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)

Taxpay	er's name	Social sec	urity numbe	er
DIV	YA SINGH	051-6	5-1530	
Spouse	s's name	Spouse's s	social secur	ity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Ente	r year you	are auth	norizing.)
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	72,853.
2	Total tax		2	6,293.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	10,357.
4	Amount you want refunded to you		4	4,064.
5	Amount you owe		5	
Part	Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a co	opy of yo	our return)

Under penalties of perjury, 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		to enter or generate my PIN	Er
				ERO firm name		

5	1	5	3	0	
			gits, all ze		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 my 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 ► C	ate 🖡								
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			0	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 Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So							
For Paperwork Reduction Act Notice, see your tax return instructions	S. 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	vrite or sta	ple in this space.
For the year Jan	. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate i	instructions.
Your first name	and m		Last r	name						Your so	cial sec	urity number
DIVYA			SIN	GH						051	65	1530
-	oouse's	s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
820 S MI	CHI	GAN AVE										ou, or your
City, town, or p	ost offi	ice. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode			jointly, want \$3 nd. Checking a
CHICAGO						II	J	606	05			not change
Foreign country	name			Foreign p	rovince/state/	count	ty	Foreig	n postal code	your tax		
											Yo	ou Spouse
Filing Status	X	Single					Head of ho	ouseho	old (HOH)			
Check only		Married filing jointly (even if only o	ne hac	l income)			_					
one box.		Married filing separately (MFS)					Qualifying		0 1	· /		
			u checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the									
	qu	ialifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	nent for proper	ty or s	services); or	(b) sell,		
Assets		hange, or otherwise dispose of a dig						-			🗌 Ye	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	epende	nt 🗌	Your spous	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	m or yo	ou were a	dual-status	alien	l					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spa	ouse	: 🗌 Was bor	n befo	re January 2	2. 1959		s blind
Dependents		-		$\overline{}$	Social security		(3) Relationshi	(4)	-			see instructions):
-		First name Last name		(2)	number		to you		Child tax c	redit	Credit fo	r other dependents
lf more than four												
dependents,												
see instructions and check	3 —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	ctions) .					. 1a	1	81,165.
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	a (see i	nstruction	ıs)					. 1c	:	
attach Forms W-2G and	d	Medicaid waiver payments not rep		`	, (nstru	ictions)			. 1d	I	
1099-R if tax	е	Taxable dependent care benefits f			-					. 1e	•	
was withheld.	f	Employer-provided adoption bene	efits fro	m Form 8	8839, line 29			• •		. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .						• •		. 1 g		
W-2, see	h	Other earned income (see instruct	,				· · · ·	···		. 1h	-	0.
instructions.	i	Nontaxable combat pay election (see ins	structions)			1 i			- ·		01 1 (5
		Add lines 1a through 1h	· ·		· · ·	 	· · · · ·	• •		. 1z	-	81,165.
Attach Sch. B if required.	2a	· ·	2a				axable interest			. 2b		
	3a		3a				Ordinary divider					
Standard	4a 50		4a				axable amount			. 4b		
Deduction for –	5a 62		5a 6a				axable amount axable amount		· · ·	. 5b . 6b	-	
 Single or Married filing 	6a c	If you elect to use the lump-sum e		method	check boro						· ·	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•		• •	· · · L	7		
 Married filing 	8	Additional income from Schedule		-				• •	L	. 8	-	-8,312.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		72,853.
surviving spouse, \$27,700	10	Adjustments to income from Sche					• · · · ·			. 3 . 10		,
 Head of household, 	11	Subtract line 10 from line 9. This is								. 11		72,853.
\$20,800	12	Standard deduction or itemized	-		-					. 12	_	13,850.
 If you checked any box under 	13	Qualified business income deduct		•		,	5-A			. 13		,
Standard Deduction,	14									. 14	_	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer						е.		. 15	-	59,003.
			-		,							

