Form 8879
(Rev. January 2021)
Department of the Treesure

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)

T.....

Тахрау	xpayer's name Social security number												
ARU	NKUMAR CHNADRAYYA KALWAL	672-17	672-17-7957										
Spouse	s's name	Spouse's soo	cial secu	rity number									
Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)													
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	Adjusted gross income		1	83,130.									
2	Total tax		2	10,548.									
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,630.									
4	Amount you want refunded to you		4	2,082.									
5	Amount you owe		5										
Part	Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)												

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

X	I authorize	GLOBAL TAXES	LLC	to enter or generate my PIN
			ERO firm name	

7	7	9	5	7	
Ent don	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 🕨	Da	ate 🕨	•										
Practitioner PIN Method Returns Only—continue below													
Part III Certification a	nd 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				0 all zei		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 >										
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Paperwork Reduction Act Notice, see your tax retu	Irn instructions. BAA	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)							

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		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	curity number			
ARUNKUMA	AR CI	HNADRAYYA	KAL	WAL		672	17	7957							
-		s first name and middle initial	Last r									security numbe			
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Presidential Election Campa					
1162 HII	DEN	RIDGE						1	.322			ou, or your			
-		ice. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c			0	jointly, want \$3			
IRVING					TX 75					to go to this fund. Checking box below will not change					
Foreign country	/ name			Foreign p	Foreign province/state/county For							0			
											🗌 Yo	ou 🗌 Spouse			
Filing Status		Single					Head of ho	ouseh	old (HOH)	1					
-] Married filing jointly (even if only or	ne hac	d income)					、 ,						
Check only one box.] Married filing separately (MFS)		,			Qualifying	surviv	ing spouse	(QSS)					
	lf y	you checked the MFS box, enter the	name	of your s	pouse. If you	u che	ecked the HOH	l or Q	SS box, ente	er the ch	ild's na	me if the			
		alifying person is a child but not you													
			• •												
Digital		ny time during 2023, did you: (a) rece										es 🛛 No			
Assets		hange, or otherwise dispose of a digi					-	1)? (36		ns.)					
Standard	_	neone can claim: You as a de	•				a dependent								
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	allen	1								
Age/Blindness	s You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind			
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	_{ip} (4) Check the b	ox if quali	fies for	(see instructions):			
If more	(1) F	First name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents			
than four															
dependents, see instructions	.														
and check	> 														
here															
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	see instruc	ctions) .					. 1a	1	93,715.			
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2 .					. 1b					
W-2 here. Also	С	Tip income not reported on line 1a	. 10	;											
attach Forms W-2G and	d	Medicaid waiver payments not rep	orted	on Form(s) W-2 (see ii	nstru	uctions)			. 1d	I				
1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441	, line 26					. 1e	•				
was withheld.	f	Employer-provided adoption bene			,					. 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	,				· · · · ·	· ·		. 1h	<u> </u>	0.			
instructions.	i	Nontaxable combat pay election (s	see ins	structions))		1 i								
	<u>z</u>	Add lines 1a through 1h	· ;		· · · ·			• •		. <u>1</u> z		93,715.			
Attach Sch. B	2a	'	2a				axable interest			. 2b					
if required.	<u>3a</u>		3a				Ordinary divider			. 3b	-				
Standard	4a		4a				axable amount			. 4b					
Deduction for –	5a		5a				axable amount		· · ·	. 5b					
 Single or Married filing 	6a	,	6a				axable amount	t	 r	. 6b					
separately,	с _	If you elect to use the lump-sum el				•	,		l						
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee						• •	l			10 505			
jointly or Qualifying	8	Additional income from Schedule								. 8		-10,585.			
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,								. 9		83,130.			
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		00 100			
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	-			• •		. 11		83,130.			
• If you checked	12	Standard deduction or itemized								. 12		13,850.			
any box under <i>Standard</i>	13	Qualified business income deducti		m ⊦orm 8	995 or Form	899	ъ-А	• •		. 13		12 050			
Deduction, see instructions.	14 15		· ·			· ·				. 14		13,850.			
	15	Subtract line 14 from line 11. If zer	o or le	ess, enter	-u This is y	our	laxable incom	e.		. 15		69,280.			

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	10,548.
Credits	17	Amount from Schedule 2, lin	e3				[17	
	18	Add lines 16 and 17					[18	10,548.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			[22	10,548.
	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	10,548.
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a 12	,630.		
	b	Form(s) 1099				25b			
	с	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	12,630.
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return		[26	
qualifying child,	27	Earned income credit (EIC)			No .	27			
attach Sch. EIC.	28	Additional child tax credit 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	ie 15			31			
	32	Add lines 27, 28, 29, and 31		32					
	33	Add lines 25d, 26, and 32. T	[33	12,630.				
Refund	34	If line 33 is more than line 24		34	2,082.				
	35a	Amount of line 34 you want			3 is attached, che	ck here	. 🗆 🛛	35a	2,082.
Direct deposit?	b	Routing number 2 5 4	Savings						
See instructions.	d	Account number 6 7 8							
	36	Amount of line 34 you want a	applied to your	2024 estimate	edtax	36			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe.					
You Owe		For details on how to pay, g	o to <i>www.irs.go</i> u	//Payments or	see instructions			37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the IRS?				
Designee	ins	structions				🗌 Yes. Co	omplete be	low.	× No
	De nai	signee's		Phone no.			onal identific oer (PIN)	ation	
0:		der penalties of perjury, I declare th	at I have examined		accompanying sch		()	bost	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		If the II	RS ser	nt you an Identity
				2410			Protec	tion P	IN, enter it here
Joint return?					SOFTWARE I	ENGINEER	(see in	st.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat	tion			nt your spouse an
your records.							(see in:		ection PIN, enter it here
	b		г				(000		
		one no. (262)353-675 eparer's name	5 Preparer's signat	Email address	ARUNK441@	GMAIL.COM Date	PTIN		Check if:
Paid		M PRIYA RAM SAGAR GUPTA			גיייכנוס סער	03/16/2024		702	Self-employed
Preparer									
Use Only		m's name GLOBAL TAX			T 00016				678)965-9522
			Y CT E BRU	MOWICK N			Firm's		Form 1040 (2023)
GO IO WWW.Irs.go	JV/FOM	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 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 ARUNKUMAR CHNADRAYYA KALWAL 672-17-7957

