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 Identif	ication Number (SID)						
Taxpayer's name	Social	security	numbe	r			
VIJAY KUMAR YARASINGU 507-91-1283							
Spouse's name	Spouse	e's socia	l securi	ty num	ber		
	Return Information — Tax Year Ending December 31, 2023 (Enter year y	ou are	e auth	ıorizir	ng.)		
	s only on lines 1 through 5.						
	SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		a 1	(20 (110	
	oss income		2			918. 064.	
		_	3				
	u want refunded to you	_	4			<u>792.</u> 728.	
-	Jowe	_	5		3,	/28.	
	ayer Declaration and Signature Authorization (Be sure you get and keep a		-	ur re	turn)	
Under penalties of permy knowledge and be return (original or amount of send my return to for any delay in process. Agent to initiate an Apayment of my federa authorization is to repayment, I must compusiness days prior to taxes to receive compersonal identification Electronic Funds With Taxpayer's PIN: consideration is signature. I will enter	erjury, I declare that I have examined a copy of the income tax return (original or amended) I am not belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the ended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of essing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tread CH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in all taxes owed on this return and/or a payment of estimated tax, and the financial institution to demain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorize the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests me on the payment (settlement) date. I also authorize the financial institutions involved in the process fidential information necessary to answer inquiries and resolve issues related to the payment in number (PIN) below is my signature for the income tax return (original or amended) I am now a	ow authore amou electron f the transury and n the tax bit the ethorizati ust be sing of the transury and transuction and transury and	prizing, ints from the first returns from the	and to m the rn originion, (b) signaturation in this act of revoked no letronic nowled d, if applications and second seco	o the incominator the incominator of the incominato	best of me tax (ERO) reason nancial are for it. This ncel) a than 2 nent of nat the ole, my	
Chausala DINI aha	ank and hav anhy						
Spouse's PIN: che	-				Π,	00 mv	
	ERO firm name		r five di	igits, bu		as my	
signature	on the income tax return (original or amended) I am now authorizing.			all zero			
	r my PIN as my signature on the income tax return (original or amended) I am now aut entering your own PIN and your return is filed using the Practitioner PIN method. The	-	_			-	
Spouse's signature	Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part III Certif	ication and Authentication — Practitioner PIN Method Only						
FRO's FFIN/PIN	Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2 2 2 4	9 6		8 2	7	1	
U U E! !! (/ ! !! !!	, , , , ,	n't enter	1 - 1	_			
authorized to file for	we numeric entry is my PIN, which is my signature for the electronic individual income tax return tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Individual	n (origina iis returr	al or ar	mende cordar	nće w		
ERO's signature ▶	Date ►						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To Do So						

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



For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning		, 2023, end	ling		, 20		5	See se _l	parate ins	structions.
Your first name	and m	iddle initial	Last na	ame					١	our so	cial secur	rity number
VIJAY KU	IMAR		YARA	ASINGU						507	91 1	1283
		s first name and middle initial	Last na									ecurity number
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Apt.	10.	F	Preside	ntial Elect	tion Campaign
7524 SOT	JTHS:	IDE BLVD					306			Check h	nere if you	ı, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	spaces below.	Sta	te	ZIP code					intly, want \$3 I. Checking a
JACKSON	/ILL	E			FI		32256		- 1	0	ow will no	0
Foreign country	y name			Foreign province/state/o	count	y	Foreign po	stal c	ode y	our tax	c or refund	J
											You	Spouse
Filing Status	, X	Single				☐ Head of ho	ousehold	(HOH	l)			
Check only		Married filing jointly (even if only or	ne had i	income)								
one box.		Married filing separately (MFS)				☐ Qualifying	surviving	spou	ıse (Q	(SS)		
	If y	ou checked the MFS box, enter the	name o	of your spouse. If you	u che	ecked the HOH	l or QSS l	oox, e	enter	the chi	ld's name	e if the
	qu	alifying person is a child but not you	ır deper	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or	pavn	nent for prope	rtv or serv	rices)	: or (b	o) sell.		
Assets		nange, or otherwise dispose of a digi									☐ Yes	⊠ No
Standard	Som	neone can claim:	penden	t Your spouse	e as	a dependent						
Deduction		Spouse itemizes on a separate returi	n or you	u were a dual-status	alien							
Age/Blindness	. Vou	: Were born before January 2, 1	050 F	Are blind Spo	ouse	· 🗆 Was bor	n before c	lanus	n, 2	1050		olind
	_		JJJ _	<u> </u>			(4) 01					e instructions):
Dependents		irst name Last name		(2) Social security number	′	(3) Relationsh to you	ip		ax cred			other dependents
If more than four	(1)	Last name				10,702		Г	7			
dependents,								<u>L</u>	=			\vdash
see instructions	s								_			ᅟ
and check here	1							<u>_</u>	_			Ħ
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instructions)					- -	1a	1	00,086.
	b	Household employee wages not re	•	•						1b		<u> </u>
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a (see instructions)								1c	:	
attach Forms	d	ledicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d			
W-2G and 1099-R if tax	е								1e			
was withheld.	f	Employer-provided adoption bene	er-provided adoption benefits from Form 8839, 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 instructi	ions)							1h		0.
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)		<u>1i</u>						
	Z	Add lines 1a through 1h	. ;							1z	1	.00,086.
Attach Sch. B	2a	Tax-exempt interest	2a			axable interest				2b	4	
if required.	<u>3a</u>	Qualified dividends	3a		b 0	rdinary divider	nds			3b		
Standard	4a	IRA distributions	4a			axable amount				4b		
Deduction for—	5a		5a			axable amount				5b		
Single or Married filing	6a	,	6a			axable amount	t			6b	_	
separately,	С	If you elect to use the lump-sum el		•	•	,			. 📙		4	
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched						•	. Ш	7		10 160
jointly or Qualifying	8	Additional income from Schedule	-							8		19,168.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•						9		80,918.
\$27,700 • Head of	10	Adjustments to income from Sche						٠		10		00 010
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-				٠		11		80,918.
If you checked	12	Standard deduction or itemized				 5 A				12		13,850.
any box under Standard	13	Qualified business income deducti			099	J-A				13		13,850.
Deduction, see instructions.	14 15	Add lines 12 and 13 Subtract line 14 from line 11. If zer			 /OUT 1	axable incom		•		14		67,068.
		2021 401 III 1 1 TOITI III 0 1 1. II 201	J 01 103	, , , , , , , , , , , , , , , , , , ,	Jui L	andoic incom		•		13	1	5,,000.

