(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

Submission	on Identification Number (SID)						
Taxpayer's n	name	Social security	y number				
PRAVIN	N BHAGWANRAO BABAR	687-43-	-7126				
Spouse's na	me	Spouse's soci	ial securit	ty number			
	A PRAVIN BABAR	486-75-	-75-5254				
Part I	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you ar	re auth	orizing.)			
Enter who	ole dollars only on lines 1 through 5.						
Note: For	m 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Ad	ljusted gross income		1	100,42			
	tal tax		2	8,28	7.		
3 Fee	deral income tax withheld from Form(s) W-2 and Form(s) 1099		3	14,58	3 <u>.</u>		
	nount you want refunded to you		4	6,29	<u>6.</u>		
	nount you owe		5				
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy	y of yo	ur return)			
to send my for any dela Agent to ini payment of authorization payment, I business da taxes to re personal id	inal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmir return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejeasy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U. itiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicting from the financial institution account indicting from the financial institution account indicting to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requires any prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I an Funds Withdrawal Consent.	ction of the tra S. Treasury are cated in the ta n to debit the the authoriza ests must be processing of ayment. I furtle	ansmissind its design prepare entry to attion. To the election and the election and the election and the election acknowledges.	on, (b) the reasignated Finareation software this account. revoke (canced no later that tronic paymen towledge that	ason ncial e for This el) a an 2 nt of the		
	's PIN: check one box only						
	authorize GLOBAL TAXES LLC to enter or generate n	ny DINI 3	7 1	2 6	mv		
<u> </u>	ERO firm name	ř Ent	er five dig	gits, but	my		
S	signature on the income tax return (original or amended) I am now authorizing.	dor	n't enter a	III zeros			
if	will enter my PIN as my signature on the income tax return (original or amended) I am not fyou are entering your own PIN and your return is filed using the Practitioner PIN methodelow.	od. The ERO	must c				
Your signa	ature ▶ Date ▶	02-12-2	2024				
Chausala	DINI shook one hay only						
-	PIN: check one box only	DINI F		- A			
XI	authorize GLOBAL TAXES LLC to enter or generate n		5 2 er five dig		my		
9	signature on the income tax return (original or amended) I am now authorizing.		er live diç 1't enter a				
☐ I	will enter my PIN as my signature on the income tax return (original or amended) I am not f you are entering your own PIN and your return is filed using the Practitioner PIN methodelow.						
Spouse's	signature ▶ Date ▶	02-12-2	2024				
Opouse 3	Practitioner PIN Method Returns Only—continue below				—		
Part III	Certification and Authentication — Practitioner PIN Method Only				—		
	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 6 Don't enter	6 0 8				
authorized	at the above numeric entry is my PIN, which is my signature for the electronic individual income tar to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submints of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS <i>e-file</i> Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for Authorized IRS e-file Providers of Indianal Pub. 1345, Handbook for	tting this retu	rn in acc	cordance with			
EDO's sim	maturo N						
ERO's sig	nature ► Date ► ERO Must Retain This Form — See Instructions				—		

