Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

er's name	Social security number						
ITH KUMAR AGIRU	347-31	-8938	8				
Spouse's name Spouse's social security n							
Tax Return Information – Tax Year Ending December 31. 2023 (Ente	r vear vou a	re aut	thorizina.)				
Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
Adjusted gross income		1	156,651.				
Total tax		2	27,672.				
Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	34,189.				
Amount you want refunded to you		4	6,517.				
Amount you owe		5					
[ITTH KUMAR AGIRU s's name t1 Tax Return Information — Tax Year Ending December 31, 2023 (Enter whole dollars only on lines 1 through 5. : Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. Adjusted gross income	IITH KUMAR AGIRU 347-31- s's name Spouse's soc t1 Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you a whole dollars only on lines 1 through 5. : Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	IITH KUMAR AGIRU 347-31-893 g's name Spouse's social sect t1 Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are automodely solve) whole dollars only on lines 1 through 5. 2023 (Enter year you are automodely solve) Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. 1 Adjusted gross income 1 Total tax 2 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 Amount you want refunded to you 4 Amount you owe 5				

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

				FBO firm name		Ē	٢
X	l authorize	GTOBAT	TAXES	ГГС	to enter or generate my PIN	_	
~				TTO		11	-

118938	1 Ent	8 er fiv n't er	9 ve dig	3 gits,	8 but	as my
	⊥ Ent	0 0 r fi	yo di		but	l as my

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

to enter or generate my PIN

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature >	Date					 			
Practitioner PIN Method Returns Only—continu	e bel	ow							
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	_	6 nter a	 	2	7 1	

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 Fo Don't Submit This Form to the II											
For Paperwork Reduction Act Notice, see your tax return instructions.	BAA	REV 02/16/24 PRO	Form 8879 (Rev. 01-2021)								

