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 n	umber					
MAH	ESH REDDY CHADA	024-11-5	024-11-5684					
Spouse	's name	Spouse's social	security number					
Part	Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year you are	authorizing)					
	· · · · · · · · · · · · · · · · · · ·	ei yeai you aie	autrioriziriy.)					
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		1 134,907.					
2	Total tax		2 22,454.					
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 26,311.					
4	Amount vou want refunded to vou		4 3.857					

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 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
------------	------	-------	-----	-----	------

I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	•	6	Ů	4	as my
Ent don					

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. $\cdot \mathbf{v}$

Your signature

X

Э	(Moreda

Date ►	01/31/2024	
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 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 🕨			
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So					
Few Demonstructure A at Nati	a second and the second the state of the second		Farm 8870 (Day, 01 0001)		

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 01/21/24 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	vrite or sta	aple in this space.
For the year Jar	n. 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	urity number
MAHESH F	REDD	Y	СНА	DA						024	11	5684
		s first name and middle initial	Last r									security number
<u> </u>	<u>, .</u>											L
	-	er and street). If you have a P.O. box, see	Instruc	tions.					pt. no.			ection Campaigr
<u>2949</u> PAF		OD_BLVD ice. If you have a foreign address, also co	moloto	snaces he		Sta	ato	ZIP co	379 ode			jointly, want \$3
	031 0111		mpiere	Spaces be		TΣ		750		0		nd. Checking a
FRISCO Foreign country	/ name			Foreign p	rovince/state/o				n postal code	your tax		not change Ind
	,			· • • • • • • • •			- ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Y	_
Filing Status	; X	Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only or	ne hac	l income)								
one box.] Married filing separately (MFS)					Qualifying	surviv	ring spouse	(QSS)		
		you checked the MFS box, enter the			pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the chi	ild's na	me if the
	qu	alifying person is a child but not you	ır depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets	exch	hange, or otherwise dispose of a digi	ital ass	set (or a fi	nancial intere	est ir	n a digital asse	t)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Standard		neone can claim: 🗌 You as a de	•		•		a dependent					
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	s You	: Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependent		(see instructions):		(2) Social security (3) Relationshi		ip (4				(see instructions):		
If more	(1) ⊦	irst name Last name			number		to you		Child tax c	realt	Credit to	or other dependents
than four dependents,												
see instruction	s —											
and check here	ı —											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions)					. 1a		144,267.
	b	Household employee wages not re								. 1b)	
Attach Form(s) W-2 here. Also	с	Tip income not reported on line 1a	a (see i	nstructior	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							. 1f			
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. 1 g		
W-2, see	h	Other earned income (see instructi	,				· · · ·	· ·		. 1h		0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					144,267.
		Add lines 1a through 1h	 0-	• • •	· · · ·	 ьт	axable interest		· · ·	. 1z	_	144,207.
Attach Sch. B if required.	2a 3a		2a 3a				Drdinary divider			. 2b . 3b	_	
	<u> </u>		3a 4a				axable amount		• • •	. 30	_	
Standard	-та 5а		5a				axable amount			. 5b	_	
Deduction for — • Single or	6a		6a				axable amount			. 6b	_	
Married filing	c	If you elect to use the lump-sum e		method.					[
separately, \$13,850	7	Capital gain or (loss). Attach Sche				`	,		[7		
 Married filing jointly or 	8	Additional income from Schedule		•	•					. 8		-9,360.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	,							. 9		134,907.
\$27,700	10	Adjustments to income from Sche		-						. 10		
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incon	ne				. 11		134,907.
\$20,800 • If you checked	12	Standard deduction or itemized	deduc	ctions (fro	om Schedule	A)				. 12		13,850.
any box under	13	Qualified business income deduction	ion fro	m Form 8	995 or Form	899	95-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-0 This is y	our	taxable incom	e.		. 15		121,057.

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	22,454.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	22,454.
	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	22,454.
	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	22,454.
Payments	25	Federal income tax withheld							
	а	Form(s) W-2				25a 26	,311.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c					2	25d	26,311.
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				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		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	26,311.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34	3,857.
	35a	Amount of line 34 you want	refunded to you	J. If Form 8888	3 is attached, che	ck here	. 🗆 🕄	85a	3,857.
Direct deposit?	b	Routing number 0 8 1 9 0 4 8 0 8 c Type: X Checking Savings							
See instructions.	d	Account number 2 9 1	0 2 4 5	9 1 4 2	2 7				
	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					omplete bel		X No
	De nai	signee's		Phone no.			onal identifica oer (PIN)	tion	
Ciarra		der penalties of perjury, I declare tl	nat I have examined		accompanying sch		. ,	hest r	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the IR	S sen	t you an Identity
		0							N, enter it here
Joint return?					SOFTWARE ENGINEER		(see ins	,	
See instructions. Keep a copy for				Date	Spouse's occupat	ion			t your spouse an ction PIN, enter it here
your records.							(see inst		ction Fin, enter it here
	Ph	one no. (813) 317-522	0	Email address		CHADA@GMAIL.CO)M		
		eparer's name	Preparer's signat				PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			СПРТА ТАТ.Т.АМ		P020827		Self-employed
Preparer		n's name GLOBAL TAX		TATA DUGUL	SOLIN INDAM	101/01/2024			678) 965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's E		84-3171965
Go to www.irs.cr		1040 for instructions and the late		TYDAATCI/ IN			111115		Form 1040 (2023)
		in the instructions and the late	scinomation.		BAA	REV 01/21/24 PRO			1 0 m 1 0 T 0 (2023)

