Form	88	<b>37</b>	<b>'9</b>	
(Rev.	Januar	y 202	21)	
-			-	

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 sec	curity numb	ber
VEN	KATESH YARLAGADDA	344-	67-850	1
Spouse	's name	Spouse's	social secu	urity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year yo	u are au	thorizing.)
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	76,826.
2	Total tax		. 2	9,162.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	11,962.
4	Amount you want refunded to you		. 4	2,800.
5	Amount you owe		. 5	
Dord	Texperier Declaration and Signature Authorization (Decure you get and	kaan a a	any of y	(aum matuma)

#### 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

X	I authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	L
				ERO firm name		

7	8	5	0	1	
Ent don	er fiv n't er	/e di 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

as mv 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 Meth	od Returns Only—continue below
Part III Certification and Authentication – Practi	tioner PIN Method Only
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your f	ive-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 <b>&gt;</b>	Date 🕨						
	RO Must Retain This Form — Se omit This Form to the IRS Unless						
For Denomical's Deduction Act Nation and	en ur tex veture instructions		Earm 8879 (Bay, 01 2021)				

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 02/05/24 PRO

<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 On	ly—Do not v	vrite 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
VENKATES	ЗH		YAR	LAGADI	DA					344	67	8501
lf joint return, sp	oouse's	s first name and middle initial	Last r	name						Spouse	's socia	l security numbe
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>15738 DU</u>	IRAN	GO DR									,	ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ate	ZIP co	ode			jointly, want \$3 nd. Checking a
FRISCO						TΣ	K	750	35			not change
Foreign country	name			Foreign pi	rovince/state/	count	ty	Foreig	n postal code	your ta	x or refu	_
		Single					Head of he	ousob	에서 (비이비)			ou 🔄 Spouse
Filing Status		Married filing jointly (even if only o	ne hac	l income)				Jusen				
Check only one box.		Married filing separately (MFS)	ne nae	i inconic)			Qualifying	surviv	ina snouse	(OSS)		
one box.	lf v	you checked the MFS box, enter the	name	of your s	pouse. If voi	u che			• ·	. ,	ild's na	me if the
		alifying person is a child but not you			, , , , , , , , , , , , , , , , , , .				, .			
Digital	Atar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d award or	navr	ment for prope	rty or	services): c	r (h) sell		
Assets		hange, or otherwise dispose of a digi	•						· · ·		<b>Y</b>	es 🛛 No
Standard	-	neone can claim: 🗌 You as a de					a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	۱					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	/	(3) Relationsh	ip <b>(4</b>	•			(see instructions):
If more	<b>(1)</b> F	irst name Last name			number		to you		Child tax	credit	Credit fo	or other dependents
than four dependents,												
see instructions	s ——											
and check												
here 🗌	10	Total amount from Form(a) W/ 2 h	ov 1 (c		ationa)					10		<u> </u>
Income	1a b	Total amount from Form(s) W-2, be Household employee wages not re	•		,					. 1a . 1b		07,552.
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		. ,					. 10		
attach Forms	d	Medicaid waiver payments not rep	•		-					. 10		
W-2G and	e	Taxable dependent care benefits f		•	, ,					. 16	,	
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	:	
lf you did not	g	Wages from Form 8919, line 6								. 10	1	
get a Form W-2, see	h	Other earned income (see instruction	ions)							. 1h	n	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions)			<b>1</b> i					
	z	Add lines 1a through 1h	• •							. 1z	:	89,552.
Attach Sch. B	2a		2a			bΤ	axable interest	t.		. <b>2</b> b	)	
if required.	3a		3a				Ordinary divide			. 3b	_	
Standard	4a		4a				axable amoun			. 4b		
Deduction for –	5a		5a				axable amoun			. 5b	-	
<ul> <li>Single or Married filing</li> </ul>	6a	,	6a				axable amoun	t		. 6b	)	
separately,	_c	If you elect to use the lump-sum e				•	,	• •				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee		•	•		-	• •				10 700
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-12,726.
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,				come	e	• •		. 9		76,826.
<ul> <li>Head of</li> </ul>	10	Adjustments to income from Sche				 m.c		• •		. 10		76 006
household, \$20,800	11	Subtract line 10 from line 9. This is						• •		. 11	-	76,826.
• If you checked any box under	<u>12</u> 13	Standard deduction or itemized Qualified business income deduction						• •		. 12	_	13,850.
Standard	13 14	Add lines 12 and 13	51110			033	<u>ю</u> п	• •	• • •	. 14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter	-0 This is v	 /our 1	taxable incom		· · ·			62,976.
			5 51 10	55, 5110	5 y	501					· I	02,270.