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	10,064.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	10,064.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	10,064.
	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	10,064.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 13	792		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,792.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	13,792.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	3,728.
	35a	Amount of line 34 you want			B is attached, chec	k here	. 🗆	35a	3,728.
Direct deposit?	b	Routing number 0 1 1			,, <u> </u>	Checking	Savings		
See instructions.	d	Account number 3 8 8	0 0 4 8	8 2 3 8	3 6				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete	below.	⋈ No
J		esignee's		Phone			onal iden	tification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare t lief, they are true, correct, and com							, ,
Here			protor Bookaration						, ,
	YC	our signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					SOFTWARE E		(see inst.)		
See instructions.		ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					I .	ntity Prot e inst.)	ection PIN, enter it here		
	Ph	one no. (603)867-950	5	Email address	YVK784@GMA	IL.COM			
Paid	Pr	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/29/2024	P0208	32703	Self-employed
Preparer Use Only	Fir						Pho	one no. ((678)965-9522
————	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm						n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

VIJAY KUMAR YARASINGU

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.

Your social security number 507-91-1283

Par	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. Att	ach Schedule E .	5	-19,168.
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 . Ente			
	1040, 1040-SR, or 1040-NR, line 8		10	-19,168.

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

Par	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	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:	04-			
0E		24z		OF	
25 26	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	e. ⊑nter	nere and on	26	
					le 4 (Ferme 4040) 0000
	BAA	REV 02/	16/24 PRO	ocnedu	le 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 Name(s) shown on return

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

cs, etc.)	2023							
	Attachment Sequence No. 13							
Your social security number								