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 MAHESH REDDY CHADA 024-11-5684

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. Attach So	5	-9,360.
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	 4	
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan	-	
u	Wages earned while incarcerated	-	
z	Other income. List type and amount:		
9	Total other income. Add lines 8a through 8z	9	
9 10	Combine lines 1 through 7 and 9. This is your additional income . Enter here	3	
10	1040, 1040-SR, or 1040-NR, line 8	10	-9,360.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	 	e 1 (Form 1040) 2023

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	Alimony paid				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:					
 a		24a				
-	Deductible expenses related to income reported on line 8I from the					
		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			-	
e	Repayment of supplemental unemployment benefits under the Trade				-	
•	Act of 1974	24e				
f	Contributions to section 501(c)(18)(D) pension plans	24f			-	
q	Contributions by certain chaplains to section 403(b) plans	24g			-	
	Attorney fees and court costs for actions involving certain unlawful	9			-	
	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				
i	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				25	
26	Add lines 11 through 23 and 25. These are your adjustments to income			and on		
	Form 1040, 1040-SR, or 1040-NR, line 10				26	
	BAA		01/21/24 PF			le 1 (Form 1040) 202

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 In

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

2023	
Attachment	

nternal	Revenue Service			Go to www.irs.gov/ScheduleE	for instru	uctions a	nd the la	atest i	nformation.		Sequen	ce No. 13
ame(s)	me(s) shown on return									Your soc	ial security	number
		CHA								024-1	1-5684	
Part				From Rental Real Estate a			•					
	rental inc	ou ar ome (e in tr or los:	ne business of renting personal prop s from Form 4835 on page 2, line 40	oerty, use D.	Schedul	e C. See	e instru	ictions. If you	are an indi	vidual, rep	ort farm
0				nts in 2023 that would require yo		Form(s)	1099? \$	See in	structions .		. 🗆 Ye	s 🛛 No
				ou file required Form(s) 1099?								
a				ach property (street, city, state, 2								
-						<i>.</i>)						
A	SAIDABAD	HYD	ERA.	BAD TELANGANA IN 5000	59							
B												
C	Turne of Due of	where O. For work have been a state of the state of the Form Device Device Device of the state o										
1b	Type of Prope (from list belo		2	For each rental real estate prop above, report the number of fa				Fa	air Rental Days	Personal Use Days		QJV
Α	3			personal use days. Check the			Α		365	0		
B	3			if you meet the requirements to	o file as	a	B		303			
C				qualified joint venture. See inst	ructions	6.	C					
	of Property:						U					
	Single Family F	Resid	lence	3 Vacation/Short-Term Re	ental	5 Lan	h	7	Self-Rental			
	Multi-Family Re			4 Commercial	Jintai	6 Roy			Other (desc	ribe)		
_		oorac					airioo	0				
									Propert	ies:		
om							Α		В			С
3					3			750.				
ŀ		eived			4							
-	ses:				_							
5	-				5							
6				tructions)	6		1 0					
7				nce	7		Ι,()60.				
3					8							
)					9							
)		er professional fees										
1					11		1,6	550.				
2				to banks, etc. (see instructions)	12							
3					13		1 (
1	-				14			960.				
5					15		Ζ,ζ	160.				
) ,					16			000				
7					17		۷, ۵	980.				
3		-		or depletion	18							
	Other (list)	·····		les 5 through 19			10 1	10				
)	•			•	<u>20</u>		10,1					
				ne 3 (rents) and/or 4 (royalties). I structions to find out if you mus								
	file Form 6198			5	21		-9,3	360				
2				state loss after limitation, if any			<i></i>					
-				ructions)	, 22	(9.3	60.)	()	(
la				ported on line 3 for all rental prop				23a		750.		
b				ported on line 4 for all royalty pro-				23b				
c			-	ported on line 12 for all propertie	-			23c				
d			-	ported on line 18 for all propertie				23d				
e				ported on line 20 for all propertie				23e		0,110.		
1				mounts shown on line 21. Do n						. 24		
,				es from line 21 and rental real esta							(9,360.
;				e and royalty income or (loss)							-	
				IV, and line 40 on page 2 do r								

For Paperwork Reduction Act Notice, see the separate instructions.

26

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