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

Form **1040** (2023)

Form 1040 (2023)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	16	8,293.
Credits	17	Amount from Schedule 2, line	e3				17	
	18	Add lines 16 and 17					18	8,293.
	19	Child tax credit or credit for o	other dependent	ts from Sched	ule 8812		19	
	20	Amount from Schedule 3, line	e8				20	2,000.
	21	Add lines 19 and 20					21	2,000.
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			22	6,293.
	23	Other taxes, including self-er	mployment tax,	from Schedule	e 2, line 21 .		23	0.
	24	Add lines 22 and 23. This is	your total tax				24	6,293.
Payments	25	Federal income tax withheld	from:					
-	а	Form(s) W-2				25a 10	,357.	
	b	Form(s) 1099				25b		
	с	Other forms (see instructions	s)			25c		
	d	Add lines 25a through 25c					250	d 10,357.
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return		26	;
qualifying child,	27	Earned income credit (EIC)				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	e15			31		
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	ayments and ref	undable credits	32	2
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments			33	10,357.
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid	34	4,064.
	35a	Amount of line 34 you want I	efunded to you	I. If Form 8888	is attached, che	ck here	. 🗌 35a	a 4,064.
Direct deposit?	b	Routing number 0 7 1	9 2 1 8	9 1	c Type: 🛛 🗙	Checking	Savings	
See instructions.	d	Account number 4 6 8	5 2 8 6	4 0 8				
	36	Amount of line 34 you want a	pplied 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, go	o to <i>www.irs.go</i> v	//Payments or	see instructions		37	,
	38	Estimated tax penalty (see in	structions) .			38		
Third Party	Do	you want to allow another	person to disc	cuss this retu	m with the IRS?			
Designee	ins	tructions					omplete below	
	De nar	signee's		Phone no.		Perso	onal identificatio per (PIN)	n
Cian		der penalties of perjury, I declare th	at I have examined		accompanying sche		. ,	st of my knowledge and
Sign		ief, they are true, correct, and com						
Here	Yo	ur signature		Date	Your occupation		If the IRS	sent you an Identity
				Buio			Protection	PIN, enter it here
Joint return?					SOFTWARE 1	ENGINEER	(see inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat	ion		sent your spouse an
your records.							(see inst.)	otection PIN, enter it here
	Dh	20000 (772) 672 71/		Email address		1600CMATE CC	· · · /	
		one no. (773) 673-7146 parer's name	Preparer's signat		SINGU.DIVIA	A168@GMAIL.CC	PTIN	Check if:
Paid		M PRIYA RAM SAGAR GUPTA				04/04/2024	P02082703	
Preparer				A NAM SAU	GAR GUFIA	04/04/2024		
Use Only		m's name GLOBAL TAX n's address 245 ROONES		NGWICK N	J 08816		Phone no.	
Go to warning in				NOWICI/ NO			Firm's EIN	Form 1040 (2023)
GO TO WWW.IIS.go	WIPUIN	1040 for instructions and the lates	si innonnation.		BAA	REV 03/07/24 PRO		Form 1040 (2023)

SCHE	DULE 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 S	Go to www.irs.gov/Form1040 for instructions a	nd the latest information.	Sequence No. 01
Name(s) show	vn on Form 1040, 1040-SR, or 1040-NR	Your soc	ial security number
DIVYA SI	NGH	051-65	5-1530
Part I A	Additional Income		

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. Atta	ch Schedule E .	5	-8,312.
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		
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		
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	<u>8u</u>	_	
Z	Other income. List type and amount:	•		
•	Tatal athen in some Add lines Os through Os	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter	nere and on Form	10	-8,312.
For Pa	1040, 1040-SR, or 1040-NR, line 8			e 1 (Form 1040) 2023
	······································			