OMB No. 1545-0074

VIJA	Y KUMAR YARASINGU						507-9	1-1283	
Part									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	instru	ctions. If you a	are an indiv	/idual, rep	ort farm
Λ [Did you make any payments in 2023 that would require you		=orm(o) 1	0002 0	oo inc	tructions			o V No
	f "Yes," did you or will you file required Form(s) 1099?								
				• •				16	5 <u> NO</u>
1a	Physical address of each property (street, city, state, ZII								
Α	1-73 CHILAMKUR, PAMUR PRAKHASAM DIST AM	NDHRA	PRADE	SH I	N 52	3108			
В									
С									
1b	Type of Property 2 For each rental real estate property				Fa	ir Rental	Person		QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	Da	•	
<u>A</u>	gersonal use days. Check the Quiff you meet the requirements to			Α		365		0	
В	qualified joint venture. See instru			В					
_ C				С					Ш
	of Property:		5 L	ı	7	O-16 Dt-1			
	Single Family Residence 3 Vacation/Short-Term Ren	ıtaı	5 Land			Self-Rental	!l= =\		
2	Multi-Family Residence 4 Commercial		6 Roya	uties	8	Other (desc	ribe)		
						Propert	ies:		
Incon	ne:			Α		В			С
3	Rents received	3		6	55.				
4	Royalties received	4							
Expe									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	24.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10		1 5					
11	Management fees	11		1,5	70.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		E 2	1 /				
14 15	Repairs	15		5,2 5,4					
16	Supplies	16		J, I	33.				
17	Utilities	17		5,7	80				
18	Depreciation expense or depletion	18		3,1	00.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		19,8	23.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			- , 0	- •				
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21	-	-19,1	68.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (19,16	8.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		655.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	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				
е	Total of all amounts reported on line 20 for all properties				23e	19	,823.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estat							(19,168.
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						on 26		-19.168
	- OCHEGOIG THEOLIT TOSO, IIIE J. CHIELWISE, IIICHDE HIIS M			ומו טוו וו	$\square \subseteq + \square$	ULL DAUE /	. 'Jh		- ı ¬ . ı n ∩

Passive Activity Loss Limitations

See separate instructions.

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

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008 Attachment Sequence No. **858**

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

Identifying number

VIJA	AY KUMAR YARASINGU				507	'-91-	1283	
Par	2023 Passive Activity Los Caution: Complete Parts IV a		eting Part I.					
	I Real Estate Activities With Active Pance for Rental Real Estate Activities			ive participation, s	ee Special			
1a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 1a, 1b, and 1c	1d	-19,168.					
All Otl	her Passive Activities							
2a b c d	Activities with net income (enter the a Activities with net loss (enter the amorprior years' unallowed losses (enter the Combine lines 2a, 2b, and 2c	ount from Part V, co	olumn (b)) art V, column (c))	2b (2c ()	2d		
d Combine lines 2a, 2b, and 2c								
	on: If your filing status is married filing. . Instead, go to line 10.	ntal Real Estate	ou lived with your Activities With	spouse at any tim Active Participa	e during the	year,	do not complete	
4	Enter the smaller of the loss on line	<u> </u>				4	19,168.	
5 6	5 Enter \$150,000. If married filing separately, see instructions							
7	Subtract line 6 from line 5			7	49,914.			
8	Multiply line 7 by 50% (0.50). Do not e			•		8 9	24,957.	
9 Part	Enter the smaller of line 4 or line 8. If Total Losses Allowed	line 3 includes any	/ CRD, see Instruc	tions		9	19,168.	
10	Add the income, if any, on lines 1a ar	nd 2a and enter the	total			10	0.	
11	Total losses allowed from all passiv out how to report the losses on your	ve activities for 20 tax return	23. Add lines 9 ar 	d 10. See instruct	ons to find	11	19,168.	
Part	Complete This Part Before	e Part I, Lines 1	a, 1b, and 1c. S	ee instructions.				
Current year Prior years Name of activity			Ove	rall ga	in or loss			
	rvaine of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gair	ı	(e) Loss	
1-73	3 CHILAMKUR,PAMUR	0.	19,168.				19,168.	

0.

19,168.

Total. Enter on Part I, lines 1a, 1b, and 1c

Form 8582 (2023) Page **2**

Part V Complete This Part Befor	e Part I, Lines 2	a, 2b,	and 2c. S	ee instru	ctions.							
Name of activity	Currer	nt year		Prior y	ears Over		Overall gain or loss					
ivame of activity	(a) Net income (line 2a)	(b) Net loss (line 2b)		(c) Unall loss (lin				(e) Loss				
Total. Enter on Part I, lines 2a, 2b, and 2c												
Part VI Use This Part if an Amour	nt Is Shown on F	Part II,	, Line 9. S	ee instruc	ctions.							
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss (b) Ra		(a) Loss		(a) Loss (b) Ratio		atio (c) Special allowance		(d) Subtract column (c) from column (a).		
1-73 CHILAMKUR, PAMUR	E Ln 22		19,168.	1.00000000 19,		. 1.00000000 19,1		9,168. 1.00000000 19.1		19,16	8.	0.
Total			19,168.	1.0	0	19,16	8.	0.				
Part VII Allocation of Unallowed L	osses. See instr					,		I				
Name of activity	Form or sche and line nur to be reporte (see instruct	nber ed on	(a) l	Loss	(b) Ratio		(с) Unallowed loss				
Total						1.00						
Part VIII Allowed Losses. See instru	uctions.											
Name of activity	ctivity Form or schedule and line number to be reported on (see instructions)		(a) l	(a) Loss		allowed loss	(c) Allowed loss				
							-					
	I											
Total												