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

Social security number Social security number Space S	Submi	ssion Identification Number (SID)		-			
Part Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	Taxpaye	er's name	Social securit	ty numb	er		
Enter whole dollars only on lines 1 through 5. Note: Form 1040-SS filter use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 2 Total tax 3 Federal mome tax withheld from Form(s) W-2 and Form(s) 1099 3 11,870. 4 Amount you want refunded to you 4 2,742. 5 Amount you want refunded to you 5 Amount you want refunded to you 9 1 Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) 1 Under penalties of perjury, 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 in Carlo was a true to refund, and (b) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Filtancial Agent to initiate an ACH electronic funds withdrawal cliract death; entry to the financial institution to debit the entry substance of the properties of the processing the refund and the processing the refund of the processing the refund and the processing the refund and the processing the refund or apparent of restanced tax, and the financial institution to debit the entry this authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the minarcial institution to debit the entry to 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 (cance) a payment of restance that the U.S. Treasury Financial Agent to the minarcial exclusion to the time the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent. Value of the processing the refundable of the processing that the processing that the income tax return (original or amended) I am now authorizing and, if applicable, my	SAI	KUMAR DABBIKAR	020-39-3935				
Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only, Leave lines 1, 2, 3, and 5 blank. 1	Spouse'	s name	Spouse's soc	ial seci	ırity numk	per	
Enter whole dollars only on lines 1 through 5. Note: Form 10:40-SS files use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Ente	_ er year you a	re au	thorizin	g.)	
1 77, 577. 2 Total tax 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . 3 1, 870. 4 Amount you want refunded to you . 4 2, 742. 5 Amount you want refunded to you . 4 2, 742. 5 Amount you want refunded to you . 4 2, 742. 6 Amount you want refunded to you . 4 2, 742. 7 Amount you want refunded to you . 4 2, 742. 7 Amount you want refunded to you . 4 2, 742. 8 Amount you want refunded to you . 4 2, 742. 8 Amount you want refunded to you . 4 2, 742. 9 Amount you want refunded to you refunded the your refunded the your refunded the your your to feel want you are entering lead to the your your yell you have an entering your own PiN and your refunded to amount your yell you are entering your own PiN and your refunded to amount your yell you are entering your own PiN and your refunde			,			<u> </u>	
2 9, 1.28. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
A Amount you want refunded to you	1	Adjusted gross income		1	7	7,577.	
Amount you want refunded to you 5 Amount you well Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjuny, 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 time, correct, and complete. I further declare that the amounts from the mounts from the income tax return (original or amended) I am now authorizing, and to the best of the sent or the line of the transmission, (b) the reason of the transmission of the transmission of the transmission of the 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 or the transmission. (b) the reason of the response on the return originator (ERO) to send my return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission.) (b) the reason of the response of the transmission of the transmission of the return originator (ERO) to send my return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission.) (b) the reason of the response	2	Total tax		2		9,128.	
S Amount you owe Part III Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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. And to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealay in processing the return of efficient, and (c) the date of any 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 dealay in processing the return of efficient, and (c) the date of any return to the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any dealay in processing the received and the financial institutions include the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-4383-4387. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-338-4587. 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 prevoke (cancel a payment, I must contact the U.S. Treasury Financial Agent at 1-888-338-4587. 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 payment. I further declares the payment of the payment (settlement) and date in the	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	1,870.	
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, 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 your provides 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 processing the return or refund, and (c) the date of any return to the IRS and to neceive 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. Teasury 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 is 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 1-888-353-457. Payment cancellation requests the precedent on later than 2 business days prior to the payment (estitement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to racebra confidential information necessary to answer inquiries and resolve issues related to the payment. I Turther acknowledge that the personal identification number (Pilo) below is my signature for the income tax return (original or amended) I am now authorizing. The five digits, but don't enter all zeros with 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	4			4		2,742.	
Under penalties of perjun; 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 bellet, it is true, correct, and complete. I further declare that the amounts in PAI I above are the amounts from the income tax return (original or amended) I am now authorizing. Lonsent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to neceive 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 indication or payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation osftware for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the tax preparation osftware for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation osftware for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution in the text preparation of the payment of th				_			
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Taxpayer's PIN: check one box only	to send for any Agent t paymer authoriz paymer busines taxes to persona	In my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account into f my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termina the Industry of the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I	jection of the tr J.S. Treasury a dicated in the to ion to debit the te the authoriza quests must be processing of payment. I furl	ansmise received the entry attorn. The received the electron attornation at the electron at th	ssion, (b) designate paration s to this ac o revoke ved no la ectronic knowled	the reason of Financial software for count. This is (cancel) a later than 2 payment of ge that the	
I authorize GLOBAL TAXES LLC to enter or generate my PIN 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 PIN: check one box only ☐ I authorize						7	
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 ▶ Date ▶ Spouse's PIN: check one box only I authorize			9	3 9	3 5		
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Spouse's PIN: check one box only I authorize		if you are entering your own PIN and your return is filed using the Practitioner PIN met					
I authorize	Your s	ignature ▶ Date ▶					
I authorize	Spous	se's PIN: check one hox only				_	
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Spouse's signature ► Date ►			-	ter five	digits, bu		
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 — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 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 ▶		signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	;	
Practitioner PIN Method Returns Only—continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 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		if you are entering your own PIN and your return is filed using the Practitioner PIN met					
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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	Part	III Certification and Authentication — Practitioner PIN Method Only					
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ERO Must Retain This Form — See Instructions	authoriz	zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sub-	mitting this retu	ırn in a	accordan	ce with the	
ERO Must Retain This Form — See Instructions	ERO's	signature ▶ Date ▶					
		ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To	Do Co				

