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

Submission Identification Number (SID)						
Taxpayer's name	Social security number					
YOGESH MALLESHWARAM RAMESHB	668-25-2090					
	Spouse's soci	al security number				
SUPRIYA CHAMARAJANAGARA PRAS	990-95-	4186				
Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter)	vear vou ar	e authorizing.)				
Enter whole dollars only on lines 1 through 5.	, ,	<u> </u>				
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1 Adjusted gross income		1 83,	,684.			
2 Total tax	t		277.			
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	[3 14,	703.			
4 Amount you want refunded to you			,426.			
5 Amount you owe		5				
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and ke	еер а сору	of your retur	n)			
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejec for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indic payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requebusiness days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payments to receive confidential information necessary to answer inquiries and resolve issues related to the payersonal identification number (PIN) below is my signature for the income tax return (original or amended) I am Electronic Funds Withdrawal Consent.	ter, or electron ction of the tra 5. Treasury an ated in the tal n to debit the the authorizal ests must be processing of syment. I furth	nic return originat unsmission, (b) the dits designated I x preparation soft entry to this accor- tion. To revoke (c received no late the electronic pay her acknowledge	or (ERO) e reason Financial tware for unt. This cancel) a r than 2 yment of that the			
Taxpayer's PIN: check one box only						
▼ I authorize GLOBAL TAXES LLC to enter or generate m	N PIN 5	2 0 9 0	as my			
ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ž Ente	er five digits, but 't enter all zeros	asiny			
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN metho below.						
Your signature ► Date ►						
Chausaia Dibly shook and hay only						
Spouse's PIN: check one box only X I authorize GLOBAL TAXES LLC to enter or generate m	nv PIN 5	4 1 8 6				
X I authorize GLOBAL TAXES LLC to enter or generate m	.,	4 1 8 6 er five digits, but	as my			
signature on the income tax return (original or amended) I am now authorizing.		't enter all zeros				
I will enter my PIN as my signature on the income tax return (original or amended) I am no if you are entering your own PIN and your return is filed using the Practitioner PIN metho below.						
Spouse's signature ▶ Date ▶						
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 9 6 Don't ente		1			
I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	tting this retur	n in accordance				
EDO's signature						
ERO's signature ► Date ► ERO Must Retain This Form — See Instructions						