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. Att	Schedule E .	5	-10,585.	
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	8 i			
j	Activity not engaged in for profit income	8j			
	Stock options	8k			
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)	8m		_	
	Section 951(a) inclusion (see instructions)	8n		_	
0	Section 951A(a) inclusion (see instructions)	80 0m		-	
p	Section 461(I) excess business loss adjustment	8p		-	
q	Scholarship and fellowship grants not reported on Form W-2	8q 8r		-	
r	Nontaxable amount of Medicaid waiver payments included on Form	or		-	
S	1040, line 1a or 1d	8s	(
t	Pension or annuity from a nonqualifed deferred compensation plan or	05		4	
Ľ	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u		-	
z	Other income. List type and amount:	ou			
2		8z			
9	Total other income. Add lines 8a through 8z		1	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Ente	r her	e and on Form		
	1040, 1040-SR, or 1040-NR, line 8			10	-10,585.
For Pa	perwork Reduction Act Notice, see your tax return instructions.			Schedul	e 1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis	s government		
	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:			
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the		-	
D	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
C	and USOC prize money reported on line 8m			
d			-	
	Repayment of supplemental unemployment benefits under the Trade		-	
е	Act of 1974			
			-	
f			-	
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)		-	
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		-	
j	Housing deduction from Form 2555			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
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. Enter	er here and on		
	Form 1040, 1040-SR, or 1040-NR, line 10	<u></u>	26	
	BAA REVO)3/07/24 PRO	Schedule 1 (F	orm 1040) 202

						Supple										OMB No. 1545-0074					
(Form	1040)	(Fro	m re	ental re	-		•	• •	-				trusts, REM	ICs, e	etc.)	2023					
	ent of the Treasury			0		ttach to Fo							formation			Attachn	nent	10			
	Revenue Service shown on return			GOI	5 www.irs	s.gov/scne		rinstru	ictions a	and the	ate	sur	formation.	Voi	ur sooi	Sequen al security					
	KUMAR CHNA	עעסח	vvn	K V L W	π7λ T .											7-7957		ſ			
Part						I Real Es	tato an	d Ro	valtiae					0	/ 2 - 1	1-1951					
T are	Note: If yo	ou are	in th	e busin	less of rer		nal proper				iee in	nstru	ctions. If you	are a	ın indiv	/idual, rep	ort farr	m			
Α	Did you make an							to file	Form(s)	1099?	? See	e ins	structions .			. 🗌 Ye	s X	No			
	f "Yes," did you																_	No			
1a	Physical addr																				
Α	RAMJI NAG			· ·					,												
B								5210													
1b	Type of Prope	of Property 2 For each rental real estate property listed Fair Rental													erson	al Use					
	(from list below			above	e, report	the numbe	er of fair	rental	and				Days		Da		e Öîn				
Α	3					days. Cheo				Α			365	0		0	[
В						e requirem venture. S				В							<u> </u> [
C				quam		Volitaro: O				C											
	of Property:					(a) . –	-					_									
	Single Family R					on/Short-Te	erm Ren [.]	tal	5 Lar				Self-Rental		``						
2	Multi-Family Re	siden	ice	4	Comme	ercial			6 Ro	yalties		8	Other (deso	cribe)						
													Proper	ties:							
Incom	le:									Α			В				С				
3	Rents received							3			590	0.									
	Royalties recei	ived			<u></u>			4													
Exper								-													
5	-							5													
6 7	Auto and trave				-			6 7		1	,020	0									
8	Cleaning and r Commissions							8		⊥,	,020	0.									
9	Insurance							9													
10	Legal and othe							10													
11	Management f							11		1,	,04	5.									
12	Mortgage inter							12													
13	Other interest							13													
14	Repairs							14		3,	,154	4.									
15	Supplies							15		3,	, 369	9.									
16								16													
17	Utilities							17		2,	, 58'	7.									
18	Depreciation e	xpen	se o	or deple	etion .		• •	18													
19 20	Other (list)				rough 1(n		19 20		11	,17	F									
20 21	Subtract line 2				•			20		,	, 1 / :	5.									
21	result is a (loss																				
	file Form 6198							21		-10,	, 58!	5.									
22	Deductible ren on Form 8582					· · · · · ·	, , ,		((,	(1			
220	Total of all am				-			22	(10,5		.) 23a	(F) 90.	()			
23a b	Total of all am								· · · ·	• •		23b		5	20.						
c	Total of all am		-			-						23c									
d	Total of all am		-				-					23d									
e	Total of all amo						•					23e	1	1,1	75.						
24	Income. Add p		-				-								24						
25	Losses. Add ro	oyalty	loss	es from	ו line 21 מ	and rental r	real estate	e losse	es from l	ine 22.	Ente	er to	tal losses he	ere	25	(10,5	85.)			

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . NPA -10,585. For Paperwork Reduction Act Notice, see the separate instructions.