Form **8879**

(Rev. January 2021)

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.

OMB No. 1545-0074

internal revenue control								
Submission Identification Nu	ımber (SID)							
Taxpayer's name	<u> </u>		Social securi	ty numbe	r			
ANSHUL MEGHANI			512-51	-2997				
Spouse's name			Spouse's social security number					
Part I Tax Return In	formation — Tax Year Ending Do	acember 31 202	 3 (Enter year you a	re auth	orizina)			
Enter whole dollars only on li	<u> </u>	ecember 51, 202	5 (Linter year your	ii e auti	101121119.)			
	se line 4 only. Leave lines 1, 2, 3, and	5 blank.						
				11	76,	.127.		
				2		008.		
3 Federal income tax wi	ithheld from Form(s) W-2 and Form(s)	1099		3		867.		
4 Amount you want refu				4		859.		
5 Amount you owe .				5				
Part II Taxpayer Dec	claration and Signature Authoriza	ation (Be sure you g	et and keep a cop	y of yo	ur retur	n)		
my knowledge and belief, it is to return (original or amended) I am to send my return to the IRS and for any delay in processing the ragent to initiate an ACH electror payment of my federal taxes ow authorization is to remain in full payment, I must contact the U business days prior to the payment taxes to receive confidential integers personal identification number (I	clare that I have examined a copy of the incurrence true, correct, and complete. I further declin now authorizing. I consent to allow my ind to receive from the IRS (a) an acknowled return or refund, and (c) the date of any renic funds withdrawal (direct debit) entry to red on this return and/or a payment of estil force and effect until I notify the U.S. Tr. J.S. Treasury Financial Agent at 1-888-35 nent (settlement) date. I also authorize the formation necessary to answer inquiries a PIN) below is my signature for the income	are that the amounts in F ntermediate service provided dgement of receipt or reas fund. If applicable, I autho the financial institution ac mated tax, and the financial reasury Financial Agent to 33-4537. Payment cancell financial institutions involved and resolve issues related	Part I above are the amer, transmitter, or electron for rejection of the trize the U.S. Treasury account indicated in the tal institution to debit the terminate the authorization requests must be used in the processing of the the payment. I fur	ounts from the counts of the c	om the inc rn originat- ion, (b) the esignated F ration soft this accor- revoke (ced no late ctronic pay nowledge	ome tax or (ERO) e reason Financial ware for unt. This cancel) a r than 2 yment of that the		
Electronic Funds Withdrawal Co Taxpayer's PIN: check one								
X I authorize GLOBA		to enter or o	generate my PIN $\frac{1}{2}$	2 9	9 7	as my		
	ERO firm name come tax return (original or amended) I		´ Er	ter five di n't enter		asiny		
☐ I will enter my PIN a	as my signature on the income tax ret your own PIN and your return is filed	urn (original or amende						
Your signature ►			Oate ►					
Spouse's PIN: check one b	nox only							
I authorize	ox only	to enter or o	generate my PIN			as my		
	ERO firm name	to critci or g	, , <u> </u>	ter five di	gits, but	asiny		
signature on the inc	come tax return (original or amended) I	am now authorizing.	do	n't enter	all zeros			
	as my signature on the income tax ret your own PIN and your return is filed							
Spouse's signature ▶		[Date ►					
	Practitioner PIN Method R	eturns Only—continu	e below					
Part III Certification a	and Authentication — Practition	er PIN Method Only						
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-d	igit self-selected PIN.	2 2 2 4 9 Don't en	6 0 er all zero	8 2 7 os	1		
authorized to file for tax year in	entry is my PIN, which is my signature fondicated above for the taxpayer(s) indicated PIN method and Pub. 1345 , Handbook for	ed above. I confirm that I	am submitting this ret	urn in ac	cordance			
ERO's signature ▶			Date ►					
	ERO Must Retain This							
	Don't Submit This Form to the	IRS Unless Request	ted To Do So					

