## 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

Submi	ssion Identification Number (SID)		•				
Taxpaye	er's name	Social securit	Social security number				
ADIT	THYA PASPU	691-48-3769					
Spouse'	s name	Spouse's soc	ial sec	urity numbe	r		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re au	thorizing	.)		
	whole dollars only on lines 1 through 5.	, ,			<del>,</del>		
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
1	Adjusted gross income		1		,338.		
2	Total tax		2		,452.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		981.		
4 5	Amount you want refunded to you  Amount you owe  Amount you owe		4 5	6	<u>,529.</u>		
Part		eep a cop	_	⊥ ⁄our retu	ırn)		
my know return (to send for any Agent t paymer authoriz paymer busines taxes to persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above the power original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected an acknowledgement of receipt or reason for rejected an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pal identification number (PIN) below is my signature for the income tax return (original or amended) I arnic Funds Withdrawal Consent.	e are the amounter, or electro- ction of the treatments. Treasury are cated in the treatment of the the authorizates authorizates must be processing of ayment. I furt	ounts for its of	from the inturn original sion, (b) the designated paration so to this according to the designation of the de	come tax ator (ERO) ne reason Financial ftware for bunt. This (cancel) a er than 2 ayment of that the		
Тахра	yer's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate r	my DINI 8	3 .	7 6 9	as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	Ent		digits, but er all zeros	asiny		
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN metholelow.						
Your s	ignature ▶ Date ▶						
Snous	se's PIN: check one box only						
Ороцо	I authorize to enter or generate r	nv PIN			as my		
	ERO firm name	_	er five	digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.			er all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am not if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN methology.						
Spous	e's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below						
Part l	Certification and Authentication — Practitioner PIN Method Only						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9 Don't ente	6 0 er all <i>76</i>	8 2 7	7 1		
		20	20				
authoriz	that the above numeric entry is my PIN, which is my signature for the electronic individual income ta ted to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of In	tting this retu	rn in a	accordance			
ERO's	signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To D	o So					

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



<b>1040</b>		artment of the Treasury-Internal Revenue Servi		urn	20 <b>2</b>	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	oace.
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See se	parate	instruction	ns.
Your first name	e and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	ber
ADITHYA			PASP	U							691	48	3769	
If joint return, s	spouse's	s first name and middle initial	Last nar	me									security n	umber
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Cam	 ıpaign
4640 HE	DGCO:	XE RD						7	721				ou, or you	
City, town, or p	oost offi	ice. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP o	ode		•	_	jointly, wai nd. Checki	
PLANO						TX		750	24		•		not change	•
Foreign countr	y name		F	oreign pro	ovince/state/	count	у	Foreig	gn postal c	ode	your tax	or refu		pouse
Filing Status Check only one box.  Single  Married filing jointly (even if only one had income)  Married filing separately (MFS)  If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter							,	ild's na	me if the					
Digital Assets Standard Deduction	At an exch	nalifying person is a child but not you nay time during 2023, did you: (a) reconange, or otherwise dispose of a digneone can claim: You as a de Spouse itemizes on a separate returning time.	eive (as ital asse pendent	a reward, t (or a fina	award, or ancial inter	payn est ir	n a digital asse a dependent	rty or	services	); or (	(b) sell,	Y(	es 🗵 N	·
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blir	nd <b>Spo</b>	ouse:	: Was bor	n befo	ore Janua	ary 2,	, 1959		s blind	
Dependent	s (see	instructions):		(2) So	ocial security	,	(3) Relationsh	(A) Chaolatha			x if quali	ifies for (	see instruc	tions):
If more	(1) First name Last name			number to you				Child t	ax cre	edit	Credit fo	r other depe	ndents	
than four														
dependents, see instruction	·													
and check	] —													
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruct	ions) .						1a		110,7	54.
	b	Household employee wages not re	eported	on Form(	s) W-2 .						1b	)		
Attach Form(s) W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c	;			
attach Forms	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d	l				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom For	m 2441, l	ine 26						1e	•		
was withheld.	f	Employer-provided adoption bene	fits from	Form 88	39, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g	ı		
get a Form W-2, see	h	Other earned income (see instruct	ions) .								1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			1i							
	z	Add lines 1a through 1h									1z	:	110,7	54.
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest	t.			2b			
if required.	3a_	Qualified dividends	3a			<b>b</b> 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b Ta	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b Ta	axable amoun	t			5b			
Single or	6a	Social security benefits	6a			b Ta	axable amoun	t			6b	)		
Married filing separately,	С	If you elect to use the lump-sum e	lection r	nethod, c	heck here	(see	instructions)							
\$13,850	7	Capital gain or (loss). Attach Sche	dule D if	required	. If not requ	uired,	check here				7			
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 10	0							8		-14,4	16.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	o, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						9		96,33	38.		
\$27,700	10	Adjustments to income from Schedule 1, line 26								10				
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	your <b>ac</b>	djusted g	ross incor	ne					11		96,33	38.
\$20,800 If you checked	12	Standard deduction or itemized	deducti	i <b>ons</b> (fron	n Schedule	A)					12	:	13,8	
any box under	13	Qualified business income deduct					5-A				13	3		
Standard Deduction,	14	Add lines 12 and 13									14		13,85	50.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loca	ontor (	This is v	our t	avabla incom				15	.	82 /19	ΩΩ