Par	Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-b			-
	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		4a	_	
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit	4b	_	
С	Nontaxable amount of the value of Olympic and Paralympic medals	_		
		4c		
d	Reforestation amortization and expenses	1d	_	
е	Repayment of supplemental unemployment benefits under the Trade			
		4e	-	
f		4f	-	
g	, , , , , , , , , , , , , , , , , , , ,	4g	-	
h	Attorney fees and court costs for actions involving certain unlawful	41-		
	discrimination claims (see instructions)	+n	-	
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			
		4i		
:		4j	-	
J V	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	+j	-	
n	1041)	16		
7			-	
2		4z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E			_
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
			Schedule 1 (Form 1040) 20	23

Department of the Treasury

Additional Credits and Payments

OMB No. 1545-0074

1

23

20

Attachment

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

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

Internal	Go to www.irs.gov/Form1040 for instructions and the latest information.				
	(s) shown on Form 1040, 1040-SR, or 1040-NR				urity number
DIV Par			051-0	55-153	0
r al					
1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, Form 2441			2	
3	Education credits from Form 8863, line 19			3	2,000.
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
а	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	3b			
С	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
е	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	òg			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
I	Amount on Form 8978, line 14. See instructions	61			
m	Credit for previously owned clean vehicles. Attach Form 8936 .	im			
z	Other nonrefundable credits. List type and amount:				
		6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10-	40, 1040-8	SR, or		
	1040-NR, line 20		• •	8	2,000.
			(co	ntinue	d on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023

Other Payments and Refundable Credits			
premium tax credit. Attach Form 8962		9	
ount paid with request for extension to file (see instructions)		10	
cess social security and tier 1 RRTA tax withheld		11	
edit for federal tax on fuels. Attach Form 4136		12	
er payments or refundable credits:			
m 2439	13a		
edit for repayment of amounts included in income from earlier	13b		
ctive payment election amount from Form 3800, Part III, line column (i)	13c		
erred amount of net 965 tax liability (see instructions)	13d		
er payments or refundable credits. List type and amount:			
	13z		
al other payments or refundable credits. Add lines 13a throug	h 13z	14	
		15	
d lines	s 9 through 12 and 14. Enter here and on Form 1040, 104	ber payments or refundable credits. Add lines 13a through 13z	s 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, 15

SCHEDULE	Ε
(Form 1040)	

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

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

SINGH

DIVYA

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

OMB No. 1545-0074
20 23

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

on.	Attachment Sequence No. 13
Yours	ocial security number
051	-65-1530
ivou ere en i	ndividual roport form

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 navments in 2023 that would require you to file Er (-) 10000 0

В	If "Yes," did you or will you file required Form(s) 1099?	🗌 Yes 🗌 No
Α	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions	🗌 Yes 🖄 No

1a Physical address of each property (street, city, state, ZIP code)

B-55, GANESH NAGAR PANDAV NAGAR COMPLEX DELHI IN 110092 Α

В							
С							
1b	Type of Property (from list below)	2	For each rental real estate property listed above, report the number of fair rental and		Fair Rental Days	Personal Use Days	QJV
Α	3		personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		365	0	
В							
С			quained joint venture. See instructions.	С			
	f Droporty						

Type of Property:

1 Single Family Residence

2 Multi-Family Residence

- 3 Vacation/Short-Term Rental 4 Commercial
- 5 Land 6 Royalties

7 Self-Rental 8 Other (describe)

			Properties:				
Incom	ne:		A		В		С
3	Rents received	3	6	47.			
4	Royalties received	4					
Exper	ISES:						
5	Advertising	5					
6	Auto and travel (see instructions)	6					
7	Cleaning and maintenance	7	1,3	20.			
8	Commissions	8					
9	Insurance	9					
10	Legal and other professional fees	10					
11	Management fees	11	1,0	24.			
12	Mortgage interest paid to banks, etc. (see instructions)	12					
13	Other interest	13					
14	Repairs	14		30.			
15	Supplies	15	2,8	65.			
16	Taxes	16					
17	Utilities	17	1,5	20.			
18	Depreciation expense or depletion	18					
19	Other (list)	19					
20	Total expenses. Add lines 5 through 19	20	8,9	59.			
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	-8,3	12.			
22	Deductible rental real estate loss after limitation, if any,						
	on Form 8582 (see instructions)	22	(8,31	2.)	·)	()
23a	Total of all amounts reported on line 3 for all rental proper			23a	6	47.	
b	Total of all amounts reported on line 4 for all royalty prope			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	8,9		
24	Income. Add positive amounts shown on line 21. Do not					24	
25	Losses. Add royalty losses from line 21 and rental real estate					25	(8,312.)
26	Total rental real estate and royalty income or (loss).						
	here. If Parts II, III, and IV, and line 40 on page 2 do not						
	Schedule 1 (Form 1040), line 5. Otherwise, include this an	noun	t in the total on li	ine 41	on page 2 .	26	-8,312.

Form **8863**

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

SINGH

Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.

	OMB No. 1545-0074					
		20 23 Attachment Sequence No. 50				
Your social security number						
053	1	65	1530			

DIVYA

AUTIO

Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all P	arts I	ll, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	2			
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead .	3			
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	5			
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6				
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rou at least three places)		.)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the conditions described in the instructions, you can't take the refundable America skip line 8, enter the amount from line 7 on line 9, and check this box	an op	portunity ci	redit;	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	the a	mount here	and	
Part					
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet	(see	instructions). 9	
10	After completing Part III for each student, enter the total of all amounts from a zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19			10	10,486.
11	Enter the smaller of line 10 or \$10,000				10,000.
12	Multiply line 11 by 20% (0.20)			12	2,000.
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse	13	90,0	000.	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for				
	the amount to enter instead	14	72,8	853.	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	17,	147.	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse	16	10,0	000.	
17	If line 15 is:		,		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (roun least three places)		oat}.	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet	(see i	instructions)	. 18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit	Limit	Worksheet	(see	
	instructions) here and on Schedule 3 (Form 1040), line 3			19	2,000.
For Pa	perwork Reduction Act Notice, see your tax return instructions.	AA	RE	V 03/07/24 PRO	Form 8863 (2023)

Form 8863 (2023)					
Name(s) shown on return		Your social security number			
DIVYA SINGH	051	65	1530		

CAUT		n you're claiming either the American opportunity onal copies of page 2 as needed for each student.
Par	t III Student and Educational Institution Informatio	n. See instructions.
	Student name (as shown on page 1 of your tax return) DIVYA	21 Student social security number (as shown on page 1 of your tax return)
	SINGH	051-65-1530
22	Educational institution information (see instructions)	
6	a. Name of first educational institution	b. Name of second educational institution (if any)
	University of the Cumberlands	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	6188 College Station Drive	
	WILLIAMSBURG KY 40769 United States of America	
(2) Did the student receive Form 1098-T X Yes □ No from this institution for 2023?	(2) Did the student receive Form 1098-T from this institution for 2023?
(3) Did the student receive Form 1098-T from this institution for 2022 with box Yes X No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	 (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	61-0470593	
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	$\square \begin{array}{ c c c c } Yes - Stop! \\ \hline Go to line 31 for this student. \end{array} X No - Go to line 24.$
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	X Yes — Go to line 25. No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	$\stackrel{\text{Yes}}{=}$ Stop! $\stackrel{\text{Go to line 31 for this student.}}{=}$ No – Go to line 26.
26	Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?	☐ Yes — Stop! Go to line 31 for this student. ☐ No — Complete lines 27 through 30 for this student.
You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.		
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Do	n't enter more than \$4,000 27
28	Subtract \$2,000 from line 27. If zero or less, enter -0	
29	Multiply line 28 by 25% (0.25)	
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f	
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Incl III, line 31, on Part II, line 10	