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



# 1040		artment of the Treasury—Internal Revenue Servi		ırn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instructions.
Your first name ANSHUL If joint return, s		iddle initial s first name and middle initial	Last nan	ANI							512	51	2997
	-	er and street). If you have a P.O. box, see	instructio	ons.					Apt. no.	- 1			ection Campaign
7200 PRESTON ROAD City, town, or post office. If you have a foreign address, also complete s PLANO Foreign country name				TX			725 ZIP code 75024 Foreign postal code			Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse			
Check only one box.	If y	Single Married filing jointly (even if only only only only only only only only	name of ur depend	f your sp dent:				surviv	ving spou	use (0 enter	the chi	ld's na	me if the
Digital Assets Standard	exch	nange, or otherwise dispose of a dig	ital asset	t (or a fin	ancial inter	est ir						☐ Ye	es 🗵 No
Deduction		Spouse itemizes on a separate retur	n or you	were a c	dual-status	alien							
		: Were born before January 2, 1	959 _	Are bli	nd Spc	ouse:	: U Was bor						s blind
Dependent		(see instructions): (1) First name Last name		(2) Social security number (3) Relationship to you		ip (4	Check t) Child t				(see instructions): or other dependents		
If more than four	(1)	ilst flame Last flame					to you		1		Juli	Orodit id	
dependents,									[
see instruction and check here	s — 								[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instruct	tions) .					-	1a		89,949.
	b	Household employee wages not re	eported o	on Form(s) W-2 .						1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d			
W-2G and	е	Taxable dependent care benefits from Form 2441, line 26							1e				
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		
If you did not	g	Wages from Form 8919, line 6.									1g		
get a Form	h	Other earned income (see instruct	ions) .								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s					l 1i						
	z	Add lines 1a through 1h						. .			1z		89,949.
Attach Sch. B	2a	· · · · · · · · · · · · · · · · · · ·	2a			b Ta	axable interest	t.			2b		361.
if required.	3a	· –	3a				rdinary divide				3b		
	4a	IRA distributions	4a				axable amoun				4b		
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b		
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b		
Married filing separately,	С	If you elect to use the lump-sum e	m election method, check here (see instructions)							. \square			
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	. If not requ	uired,	, check here			. \square	7	\perp	
 Married filing jointly or 	8	Additional income from Schedule	1, line 10)							8		-14,183.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	This is yo	our total inc	come	e				9		76 , 127.
\$27,700	10	Adjustments to income from Sche	dule 1, li	ne 26							10		
Head of household,	11	Subtract line 10 from line 9. This is	s your ad	ljusted g	gross incor	ne					11		76 , 127.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (fron	n Schedule	A)					12		13,850.
any box under	13	Qualified business income deduct					5-A				13		
Standard Deduction,	14	Add lines 12 and 13									14		13,850.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or lace	ontor I	O This is v	our t	avable incom				15		62 277