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕−Do not w	rite or sta	aple in this space.		
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.		
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	urity number		
ROHITH K	UMAI	R	AGI	RU						347	31	8938		
		s first name and middle initial	Last r									security number		
Home address	(numbe	er and street). If you have a P.O. box, see	e instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr		
2001 EMM												ou, or your		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP c	ode			jointly, want \$3 nd. Checking a		
CELINA						TΣ	ζ	750	09			not change		
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax	your tax or refund.			
											∐ Yo	ou Spouse		
Filing Status		Single					Head of he	ouseh	old (HOH)					
Check only		Married filing jointly (even if only or	ne hac	d income)						(0.0.0)				
one box.		Married filing separately (MFS)							ring spouse					
		you checked the MFS box, enter the alifying person is a child but not you									lid's na	me if the		
Digital		ny time during 2023, did you: (a) rec						-			_	F		
Assets		hange, or otherwise dispose of a dig					-	et)? (Se	e instructio	ns.)	Y	es 🛛 No		
Standard	_	neone can claim: 🗌 You as a de	•		•		a dependent							
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959	<u> </u>	s blind		
Dependents	s (see	instructions):		(2) \$	Social security	,	(3) Relationsh	_{iip} (4) Check the b	ox if qual	ifies for	(see instructions):		
If more	(1) F	ïrst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents		
than four	-													
dependents, see instructions	s ——													
and check														
here 🗌														
Income	1a	Total amount from Form(s) W-2, b										168,676.		
Attach Form(s)		b Household employee wages not reported on Form(s) W-2) :			
W-2 here. Also attach Forms	c d													
W-2G and	e	Taxable dependent care benefits f						• •		. 1d . 1e	_			
1099-R if tax was withheld.	f	Employer-provided adoption bene								. 1f	-			
lf you did not	g	Wages from Form 8919, line 6 .								. 19	-			
get a Form	h	Other earned income (see instruct								. 1h		0.		
W-2, see instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i							
	z	Add lines 1a through 1h	• •		· · ·					. 1z		168,676.		
Attach Sch. B	2a	Tax-exempt interest	2a			b⊤	axable interest	t.		. 2b				
if required.	3a		3a			b C	Ordinary divider	nds .		. 3b				
Standard	4a		4a				axable amoun			. 4b				
Deduction for –	5a	-	5a				axable amoun			. 5 b				
 Single or Married filing 	6a	,	6a				axable amoun	t	· · · ·	. 6b				
separately,	c	If you elect to use the lump-sum e				`	,	• •	l	\exists				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche		•	•		-		l		_	10 005		
jointly or Qualifying	8	Additional income from Schedule	,							. 8	_	-12,025.		
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-			e	• •		. 9	-	156,651.		
 Head of 	10 11	Adjustments to income from Sche Subtract line 10 from line 9. This is						• •		. <u>10</u> . 11		156,651.		
household, [\$20,800	12	Subtract line to from line 9. This is Standard deduction or itemized	-					• •		. 12		13,850.		
 If you checked any box under 	13	Qualified business income deduct					 15-А	•••		. 13		,0JU.		
Standard Deduction,	14	Add lines 12 and 13								. 14		13,850.		
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is v	our t	taxable incom	ne .		. 15		142,801.		
)						_			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	27,672.
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	27,672.
	19	Child tax credit or credit for	other dependent	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	27,672.
	23	Other taxes, including self-e						23	0.
	24	Add lines 22 and 23. This is						24	27,672.
Payments	25	Federal income tax withheld							,
. aymente	а	Form(s) W-2				25a 34	1,189.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions				25c			
	d	Add lines 25a through 25c	,					25d	34,189.
	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	34,189.
Defined	34	If line 33 is more than line 24						33	6,517.
Refund	34 35a	Amount of line 34 you want						35a	6,517.
Direct deposit?	b soa	Routing number 1 0 1		8 7			🗌	30a	0,017.
See instructions.		Account number 1 4 5				Checking	Savings		
	d	· · · · · ·							
	36	Amount of line 34 you want a				36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						07	
rou Owe	0 0					1 1		37	
	38	Estimated tax penalty (see in	,			38			
Third Party		you want to allow another	•				omplete b	olow	× No
Designee							•		
	nai	signee's ne		Phone no.			onal identifi ber (PIN)	cation	
Sign	Un	der penalties of perjury, I declare tl	nat I have examined	d this return and	accompanying sche	dules and statemer	its, and to th	e best	of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (othe	r than taxpayer) is ba	ased on all informat	on of which	prepare	er has any knowledge.
пеге	Yo	ur signature		Date	Your occupation		If the	IRS ser	nt you an Identity
									IN, enter it here
Joint return?					SOFTWARE I		(see i	- /	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	ion			nt your spouse an action PIN, enter it here
your records.							(see i	,	
	Ph	one no. (660)233-273	2	Email address	RKA090@GMZ	ATT. COM			
		eparer's name	∠ Preparer's signat	1	TATIO 206 GMB	Date	PTIN		Check if:
Paid		I PRIYA RAM SAGAR GUPTA TALLAM					P02082	507	Self-employed
Preparer		n's name GLOBAL TAX							
Use Only			Y CT E BRU	NOWICK N	J 08816		Firm's		678)965-9522
Co to warming				NOWICK N					84-3171965 Form 1040 (2023)
GO TO WWW.IIS.go	wrom	n1040 for instructions and the late	st mornation.		BAA	REV 02/16/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074 2023

Attachment Sequence No. **01** Internal Revenue Service Name(s) shown on Form 1040, 1040-SR, or 1040-NR Your social security number ROHITH KUMAR AGIRU 347-31-8938

Par	t Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E . 🗌	5	-12,025.
6	Farm income or (loss). Attach Schedule F.		6	
7	Unemployment compensation	[7	
8	Other income:			
а	Net operating loss)		
b	Gambling			
С	Cancellation of debt			
d	Foreign earned income exclusion from Form 2555)		
е	Income from Form 8853			
f	Income from Form 8889			
g	Alaska Permanent Fund dividends			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property 81			
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)			
n	Section 951(a) inclusion (see instructions) . . . 8n			
0	Section 951A(a) inclusion (see instructions)			
р	Section 461(I) excess business loss adjustment			
q	Taxable distributions from an ABLE account (see instructions) 8q			
r	Scholarship and fellowship grants not reported on Form W-2 8r			
S	Nontaxable amount of Medicaid waiver payments included on Form			
-	1040, line 1a or 1d			
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan			
u	Wages earned while incarcerated 8u			
Z	Other income. List type and amount:			
~	Tatal athen income. Add lines 0s through 0s		0	
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 1040, 1040-SR, or 1040-NR, line 8		10	-12,025.
For Pa	perwork Reduction Act Notice. see your tax return instructions.			le 1 (Form 1040) 2023