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		See ser	parate in	nstructions.
Your first name	and m	iddle initial	Last na	ıme					Your so	cial secu	rity number
SAI KUMA	AR		DABE	BIKAR					020	39	3935
If joint return, s	pouse's	s first name and middle initial	Last na	ıme					Spouse'	s social s	security number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ons.			Apt. no.		Preside	ntial Elec	ction Campaign
_2531 LAN	NDST	ONE ST									u, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	mplete s	spaces below.	Sta	ite	ZIP code				ointly, want \$3 d. Checking a
TRACY					CA	A	95377		0		ot change
Foreign country	y name			Foreign province/state/o	count	ty	Foreign postal	code	your tax	or refun	ıd.
										You	ı Spouse
Filing Status	s 🗵	Single				☐ Head of he	ousehold (HC)H)			
Check only		Married filing jointly (even if only or	ne had i	income)							
one box.		Married filing separately (MFS)				☐ Qualifying	surviving spe	ouse (0	QSS)		
	If y	you checked the MFS box, enter the	name o	of your spouse. If you	ı che	ecked the HOH	or QSS box	, enter	the chi	ld's nam	ne if the
	qu	ıalifying person is a child but not you	ır deper	ndent:							
Digital	At a	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	navn	ment for prope	rty or service	s): or (b) sell.		
Assets		nange, or otherwise dispose of a digi								Yes	s 🛛 No
Standard		neone can claim: You as a de		_ <u>`</u>			, ,		,		
Deduction		Spouse itemizes on a separate return		•		•					
		: Were born before January 2, 1	959 [_ Are blind Spo	ouse:	: 🔲 Was bor	n before Jan				blind
Dependent				(2) Social security	·	(3) Relationsh	"P "				ee instructions):
If more	(1) ⊢	irst name Last name		number		to you	Child	tax cre	edit	Credit for	other dependents
than four dependents,								<u> </u>			<u> </u>
see instruction	s —							<u> </u>			
and check	1 —										
here L	J	Total and supplied from Farmar(a) M/ O. h.	1 /							$\overline{}$	86,201.
Income	1a	Total amount from Form(s) W-2, bo	•	,					1a		80,201.
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2							1b 1c		
W-2 here. Also attach Forms	c d								1d		
W-2G and	e	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	9 h	Other earned income (see instructi							1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,			l 1i	i				
	z	Add lines to through th							1z		86,201.
Attach Sch. B		1	2a		b Ta	axable interest	 t		2b		
if required.	3a	Qualified dividends	3a		b 0	rdinary divider	nds		3b	,	
	4a		4a			axable amoun			4b		
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amoun	t		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 el	lection i	method, check here ((see	instructions)		. 🗆			
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	ıired,	, check here		. [] 7		
Married filing jointly or	8	Additional income from Schedule	1, line 1	0					8		-8,624.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome	e			9		77,577.
\$27,700 • Head of	10	Adjustments to income from Schee	dule 1,	line 26					10		
household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne				11		77,577.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (from Schedule	A)				12		13,850.
any box under Standard	13	Qualified business income deducti	on from	n Form 8995 or Form	899	5-A			13		
Deduction,	14	Add lines 12 and 13							14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	s, enter -0 This is y	our t	taxable incom	ie		15		63,727.

