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 nevertue Service							
Submission Identification Number (SID)							
Taxpayer's name	ity num	ber					
KAUSHIK THIAGARAJAN		697	-13	8-860	6		
Spouse's name		Spouse	's so	cial sec	urity r	number	,
JAYASHRI RAMACHANDRAN		883	-34	1-614	:6		
Part I Tax Return Information — Tax Year Ending December 31, 2023	(Enter	year y	ou a	are au	thor	izing.)
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			
1 Adjusted gross income				1	ــــــ		,463.
2 Total tax				2	₩		,383.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3	₩		<u>,056.</u>
4 Amount you want refunded to you				5	┼	6	<u>,673.</u>
5 Amount you owe	t and ke					rotu	rn)
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or an							
to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reasor for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authoriz Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accorpayment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellate business days prior to the payment (settlement) date. I also authorize the financial institutions involve taxes to receive confidential information necessary to answer inquiries and resolve issues related personal identification number (PIN) below is my signature for the income tax return (original or amen	ze the U.S ount indic institution reminate tion request in the part of the par	S. Treas cated in to dek the aut ests mu process ayment.	the the horizant hori	and its tax pre e entry zation. The recent of the enther action.	desig parati to thi To re ived lectro	inated ion sof is acco voke (i no late pnic pa wledge	Financial tware for tware for this cancel) are than 2 yment of that the
Electronic Funds Withdrawal Consent.			_				
Taxpayer's PIN: check one box only		DIN	3	8 8	6 0	6	
X I authorize GLOBAL TAXES LLC to enter or ge	enerate m	ny PiiN		nter five			as my
signature on the income tax return (original or amended) I am now authorizing.			de	on't ent	∍r all z	zeros	
I will enter my PIN as my signature on the income tax return (original or amended) if you are entering your own PIN and your return is filed using the Practitioner PII below.							
Your signature ▶ Da	ate▶						
Spouse's PIN: check one box only							
X I authorize GLOBAL TAXES LLC to enter or ge	nerate m	nv PIN	4	6	$1 \mid 4$	6	as my
ERO firm name		.,	E	nter five	digit		,
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) if you are entering your own PIN and your return is filed using the Practitioner PII below.			noriz		heck	this b	
Spouse's signature ▶ Da	ate ▶						
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 4 Dor	9 n' t en	6 0 ter all z	8 eros	2 7	1
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual in authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I a requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Provided in the provided in	ım submit	tting thi	s ret	urn in	accor	rdanće	
ERO's signature ▶ Da	ate ►						
FRO Must Retain This Form — See Instructi	one						