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		urn	20 2	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spa	ace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		'	, 2023, end	ing			, 20		See se	parate	instruction	s.
Your first name	and m	iddle initial	Last nan	me							Your so	cial sec	urity numb	er
YOGESH			MALL	ESHWAR	AM RAM	ESH	IB				668	25	2090	
	pouse's	s first name and middle initial	Last nan										security nu	ımber
SUPRIYA			CHAM	ARAJAN	IAGARA	PRA	AS				990	95	4186	
	(numbe	er and street). If you have a P.O. box, see	•		11011111		10	1	Apt. no.			-	ection Cam	paign
9621 VA	LLEY	RANCH PKWY E							2126	- 1			ou, or your	
		ice. If you have a foreign address, also co	mplete sp	oaces belov	N.	Sta	te	ZIP c				U	jointly, wan	
IRVING					to go				U		nd. Checkir not change	•		
Foreign countr	y name		F	1				n postal c		your tax		•	1	
											•		ou 🗌 Sp	ouse
Filing Status	s \square	Single					Head of h	ouseh	old (HOI	 				
Check only		Married filing jointly (even if only o	ne had ir	ncome)					`	,				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (0	QSS)			
	lf y	you checked the MFS box, enter the	name of	f your spo	ouse. If you	ı che	cked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
		ıalifying person is a child but not you												
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo o	o roward										
Digital Assets		ny time during 2023, did you: (a) rect nange, or otherwise dispose of a dig										□ Ye	es 🗵 No	n
		neone can claim: You as a de					a dependent), (O	30 11101114	Otion	o.,		, <u>o</u>	
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deddollon	<u> </u>		11 O1 you	- Word a de	Jai Status i	alleri								
Age/Blindnes	s You	: Were born before January 2, 1	959 _	Are blin	d Spo	use	: U Was bor						s blind	
Dependent	s (see	instructions):			cial security		(3) Relationsh	nip (4	-				see instruct	
If more	(1) F	irst name Last name		number to you				Child t	ax cre	edit	Credit fo	r other deper	ndents	
than four										<u>Ц</u>			_Ц	
dependents, see instruction	s									<u>Ц</u>			_Ц	
and check _	_									<u> </u>			ᆜ	
here L														
Income	1a	Total amount from Form(s) W-2, b	•		,						1a		102,13	<u> </u>
Attach Form(s)	b	Household employee wages not re		•	•						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	ctions)				1d			
1099-R if tax	е	Taxable dependent care benefits f									1e			
was withheld.	f	Employer-provided adoption bene	fits from	Form 883	39, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instru	uctions) .			<u>1</u> i						100 10	20
	z	Add lines 1a through 1h			<u>.</u> .						1z		102,13	. ∪ .
Attach Sch. B if required.	2a		2a				axable interes				2b			
ii required.	3a_		3a				rdinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	_ c	If you elect to use the lump-sum e		•		•	,							
\$13,850 Married filing	7	Capital gain or (loss). Attach Sche								. L	7	+	10 44	1.0
jointly or Qualifying	8	Additional income from Schedule									8	+	-18,44	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,		•							9	+	83,68	<i>y</i> 4 .
\$27,700 • Head of	10	Adjustments to income from Sche									10	_	00.00	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-							11		83,68	
If you checked	12	Standard deduction or itemized									12		27,70	10.
any box under Standard	13	Qualified business income deducti									13		07 7	
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 70	
	15	SUPERGOT UPO 1/1 trom lino 11 lt zor	O OF LOCK	· ontor O	I DIC IC V	arie 🕇	TANDIO INCOM						~ ~ u u	4 /1

Form 1040 (2023	3)						Page 2		
Tax and	16	Tax (see instructions). Check if any from Form	m(s): 1 881	4 2 4972	3 🗌	1	6 6,277.		
Credits	17	Amount from Schedule 2, line 3				1	7		
	18	Add lines 16 and 17				1	8 6,277.		
	19	Child tax credit or credit for other depende	nts from Sched	ule 8812		1	9		
	20	Amount from Schedule 3, line 8				2	0		
	21	Add lines 19 and 20				2	1		
	22	Subtract line 21 from line 18. If zero or less	, enter -0			2	2 6,277.		
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21		2	3 0.		
	24	Add lines 22 and 23. This is your total tax				2	4 6,277.		
Payments	25	Federal income tax withheld from:							
-	а	Form(s) W-2			25a 14	, 703.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c				25	id 14,703.		
If you have a	26	2023 estimated tax payments and amount	applied from 20)22 return		2	6		
qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28				
	29	American opportunity credit from Form 886	3, line 8		29				
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31				
	32	Add lines 27, 28, 29, and 31. These are you			indable credits	3	2		
	33	Add lines 25d, 26, and 32. These are your t	-	-		3	14, 703.		
Refund	34	If line 33 is more than line 24, subtract line				3	8,426.		
	35a	Amount of line 34 you want refunded to yo			•	. 🗆 35	5a 8,426.		
Direct deposit?	b	Routing number 0 4 4 0 0 0 0	3 7	c Type: 🛛	Checking S	Savings			
See instructions.	d	Account number 6 0 6 5 5 8 6	3 0						
	36	Amount of line 34 you want applied to you	r 2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. This is the arr	nount vou owe		'				
You Owe		For details on how to pay, go to www.irs.go	•			3	7		
	38	Estimated tax penalty (see instructions) .			38				
Third Party Designee		you want to allow another person to distructions				mplete belo	w. 🗵 No		
	De na	signee's ne	Phone no.			onal identificati er (PIN)	on		
Sign Here		der penalties of perjury, I declare that I have examin ief, they are true, correct, and complete. Declaration							
TICIC	Yo	ur signature	Date	Your occupation			sent you an Identity		
	J	byogles	19-MAR-2024			Protectio (see inst.)	n PIN, enter it here		
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Data	IT PROFESS			<u> </u>		
Keep a copy for your records.	Sþ	ouse's signature. If a joint return, both must sign.	Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here		
, ou. 1000.uo.				HOME MAKER		(566 11151.)	<u> </u>		
		one no. (330) 247-8925 parer's name Preparer's signa	Email address	RSYSG89@GN		DTIN	Check if:		
Paid		1,		230 011003	Date	PTIN			
Preparer		M PRIYA RAM SAGAR GUPTA SYAM PRIY	YA RAM SA(JAR GUPTA	03/19/2024	P0208270			
Use Only		m's name GLOBAL TAXES LLC	TINIOTAT OF A	T 00016		Phone no	, ,		
			UNSWICK N			Firm's Ell	· · · · · · · · · · · · · · · · · · ·		
(in to www.irs a	ov/Forn	1040 for instructions and the latest information.		DAA	DEV/ 02/07/24 DDO		Form 1040 (2023)		