1	Educator expenses					11	
2	Certain business expenses of reservists, performing artists, and fee				nont		
2	officials. Attach Form 2106	-Dasi	s yu	venni	ient	12	
3	Health savings account deduction. Attach Form 8889	• •	• •	• •	•••	13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903					14	
5	Deductible part of self-employment tax. Attach Schedule SE					15	
6	Self-employed SEP, SIMPLE, and qualified plans					16	
7	Self-employed health insurance deduction					17	
8	Penalty on early withdrawal of savings					18	
о 9а	Alimony paid					19a	
b						194	
	Recipient's SSN						
C	Date of original divorce or separation agreement (see instructions):					20	
20 21	IRA deduction					20	
22	Reserved for future use					22	
23	Archer MSA deduction	· i	• •	•	• •	23	
24	Other adjustments:	~ ~					
a		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	· · · · · · · · · · · · · · · · · · ·	24d					
е	Repayment of supplemental unemployment benefits under the Trade						
		24e					
f		24f					
g		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						
		24k					
z	Other adjustments. List type and amount:						
		24z					
25	Total other adjustments. Add lines 24a through 24z					25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				d on		
-	Form 1040, 1040-SR, or 1040-NR, line 10					26	

					Supplementa							OMB No	o. 1545-0074
(Form	1040)	(Fre	om re	ental real esta	te, royalties, partners		-			trusts, REMIC	s, etc.)	20)23
	nent of the Treasury Revenue Service			Go to www	Attach to Form 1040 .irs.gov/ScheduleE fo					formation		Attachn	nent ice No. 13
	shown on return				s.gov/Schedulet R				itest ii		Your soci	ial security	
• •	TH KUMAR A	GTR	IJ									1-8938	
Part				From Ren	tal Real Estate a	nd Ro	valties				017 0	1 0900	
	Note: If yo	ou are	e in th	e business of	renting personal prope	erty, use	Schedule	c. See	instru	ctions. If you a	re an indi	vidual, rep	ort farm
_					835 on page 2, line 40		F () 4	0000 0		:			
					nat would require you								
					d Form(s) 1099?			• •				те	
1a				,	(street, city, state, Z		•						
Α	RTC COLON	Y EZ	XTEI	NSION HAY	ATHNAGAR, HYDE	RABAI) TELAN	IGANA	IN	501505			
B													
C									1				
1b	Type of Prope		2	For each re	ntal real estate prop ort the number of fai	erty list	ted		Fa	ir Rental		nal Use	QJV
	(from list below	~)			e days. Check the C			•		Days	Da	ays	
 	3			if you meet	the requirements to	file as	a	A B		365		0	
- C				qualified join	nt venture. See instr	uctions	s	C					
	of Property:							•					
	Single Family R	eside	ence	3 Vaca	tion/Short-Term Re	ntal	5 Land		7	Self-Rental			
	Multi-Family Re			4 Com	mercial		6 Roya	lties	8	Other (descr	ibe)		
							-			Propertie			
Incom								Α		B	-3.		С
3		4				3			50.				•
4						4							
Exper													
5						5							
6	-					6							
7	Cleaning and r	main	tena	nce		7		1,5	50.				
8	Commissions					8							
9						9							
10						10							
11						11		1,9	30.				
12					. (see instructions)	12							
13						13		2 4	0 5				
14 15	Repairs Supplies					14 15		2,4					
16						16		2,9	05.				
17						17		3,8	45.				
18						18		-,-					
19	Other (list)			·		10							
20	Total expenses				19	20		12,7	75.				
21	Subtract line 2	0 fro	om lir	ne 3 (rents) ai	nd/or 4 (royalties). If								
					find out if you must								
	file Form 6198					21	-	-12,0	25.				
22					ter limitation, if any,	22	(12,02	25.)	()	(
23a	Total of all am	ount	s rep	orted on line	3 for all rental prop	erties			23a		750.		
b			-		4 for all royalty pro				23b				
С					12 for all properties				23c				
d					18 for all properties				23d			-	
e													
24							-				. 24	(10 005
25 00					1 and rental real esta							(12,025.
26					y income or (loss). 40 on page 2 do n								
					wise include this c								10 005

Schedule 1 (Form 1040), line 5. Otherwise, include this an	mount in the total on line	41 on page 2 .
For Paperwork Reduction Act Notice, see the separate instructions.	NPA	-12,025.

26

-12,025.