Don't Submit This Form to the IRS Unless Requested 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	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing	<u>'</u>		, 20		See se	oarate i	nstructio	ons.
Your first name	and m	niddle initial	Last nan	ne	<u></u>						Your so	cial sec	urity num	nber
KAUSHIK			THIA	GARAJ <i>A</i>	ΔN						697	13	8606	
	pouse'	s first name and middle initial	Last nan										security r	number
JAYASHR:	Т		RAMA	CHANDE	RAN						883	34	6146	
		er and street). If you have a P.O. box, see			<u> </u>			A	Apt. no.				ction Car	mpaign
7728 LU	CERN	E DR						l _N	172	- 1			ou, or you	
		ice. If you have a foreign address, also co	mplete sp	aces belo	w.	Sta	ite	ZIP c			•	•	jointly, wa	
MIDDLEBU	URG	HEIGHTS				OH	I	441	30		•		nd. Check not chang	•
Foreign countr			F	oreign pro	vince/state/o	count	ty	_	n postal c	ode	your tax		-	30
											-	Yo	u 🗌 S	Spouse
Filing Status	s [Single	I				☐ Head of h	useh	old (HOI	 -				
_	_ X	,	ne had ir	ncome)			_			,				
Check only one box.	Ē	Married filing separately (MFS)		,			☐ Qualifying	surviv	ina spoi	use ((QSS)			
one box.	lf v	you checked the MFS box, enter the	name of	f your spo	ouse. If you	ı che	ecked the HOH	or Q	SS box.	enter	the chi	ld's na	me if the	;
		μalifying person is a child but not you			•									
			• ,											
Digital		ny time during 2023, did you: (a) reconange, or otherwise dispose of a dig										□Y€	es 🗵 N	N _o
Assets								t) ? (St	e instru	CHOIT	5.)		<u> </u>	NO
Standard Deduction		neone can claim:	•				a dependent							
Deduction	ш	Spouse itemizes on a separate retur	n or you	were a d	uai-status a	allen	<u> </u>							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	nd Spo	use	: Was bo	rn befo	ore Janua	ary 2	, 1959		blind	
Dependent	s (see	instructions):		(2) So	cial security		(3) Relationsh	nip (4) Check t	he bo	x if quali	fies for (see instru	ctions):
If more		First name Last name				ax cre	edit	Credit fo	r other dep	endents				
than four														
dependents,														
see instruction and check	5													
here														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	instructi	ons)						1a		228,6	585.
Attach Form(s)	b	Household employee wages not re	eported o	on Form(s	s) W-2						1b			
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 1099-R if tax	е	Taxable dependent care benefits f	able dependent care benefits from Form 2441, line 26							1e				
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions)			<u>1</u> i							
	Z _	Add lines 1a through 1h	. , .								1z		228,6	585.
Attach Sch. B	2 a	Tax-exempt interest	2a			b T	axable interes	t.			2b			
if required.	3a	Qualified dividends	3a			b 0	ordinary divide	nds .			3b			
Standard	4a	IRA distributions	4a				axable amoun				4b			
Standard Deduction for—	5a	Pensions and annuities	5a				axable amoun				5b			
Single or	6a	,	6a				axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection m	nethod, c	heck here ((see	instructions)			. [
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee									7			
jointly or	8	Additional income from Schedule	1, line 10	٠							8		-20,2	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	, and 8. 1	This is yo	ur total inc	ome	e				9		208,4	163.
\$27,700 Head of	10	Adjustments to income from Sche	dule 1, lii	ne 26							10			
household,	11	Subtract line 10 from line 9. This is	s your ad	justed g	ross incon	ne					11		208,4	163.
\$20,800 If you checked	12	Standard deduction or itemized	deduction	ons (from	Schedule	A)					12		<u>27,7</u>	700.
any box under Standard	13	Qualified business income deduct	ion from	Form 899	95 or Form	899	5-A				13			
Deduction,	14										14		27,7	
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	ontor O	This is w	Our t	tavabla inaan	•			15	1	180 7	162

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	30,383.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	30,383.
	19	Child tax credit or credit for o	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0				22	30,383.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	30,383.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a 3°	7,056		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	37,056.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	022 return			26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. The	nese are your to	tal payments				33	37,056.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	6,673.
	35a	Amount of line 34 you want	efunded to you	ı. If Form 8888	3 is attached, chec	k here	🗆	35a	6,673.
Direct deposit?	b	Routing number 0 4 4	0 0 0 0	3 7	c Type: 🛛 🗙	Checking	Savings		
See instructions.	d	Account number 6 8 8	9 8 2 2	7 6					
	36	Amount of line 34 you want a	pplied 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, go	_	-				37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	•			_			
Designee							•		⊠ No
		signee's me		Phone no.			sonal iden ber (PIN)	tification	
Sign	Un	der penalties of perjury, I declare th	at I have examined	d this return and	accompanying sched	dules and statemer	its, and to	the best	of my knowledge and
Here	be	lief, they are true, correct, and comp	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	sed on all informat	on of whi	ch prepar	er has any knowledge.
пеге	Yo	ur signature		Date Your occupation					nt you an Identity
					·			tection P e inst.)	IN, enter it here
Joint return? See instructions.				5.	SOFTWARE E	INGTIVE .			
Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	on			nt your spouse an ection PIN, enter it here
your records.		SOFTWARE ENGINEER					I	e inst.)	,
	Ph	one no. (440)532-0882	2	Email address	KAUSHIK127	@GMAIL.CO	ν <u>Ι</u>		
Deid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/25/2024 P020						32703	Self-employed
Preparer							none no. (678)965-9522		
Use Only	Fir	m's address 245 ROONE		NSWICK N	J 08816			n's EIN	84-3171965
<u> </u>		10106 : 1 1: 1: 1:							- 1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for i

Internal Revenue Service		Sequence No. 01		
Name(s) shown on Fo	Your social security number			
KAUSHIK THIAGA	ARAJAN & JAYASHRI RAMACHANDRAN	697-13	-8606	

Pal	Additional income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	-20,222.
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			
	instructions)	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 (<u>)</u>	
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	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter			00.000
	1040, 1040-SR, or 1040-NR, line 8		10	-20,222.