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

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

Name	(s) shown on Form 1040, 1040-SR, or 1040-NR	ocial security number			
Y MA	ALLESHWARAM RAMESHB & S CHAMARAJANAGARA PRAS	5-20	90		
Par	t I 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. Atta	ich Schedule	E .	5	-18,452.
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				
	, ·	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	0- (١		
	1040, line 1a or 1d	8s (
t	Pension or annuity from a nonqualifed deferred compensation plan or	8t			
	a nongovernmental section 457 plan				
	Wages earned while incarcerated	8u			
2	Other Income from box 3 of 1099-Misc 6.	8z	6.		
9	Total other income. Add lines 8a through 8z			9	6.

10

-18,446.

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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-basis government	nent		_
	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		9a	 _
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)			
b	Deductible expenses related to income reported on line 8l from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
	and USOC prize money reported on line 8m			
d	Reforestation amortization and expenses			
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans			
g	Contributions by certain chaplains to section 403(b) plans 24g			
_	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 here and			
	Form 1040, 1040-SR, or 1040-NR, line 10	1	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,

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 Y MALLESHWARAM RAMESHB & S CHAMARAJANAGARA PRAS 668-25-2090 Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40. Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions 1a Physical address of each property (street, city, state, ZIP code) 3RD MAIN ROAD 8TH CROSS CHAMARAJPET BANGALORE IN 560018 Α В C 1b Type of Property **Fair Rental Personal Use** For each rental real estate property listed QJV (from list below) above, report the number of fair rental and **Davs Davs** personal use days. Check the QJV box only Α Α 365 0 if you meet the requirements to file as a В В qualified joint venture. See instructions. С C Type of Property: 3 Vacation/Short-Term Rental 1 Single Family Residence 5 Land 7 Self-Rental 8 Other (describe) 2 Multi-Family Residence 4 Commercial 6 Royalties **Properties:** Α В C Income: 3 Rents received . 3 642. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 7 Cleaning and maintenance . . . 7 2,896. 8 Commissions 8 9 9 Insurance . . . 10 10 Legal and other professional fees 2,554. 11 Management fees 11 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 14 3,875. Repairs 3,221. 15 Supplies 15 16 16 Taxes 17 Utilities 17 2,758. 18 3,790. 18 Depreciation expense or depletion Other (list) 19 19 20 20 Total expenses. Add lines 5 through 19 19,094. 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 -18,452.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 22 18,452.) 642. Total of all amounts reported on line 3 for all rental properties 23a Total of all amounts reported on line 4 for all royalty properties 23b Total of all amounts reported on line 12 for all properties 23c 3,790. 23d Total of all amounts reported on line 18 for all properties 23e 19,094. Total of all amounts reported on line 20 for all properties 24 Income. Add positive amounts shown on line 21. Do not include any losses 24 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 18,452.

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 .

-18,452.

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