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	9,008.
Credits	17	Amount from Schedule 2, lir	ne 3						17	
	18	Add lines 16 and 17							18	9,008.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	9,008.
	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	9,008.
Payments	25	Federal income tax withheld								
-	а	Form(s) W-2				25a	11,	867.		
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c							25d	11,867.
If you have a	26	2023 estimated tax paymen	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 fro	m Schedule 8812			28				
	29	American opportunity credit	from Form 8863	3, line 8		29				
	30	Reserved for future use .				30				
	31	Amount from Schedule 3, lin	ne 15			31				
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable c	redits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments					33	11,867.
Refund	34	If line 33 is more than line 24							34	2,859.
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	s is attached, che	ck here		. 🗆	35a	2,859.
Direct deposit?	b	Routing number 0 6 4	0 0 0 0	2 0	c Type: 🛛] Checking	g 🗌 Sa	vings		
See instructions.	d	Account number 4 4 4	0 2 3 9	7 6 0 8	3 1					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	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							37	
	38	Estimated tax penalty (see i	nstructions) .			38				
Third Party	Do	you want to allow another	person to disc	cuss this retu	n with the IRS?	See				
Designee	ins	structions				🗆	Yes. Con	nplete b	elow.	⋉ No
		Designee's Phone Personal ident name no. number (PIN)							cation	
0:		der penalties of perjury, I declare t	hat I have examined	no.	accompanying scho	dulae and e		` '	o bost	of my knowledge and
Sign		lief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation			If the	IRS ser	nt you an Identity
	10	ar signature		Date	Tour occupation					IN, enter it here
Joint return?					SOFTWARE 1	EMPLOY	EE	(see ii	nst.)	
See instructions.	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	ion				nt your spouse an
Keep a copy for your records.										ection PIN, enter it here
,		(615) 050 040	0	Farall and discar	NEGUANITANIA	0 0		(see ii	131.)	
		one no. (615) 258-342 eparer's name	Preparer's signat	Email address	MEGHANIANSH	UL25@GM Date		PTIN		Check if:
Paid		'	1 .		רווחת מחתודים				702	Self-employed
Preparer		1 PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	02/02/	2024 P	02082		
Use Only		m's name GLOBAL TA		NIOTAT OTC. 37	T 00016			Phone		(678) 965-9522
	Fin	m's address 245 ROONE	Y CT E BRU	NSWICK N	η ηαατρ			Firm's	S EIN	84-3171965

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

ANSHUL MEGHANI

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
512_51	2007

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		5	-14,183.
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		
ı	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			
	, , , , , , , , , , , , , , , , , , ,	8m		
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 ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t	-	
u		8u	-	
Z	Other income. List type and amount:			
•	The state of the s	8z		
9	Total other income. Add lines 8a through 8z		9	_
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	here and on Form		14 100
	1040, 1040-SR, or 1040-NR, line 8		10	-14,183.

Schedule 1 (Form 1040) 2023 Page **2**

Par	t II 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				
С	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:	_			
а	, , , , , , , , , , , , , , , , , , ,	24a			
b	Deductible expenses related to income reported on line 8l from the				
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		-	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f		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				
	-	24i			
j		24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
		24k			
Z	Other adjustments. List type and amount:	24z			
0 -					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

ANSE	UL MEGHANI						512-	-51-299	7
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Ro	yalties Schedule	c . See	instru	ctions. If you a	are an ir	ndividual, re	port farm
	Did you make any payments in 2023 that would require you	to file	Form(s)	1099? S	ee ins	structions .		🗌 Y	es 🗵 No
B I	f "Yes," did you or will you file required Form(s) 1099? .							🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF	od(e)						
Α	VILLA#5 SINDHUJA GREENS VAIDPURA SECTO	R 10	GREAT	ER NO	IDA	WEST UTT	AR PI	RADESH I	IN 203207
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate proper above, report the number of fair	rental	y listed Fair Rentantal and Days				l		
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru	ne as	a S.	В					
С	, ,			С					
1	of Property: Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc			
						Propert	ies:		
Incom				Α	0.0	В			С
3	Rents received	3		1,5	00.				
4 ====================================	Royalties received	4							
Exper 5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,4	5.2				
8	Commissions	8		1,4	JZ.				
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,3	20				
12	Mortgage interest paid to banks, etc. (see instructions)	12		5,5					
13	Other interest	13		0,0	•••				
14	Repairs	14		1,7	14.				
15	Supplies	15		1,6					
16	Taxes	16		, -					
17	Utilities	17		1,3	14.				
18	Depreciation expense or depletion	18		2,7					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		15,6	83.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-14,1	83.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		14,18		()()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a	1	. , 500		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c		5 , 500		
d	Total of all amounts reported on line 18 for all properties				23d	2	2 , 727		
е	Total of all amounts reported on line 20 for all properties				23e	15	, 683		
24	Income. Add positive amounts shown on line 21. Do not	t inclu	de any lo	sses			. 2	4	
25	Losses. Add royalty losses from line 21 and rental real estate	e loss	es from lin	e 22. Er	nter to	tal losses her	e 2	5 (14,183.)
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on . 2	6	-14,183.