Commercial		6 Roya	aities	8	Other (descril	эе)		
									Propertie	s:		
Incom	ie:						Α		В			С
3					3		6	85.				
4		ived			4							
Expen	ises:											
5					5							
6				tructions)	6							
7				псе	7		2,4	15.				
8					8							
9					9							
10				sional fees	10							
11					11		1,6	00.				
12				to banks, etc. (see instructions)	12							
13	Other Interest	·	• •		13		2 6	67				
14 15					14 15			67. 24.				
15 16					15		3,1	.24.				
17					17		2 5	65.				
18				r depletion	18			91.				
19	Other (liet)	•			19		5,5					
20				es 5 through 19	20		15,9	62.				
21				ne 3 (rents) and/or 4 (royalties). If			2070					
				structions to find out if you must								
					21		-15,2	77.				
22	Deductible rer	ntal re	eal e	state loss after limitation, if any,								
				ructions)	22	(15,27	77.)	()	()
23a	Total of all am	ounts	s rep	orted on line 3 for all rental prope	erties			23a		685.		
b		mounts reported on line 4 for all royalty properties						23b				
С		mounts reported on line 12 for all properties										
d	Total of all am	ounts	s rep	orted on line 18 for all properties				23d	3,	591.		
е		amounts reported on line 20 for all properties										
24	Income. Add	positi	ive a	mounts shown on line 21. Do no	t inclu	de any lo	sses			24		
25	Losses. Add ro	oyalty	loss	es from line 21 and rental real estat	te losse	es from lin	ne 22. E	nter to	tal losses here	25	(1	15,277.)
26				e and royalty income or (loss).								
				IV, and line 40 on page 2 do no								
), line 5. Otherwise, include this a				ine 41		26	-	-15,277.
For Pa	perwork Reduct	ion A	ct No	otice, see the separate instructions	5.	NI	PA		-15,277.	Sc	hedule E (Fo	orm 1040) 2023

ule E (Form 1040) 20