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 🗌	1	6	9,162.
Credits	17	Amount from Schedule 2, lin	ne3				1	7	
	18	Add lines 16 and 17					1	8	9,162.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	9	
	20	Amount from Schedule 3, lin	ne8				2	0	
	21	Add lines 19 and 20					2	:1	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	2	9,162.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	3	0.
	24	Add lines 22 and 23. This is	your <b>total tax</b>				2	4	9,162.
Payments	25	Federal income tax withheld							
-	а	Form(s) W-2				<b>25a</b> 11	,962.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	5 <b>d</b> 1	1,962.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20	)22 return		2	6	
qualifying child,	27	Earned income credit (EIC)			No .	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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	undable credits	3	2	
	33	Add lines 25d, 26, and 32. T					3	3 1	1,962.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>	3	4	2,800.
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗌 🖪	5a	2,800.
Direct deposit?	b	Routing number         1         2         2         1         0         1         7         0         6         c Type:         X Checking         Savings							
See instructions.	d	Account number 4 5 7	0 4 2 5	7 1 1	3 7				
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount you owe					
You Owe		For details on how to pay, g	o to <i>www.ir</i> s.gov	//Payments or	see instructions		3	7	
	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	tructions				🗌 <b>Yes.</b> Co	omplete belo	w. 🗶 No	
	De nai	signee's		Phone no.			onal identificati per (PIN)	on	
Ciana		der penalties of perjury, I declare tl	nat I have examined		accompanying sche		. ,	est of my know	wledge and
Sign		ief, they are true, correct, and com							•
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an l	dentity
							Protectio	n PIN, enter it	
Joint return?					SOFTWARE I		(see inst.	)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion		sent your spo Protection PIN,	
your records.							(see inst.		, enter it nere
	Ph	one no. (201)870-969	0	Email address			M		
		one no. (201)870-969 eparer's name	8 Preparer's signat		VIARLAGADD	A3@GMAIL.CC	PTIN	Check if:	
Paid		PRIYA RAM SAGAR GUPTA TALLAM					P0208270		-employed
Preparer		n's name GLOBAL TA		TAUAN DAUAN	OULTA TAUNAM	02/00/2024		5. (678)96	
Use Only			Y CT E BRU	NGWICK N	J 08816		Firm's El	· · ·	3171965
Go to www.ire.cr		1040 for instructions and the late		TIONICI IN					1 <b>040</b> (2023)
		noro for manuallons and the late	scinomation.		BAA	REV 02/05/24 PRO		FUIII	

REV 02/05/24 PRO

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 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number VENKATESH YARLAGADDA 344-67-8501

Par	t 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. Atta	ach Schedule E .	5	-12,726.
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	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	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			
	,	<u>8m</u>	_	
n	Section 951(a) inclusion (see instructions)	8n	_	
0	Section 951A(a) inclusion (see instructions)	80	_	
р	Section 461(I) excess business loss adjustment	8p	_	
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	8s (	4	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u _	Wages earned while incarcerated	8u	-	
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
9 10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter		3	
	1040, 1040-SR, or 1040-NR, line 8		10	-12,726.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedul	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-basi			
	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			
c	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:		20	
2 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
D	rental of personal property engaged in for profit			
-	Nontaxable amount of the value of Olympic and Paralympic medals		-	
С	and USOC prize money reported on line 8m			
h			-	
d			-	
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:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV	02/05/24 PRO	Schedule 1 (F	orm 1040) 202

SCHE	DULE	Е
(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

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

Name(s)	shown	on	return	-	

Internal	Revenue Service		Go to www.irs.gov/Sche	eduleE for	instru	actions a	nd the la	ntest ir	formation.		Sequence	ce No. <b>13</b>		
Name(s	(s) shown on return								Your social security number					
VENK	ATESH YARLAG	ADDA	1							344-6	7-8501			
Part	Income o	r Los	s From Rental Real Es	state and	d Ro	yalties								
	Note: If you a	are in t	he business of renting persor	nal propert	ty, use	Schedul	e C. See	e instru	ctions. If you a	are an indiv	idual, repo	ort farm		
• •			s from Form 4835 on page 2				10000 0							
			ents in 2023 that would req											
BI			ou file required Form(s) 10								. <b> Ye</b>	s 🗌 No	)	
<b>1</b> a	Physical addres	s of ea	ach property (street, city, s	state, ZIF	o code	e)								
Α	KOHEDA HYDE	RABA	D TELANGANA IN 50	1511										
В														
С														
1b	Type of Property	2	For each rental real esta	ite propei	rtv list	ed		Fa	ir Rental	Personal Use				
	(from list below)	-	above, report the number			tal and box only A as a B			Days	Days		QJV	QJV	
Α	3		personal use days. Chec					365		0				
В			if you meet the requirem											
С			qualified joint venture. S	ee instru	ctions	6.	C							
Type	of Property:	-					-	1			I			
	Single Family Res	idence	e 3 Vacation/Short-T	erm Rent	al	5 Lan	h	7	Self-Rental					
	Multi-Family Resid		4 Commercial			6 Roy	-		Other (desc	ribe)				
_							annoo							
									Properti	es:				
Incom							Α		В			С		
3					3		5	85.						
4	Royalties receive	ed			4									
Exper														
5	-				5									
6	,		structions)		6									
7			nce		7		1,9	86.						
8	Commissions				8									
9	Insurance				9									
10	Legal and other	orofes	sional fees		10									
11	Management fee	s			11		1,3	55.						
12	Mortgage interes	t paid	to banks, etc. (see instruc	ctions)	12									
13	Other interest				13									
14	Repairs				14		1,6	48.						
15					15		2,1	27.						
16	Taxes				16									
17					17		2,6	14.						
18	Depreciation exp	ense	or depletion		18		3,5	81.						
19	Other (list)				19									
20	`	Add lir	nes 5 through 19		20		13,3	11.						
21	•		ne 3 (rents) and/or 4 (roya											
			structions to find out if yo											
					21		-12,7	26.						
22	Deductible renta	l real e	estate loss after limitation	, if any,										
			tructions)		22	(	12,72	26.)	(	)	(			
23a	Total of all amou	nts re	ported on line 3 for all rent	tal prope	rties			23a		585.				
b			ported on line 4 for all roya					23b						
с		-	ported on line 12 for all pro					23c						
d		-	ported on line 18 for all pro	-				23d	3	,581.				
е		-	ported on line 20 for all pro	-				23e		,311.				
24		-	amounts shown on line 21	-						. 24				
25			ses from line 21 and rental r					nter to	tal losses her		( [	12,726		
26			te and royalty income or											
-										1 1				

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.

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on

26

.

-12,726.