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

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
Z	Other adjustments. List type and amount:				
0E	Total ather adjustments Add lines 04s through 04s	24z		0.5	
25 06	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. Enter	nere and on	06	
				26	I- 4 /F 4040\ 0000
	BAA	REV 02/	16/24 PRO	ocnedu	ile 1 (Form 1040) 2023

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.

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return							Your social security number				
KAUS	SHIK THIAGARAJAN & JAYASHRI RAMACHAN:	DRAN				6	697-13-8606				
Part	Note: If you are in the business of renting personal prental income or loss from Form 4835 on page 2, lin	oroperty, use e 40.	Schedule								
	Did you make any payments in 2023 that would require										
B I	f "Yes," did you or will you file required Form(s) 10991	?						☐ Ye	s 🗌 No		
1a	Physical address of each property (street, city, stat	e, ZIP code	e)								
	NO-7, TNHBCOLONY, 4TH MAINRD VELACHEI	-		// T T NT //	יד זות	T 600042					
B	NO-7, INABCOLONI, 41A MAINED VELACHED	KI, CHENN	NAI IAN	ит пин.	בו טע	000042					
	Time of Dispositive Q. Farrancia months and a state of				F-	in Donated I	D 1				
1b	Type of Property (from list below) 2 For each rental real estate pabove, report the number of				га	ir Rental I Days	Personal Days		QJV		
	above, report the harmber of personal use days. Check the			Α		365	Days	0			
B		you meet the requirements to file as a				305					
C	qualified joint venture. See i	instructions	S.	В				\longrightarrow			
	of Property:			C							
	Single Family Residence 3 Vacation/Short-Term	Dontal	5 Lanc	J	7	Self-Rental					
	· ·	i nemai					۵۱				
2	Multi-Family Residence 4 Commercial		6 Roya	aities	0	Other (describ	e)				
						Properties	s:				
Incom	ne:			Α		В			С		
3	Rents received	. 3		6	90.						
4	Royalties received	. 4									
Exper											
5	Advertising	. 5									
6	Auto and travel (see instructions)	. 6		7	18.						
7	Cleaning and maintenance	. 7		1,8	20.						
8	Commissions										
9	Insurance										
10	Legal and other professional fees										
11	Management fees			1,6	35.						
12	Mortgage interest paid to banks, etc. (see instruction										
13	Other interest										
14	Repairs			5,3	11.						
15	Supplies				18.						
16	Taxes										
17	Utilities			5,8	10.						
18	Depreciation expense or depletion										
19	Other (list)	10									
20	Total expenses. Add lines 5 through 19			20,9	12.						
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties										
	result is a (loss), see instructions to find out if you m										
	file Form 6198			-20,2	22.						
22	Deductible rental real estate loss after limitation, if a	any,									
	on Form 8582 (see instructions)	. 22	(20,22	22.))(
23a	Total of all amounts reported on line 3 for all rental p	properties			23a	-	690.				
b	Total of all amounts reported on line 4 for all royalty				23b						
С	Total of all amounts reported on line 12 for all prope				23c						
d	Total of all amounts reported on line 18 for all prope				23d						
е	Total of all amounts reported on line 20 for all prope				23e	20,	912.				
24	Income. Add positive amounts shown on line 21. Do		de any lo	sses			24				
25	Losses. Add royalty losses from line 21 and rental real		-		nter to	tal losses here	25 (20,222.		
26	Total rental real estate and royalty income or (lo										
-	here. If Parts II, III, and IV, and line 40 on page 2 c										
	Schedule 1 (Form 1040), line 5. Otherwise, include the						26	-	-20,222.		