Form 1040 (202	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌		16	9,327.
Credits	17	Amount from Schedule 2, lin						17	
	18	Add lines 16 and 17						18	9,327.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	199.
	21	Add lines 19 and 20						21	199.
	22	Subtract line 21 from line 18	. If zero or less.	enter -0				22	9,128.
	23	Other taxes, including self-en	mplovment tax.	from Schedule	2. line 21			23	0.
	24	Add lines 22 and 23. This is			•			24	9,128.
Payments	25	Federal income tax withheld							,
. aymome	а	Form(s) W-2				25a 11	,870.		
	b	Form(s) 1099				25b	,		
	c	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	•					25d	11,870.
16	26	2023 estimated tax payment						26	, , , , , , , , , , , , , , , , , , , ,
If you have a qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from			_	28			
	29	American opportunity credit				29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.						32	
	33	Add lines 25d, 26, and 32. T						33	11,870.
Refund	34	If line 33 is more than line 24						34	2,742.
riciana	35a	Amount of line 34 you want i	•				. 🗀	35a	2,742.
Direct deposit?	b	Routing number 1 2 1				_	Savings	-	•
See instructions.		Account number 2 7 0		0 4 4			ourgo		
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24				1 00 1			
You Owe	31	For details on how to pay, go						37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another				See			
Designee		structions	•				omplete b	oelow.	⋈ No
_		signee's		Phone			onal identi	fication	
	na			no.			ber (PIN)		
Sign		der penalties of perjury, I declare thingless, and com-							, ,
Here			protor Boolaration	1			1		nt you an Identity
	YO	ur signature		Date Your occupation					IN, enter it here
Joint return?					SOFTWARE E	ENGINEER		inst.)	,
See instructions.		ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupati	ion			nt your spouse an
Keep a copy for your records.								tity Prote inst.)	ection PIN, enter it here
,			_		-			11151.)	
		one no. (626)662-402		Email address	SAIKUMAR.DAB	BIKAR@GMAIL.CO			Ob It if
Paid		eparer's name	Preparer's signat		W	Date	PTIN	0.00	Check if:
Preparer		M PRIYA RAM SAGAR GUPTA		A RAM SAC	GAR GUPTA	04/05/2024	P0208		Self-employed
Use Only		m's name GLOBAL TAX			- 00075		_		678)965-9522
		m's address 245 ROONES		INSWICK N			Firm	's EIN	84-3171965
GO TO WWW ITS O	ov/Forr	n1040 for instructions and the late	st information.		DAA	DEV 02/07/24 DDO			Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

Your social security number

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0074

SAI KUMAR DABBIKAR 020-39-3935 Part Additional Income Taxable refunds, credits, or offsets of state and local income taxes 1 1 2a Date of original divorce or separation agreement (see instructions): 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E -8,624. 5 5 6 6 7 7 8 Other income: а 8a 8b 8c Foreign earned income exclusion from Form 2555 8d 8e 8f Alaska Permanent Fund dividends 8g 8i Activity not engaged in for profit income 8i 8k 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 8n Section 951A(a) inclusion (see instructions) 80 Section 461(I) excess business loss adjustment 8p Taxable distributions from an ABLE account (see instructions) . . . 8q Scholarship and fellowship grants not reported on Form W-2 . . . 8r Nontaxable amount of Medicaid waiver payments included on Form 8s Pension or annuity from a nonqualifed deferred compensation plan or 8t Wages earned while incarcerated 8u Other income. List type and amount: 9 9 10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form

-8,624.

10

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				
16	Self-employed SEP, SIMPLE, and qualified plans				
17	Self-employed health insurance deduction				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				
b	Recipient's SSN				
С	Date of original divorce or separation agreement (see instructions):				Į.
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
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				
	· · · · · · · · · · · · · · · · · · ·	24c			
d	the state of the s	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			Į.
25	Total other adjustments. Add lines 24a through 24z				
26	Add lines 11 through 23 and 25. These are your adjustments to income . Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	r here and	on 26	
	1 OITH 1070, 1070-011, 01 1070-1111, IIIIC 10	• •		. 20	

SCHEDULE 3 (Form 1040)

Department of the Treasury

Internal Revenue Service

Additional Credits and Payments

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 Attachment Sequence No. **03**

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

Your social security number 020-39-3935

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441	line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	199.
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	Sa		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	Sc Sc		
d	Credit for the elderly or disabled. Attach Schedule R	3d		
е	Reserved for future use	Se Se		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396)g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	3h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	3k		
ı	Amount on Form 8978, line 14. See instructions	6I		
m	Credit for previously owned clean vehicles. Attach Form 8936.	Sm Sm		
z	Other nonrefundable credits. List type and amount:			
		Sz		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10-	40, 1040-SR, or		
	1040-NR, line 20		8	199.
		(0	ontinue	d on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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