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this s	space.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	oarate i	nstructio	ons.
Your first name	and m	iddle initial	Last na	me							Your so	cial sec	urity num	nber
PRAVIN 1	BHAG	WANRAO	BABA	.R							687	43	7126	
		s first name and middle initial	Last na										security i	
VARSHA :	PRAV	TN	BABA	R							486	75	5254	
		er and street). If you have a P.O. box, see						A	Apt. no.				ction Car	mpaign
2627 CO	RBEA	U DRIVE								- 1			ou, or you	. •
		ce. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta	te	ZIP c	ode			0.	jointly, wa	-
IRVING						TX	ζ	750	38		•		nd. Check not chang	_
Foreign countr	y name		F	oreign pr	ovince/state/				n postal c		your tax			90
											•	Yo	u 🗌 S	Spouse
Filing Status	s [Single					Head of h	ouseh	old (HOI	<u>-</u> -				
Check only		Married filing jointly (even if only o	ne had ii	ncome)					•	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (0	QSS)			
	If y	ou checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nai	ne if the)
		alifying person is a child but not you												
B: ::::	Λ± α.	ou time during 2002 did you (a) rea	oive (oo											
Digital Assets		ny time during 2023, did you: (a) reconange, or otherwise dispose of a digi										ΠYe	es 🗵 l	No
		neone can claim: You as a de					a dependent); (O	JC IIISti di	CLIOIT	J.,		.3 🔼 1	-
Standard Deduction	_	Spouse itemizes on a separate retur	•		-		•							
Deduction	Ш,	Spouse iterrizes on a separate retur	ii or you	werea	uuai-status	allell	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bl	ind Sp	ouse	: Was bor	n befo	ore Janua	ary 2,	, 1959	ls	blind	
Dependent	s (see	instructions):		(2) 9	Social security	,	(3) Relationsh	nip (4) Check t	he bo			see instru	
If more	(1) F	irst name Last name		number to you		to you	u Child tax		ax cre	edit	Credit fo	r other dep	pendents	
than four														
dependents, see instruction	e —													
and check	- —													
here L														
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		119,3	316.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	•		,						1c			
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			
1099-R if tax	е	Taxable dependent care benefits f	from For	m 2441,	line 26						1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, 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 instruction	ions) .					ι.			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i							
	z	Add lines 1a through 1h									1z		119,3	316.
Attach Sch. B	2 a	Tax-exempt interest	2a				axable interes				2b			
if required.	3a_	Qualified dividends	3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	,	6a				axable amoun	t			6b			
Married filing separately,	С	If you elect to use the lump-sum e				`	,			. <u>L</u>				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7			
jointly or	8	Additional income from Schedule									8		-18,8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			our total inc	come	e				9		100,4	126.
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household,	11	Subtract line 10 from line 9. This is	•	-	_						11		100,4	
\$20,800 If you checked	12	Standard deduction or itemized									12		27,7	700.
any box under Standard	13	Qualified business income deducti	ion from	Form 89	995 or Form	899	5-A				13			
Deduction,	14										14			700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	n or less	contor	O This is y	Our t	tavabla incom	•			15	1	72 7	126

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	8,287.	
Credits	17	Amount from Schedule 2, lir	ne 3					17		
	18	Add lines 16 and 17						18	8,287.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lir	ne 8					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18	I. If zero or less,	enter -0				22	8,287.	
	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	8,287.	
Payments	25	Federal income tax withheld	I from:							
_	а	Form(s) W-2				25a 14	1 , 583.			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	14,583.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27				
allacii Scii. 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	1 Amount from Schedule 3, line 15								
	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	14,583.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	6,296.	
	35a	Amount of line 34 you want			3 is attached, chec	k here	. 🗆	35a	6,296.	
Direct deposit?	b	Routing number 1 1 1			c Type: 🛛	Checking	Savings			
See instructions.	d	Account number 7 7 7	8 6 9 9	5 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	nstructions) .			38				
Third Party	Do	you want to allow another				See		_		
Designee		structions				. 🗌 Yes. C	omplete	below.	⋈ No	
	Designee's					tification				
<u></u>	name no. number (PIN)							the best	of my knowledge and	
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of v									
Here	Vo	ur signature		Date	Your occupation		l If th	 ne IRS se	nt you an Identity	
	10	di Signature		Date	Tour occupation				IN, enter it here	
Joint return?				BUSINESS A	(see	(see inst.)				
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupation			nt your spouse an		
your records.					HOME MAKED		I .	dentity Protection PIN, enter it here see inst.)		
		-na na (0.45) 0.44 41.0	1	Empil address	HOME MAKER					
		one no. (945) 244-410 eparer's name	Preparer's signat	Email address	PRAVINBABA	Date	PTIN		Check if:	
Paid		·	1 .		רווסתו האודדאיי	1		2702	Self-employed	
Preparer		4 PRIYA RAM SAGAR GUPTA TALLAM	1	KAM SAGAR	GUPTA TALLAM	02/04/2024	P0208			
Use Only		m's name GLOBAL TA		INIOUT OUT 37	T 00016				(678) 965-9522	
	Fir	m's address 245 ROONE	Y CT E BRU	INSWICK N	η ηαατρ		Firr	n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

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.

Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received		2	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			5	-18,890
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
а	Net operating loss	8a ()		
b	Gambling	8b			
C	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
ï	Prizes and awards	8i			
i	Activity not engaged in for profit income	8j			
k	Stock options	8k			
ï	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	01	_		
•••	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	OI			
5	1040, line 1a or 1d	8s (\		
	Pension or annuity from a nonqualifed deferred compensation plan or	05 (
ı	a nongovernmental section 457 plan	8t			
	Wages earned while incarcerated	8u			
u Z	Other income. List type and amount:	Ou			
2		8z			
9	Total other income. Add lines 8a through 8z			9	
9 N	Combine lines 1 through 7 and 9. This is your additional income. Enter			9	

10

-18,890.

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			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	, , , , , , , , , , , , , , , , , , ,	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	04			
_1	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		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			
05					
25	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income .	. ∟nter	nere and on		
	Form 1040, 1040-SR, or 1040-NR, line 10			26	

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.

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

OMB No. 1545-0074 Attachment Sequence No. 13

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

Your social security number

	JIN BHAGWANRAO & VARSHA PRAVIN BABAR						687-	<u>43-</u>	7126	
Par						<u></u>				
	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	re an inc	dividu	al, repo	rt farm
Α	Did you make any payments in 2023 that would require you		Form(c) 1	0002 5	Soo inc	structions			□ Voc	X No
				• •	• •			•	163	
1a	Physical address of each property (street, city, state, ZII									
Α	C302 GANGA CYPRESS TATHAWADE PUNE IN	4110	33							
В										
С										
1b	Type of Property 2 For each rental real estate property				Fa	ir Rental	Perso		Use	QJV
	(from list below) above, report the number of fair personal use days. Check the Q					Days	D	ays		
A_	ja personal use days. Check the Q			A		365			0	
В	qualified joint venture. See instru			В						
_ <u>C</u>				С						
	of Property:				_	0 1/ 0				
	Single Family Residence 3 Vacation/Short-Term Ren	itai	5 Land			Self-Rental	\			
2	Multi-Family Residence 4 Commercial		6 Roya	lities	8	Other (descr	ibe)			
						Properti	es:			
Incor	ne:			Α		В				С
3	Rents received	3		6	58.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		3,8	96.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		3,5	42.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14			78.					
15	Supplies	15		2,8	61.					
16 17	Taxes	16 17		2 6	2.0					
18	Utilities	18		2,6	20.					
19	Other (list)	19		2,0	JI.					
20	Total expenses. Add lines 5 through 19	20		19,5	4.8					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If	20		10,0	10.					
21	result is a (loss), see instructions to find out if you must									
	file Form 6198	21	-	-18,8	90.					
22	Deductible rental real estate loss after limitation, if any,			•						
	on Form 8582 (see instructions)	22	(18,89	۱۰. مو	()(
23a	Total of all amounts reported on line 3 for all rental prope				23a		658.	Ì		
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	2	,651.			
е	Total of all amounts reported on line 20 for all properties				23e	19	,548.			
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any los	sses			. 24			
25	Losses. Add royalty losses from line 21 and rental real estat	te losse	s from lin	e 22. E	nter to	tal losses here	25	(1	8,890.
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						I .			
	Schedule 1 (Form 1040), line 5. Otherwise, include this at	mount	in the tot	al on li	ne 41	on page 2	. 26		_	18,890.