SAI	KUMAR DABBIKAR						020-3	9-3935	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper			C Sec	inetru	ctions If you	are an indi	/idual_ren	ort farm
	rental income or loss from Form 4835 on page 2, line 40.	ıy, use	Scriedule	. . . 5ee	IIISITÜ	Juons. II you i	are an man	nuuai, rep	ortianii
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? S	See ins	structions .		. \(\tag{Y}\epsilon	es 🗵 No
	If "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZII								
Α	MAIN STREET BHIMAVARAM ANDHRAPRADESH 1	IN 53	4201						
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	qualified joint venture. See instru	ICLIONS	•	С					
Туре	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	tal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	lties	8	Other (desc	ribe)		
						Propert			
Incor	me:	+		Α		В	103.		С
3	Rents received	3			84.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	87.				
8	Commissions	8		<u> </u>					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	42.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,0	13.				
15	Supplies	15		2,3	49.				
16	Taxes	16							
17	Utilities	17		2,5	17.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		9,2	08.				
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		-8,6	24.				
22	Deductible rental real estate loss after limitation, if any,		,	0 60		,	,	,	
00-	on Form 8582 (see instructions)	22	(4.)	() EQ4	(
23a	Total of all amounts reported on line 3 for all rental prope				23a		584.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
q	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d		200		
e 24	Total of all amounts reported on line 20 for all properties				23e		9,208.		
24 25	Income. Add positive amounts shown on line 21. Do not Losses. Add royalty losses from line 21 and rental real estate		-		· ·	tal losses be	. 24 re 25		8,624.
									0,024.
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 at						. 26		-8,624.

Education Credits (American Opportunity and Lifetime Learning Credits)

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

Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form8863 for instructions and the latest information. OMB No. 1545-0074 Attachment Sequence No. **50**

3935

Your social security number

39

020

SAI KUMAR DABBIKAR

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all Pa	arts II	II, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is:				
	• Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)			6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity credit;	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.			8	
Part			1		
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions) .	9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	995.
11	Enter the smaller of line 10 or \$10,000			11	995.
12	Multiply line 11 by 20% (0.20)		[12	199.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,000.		
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead	14	77,577.		
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	12,423.		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,000.		
17	If line 15 is:				
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18		.)		
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (round least three places)			17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instructions) .	18	199.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit instructions) here and on Schedule 3 (Form 1040), line 3	Limit	Worksheet (see	19	199.
or Pa	A Dad all a Ad Nation and a state of the sta	^ ^			Form 8863 (2023)

Name(s) shown on return	Your social	security	number
SAI KUMAR DABBIKAR	020	39 l	3935



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	art III Student and Educational Institution Information. See instructions.							
20	21 Student name (as shown on page 1 of your tax return) 21 Student social security number (as shown on page 1 of							
	SAI KUMAR your tax return)							
	DABBIKAR	020-39-3935						
	Educational institution information (see instructions)							
а	. Name of first educational institution	b. Name of second educational institut	ion (if a	any)				
	University of the Cumberlands							
(Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.						
	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.	a torei	gn address, see				
	6198 College Station Drive	matructions.						
	WILLIAMSBURG KY 40769	(2) 5:11						
(2	2) Did the student receive Form 1098-T from this institution for 2023? ✓ Yes ☐ No	(2) Did the student receive Form 1098 from this institution for 2023?	3-1	Yes No				
(B) Did the student receive Form 1098-T	(3) Did the student receive Form 1098		_				
	from this institution for 2022 with box Yes X No	from this institution for 2022 with b	oox _	」Yes No				
	7 checked?	7 checked?						
(4	Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer ide						
	if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form	if you're claiming the American opposite checked "Yes" in (2) or (3). You can						
	1098-T or from the institution.	1098-T or from the institution.	ı get ii	ie Liiv iioiii i oiiii				
	1000 1 of none mondation.	1000 FOR HOME INCIDENCE.						
	61-0470593							
23	Has the American opportunity credit been claimed for this	☐ Yes — Stop!						
	student for any 4 prior tax years?	Go to line 31 for this student.	— Go	to line 24.				
24	Was the student enrolled at least half-time for at least one							
	academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program							
	leading towards a postsecondary degree, certificate, or		– Sto l this stu	p! Go to line 31				
	other recognized postsecondary educational credential?	1011	11115 511	ident.				
	See instructions.							
25	Did the student complete the first 4 years of postsecondary							
25	education before 2023? See instructions.	\times Yes — Stop! Go to line 31 for this student. \square No	— Go	to line 26.				
		☐ Go to line 31 for this student. ☐ 119	GO	10 1110 201				
26	Was the student convicted, before the end of 2023, of a							
	felony for possession or distribution of a controlled			nplete lines 27				
	substance?	☐ Go to line 31 for this student. ☐ thro	ugn 30) for this student.				
	Valuation the American appartunity availt and the li	ifations learning avadit for the same attribute	l in the	oomo voor If				
/ !	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't d		. III trie	same year. II				
CAUT	ION	somplete line et.						
	American Opportunity Credit							
27	Adjusted qualified education expenses (see instructions). Dor	· · · · · · · · · · · · · · · · · · ·	27					
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28					
29	1 3 7 7		29					
30	If line 28 is zero, enter the amount from line 27. Otherwise, a							
	enter the result. Skip line 31. Include the total of all amounts f	rom all Parts III, line 30, on Part I, line 1.	30					
	Lifetime Learning Credit							
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10		31	995.				