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌		16	13,452.
Credits	17	Amount from Schedule 2, lir	те 3					17	
	18	Add lines 16 and 17						18	13,452.
	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	. If zero or less,	enter -0				22	13,452.
	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 <b>total tax</b>					24	13,452.
Payments	25	Federal income tax withheld							
_	а	Form(s) W-2				<b>25a</b> 19	9,981.		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	19,981.
If you have a	26	2023 estimated tax paymen	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	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	19,981.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amou	nt you <b>overpaid</b>		34	6,529.
	35a	Amount of line 34 you want			3 is attached, che	ck here		35a	6,529.
Direct deposit?	b	Routing number 1 2 1			<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 3 2 5	0 6 1 3	3 0 1 :	1 9				
	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	_	-		38			
Third Party	Do	you want to allow another				See			
Designee		,	•				omplete l	oelow.	<b>⋉</b> No
_		signee's	Phone			l identification			
		me		no.			ber (PIN)	l l 4	
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com							
Here	Vo	ur signature		Date	Your occupation	lf the	IRS se	nt you an Identity	
	10	ui signature		Date	Tour occupation		If the IRS sent you an Identity Protection PIN, enter it here		
Joint return?					MICROSOFT	ER (see	inst.)		
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	Date	Spouse's occupat	Iden	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (707) 570-612	7	Email address	PASPU1993	GMAIL.COM			
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Paid	SYAN	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/06/2024	P0208	2703	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Phoi	ne no. (	(678) 965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm	's EIN	84-3171965

#### SCHEDULE 1 (Form 1040)

### **Additional Income and Adjustments to Income**

OMB No. 1545-0074

2023

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

ADITHYA PASPU

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.

	Sequence No. <b>01</b>
Your soc	ial security number
691-48	-3769

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	ach Schedule E .	5	-14,416.
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			
	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 (	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente			
	1040. 1040-SR. or 1040-NR. line 8		10	-14,416.

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				
	<b>-</b>	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			
<b>0</b> -					
<b>25</b>	Total other adjustments. Add lines 24a through 24z	 E		25	
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> .	. ∟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.

Your social security number

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

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

Attachment Sequence No. 13

OMB No. 1545-0074

ADIT	THYA PASPU						691-4	8-3769		
Part	Income or Loss From Rental Real Estate ar Note: If you are in the business of renting personal prope rental income or loss from Form 4835 on page 2, line 40.	rty, use Sc		C. See	instruc	ctions. If you	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you								s 🛚 No	
В	f "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	es 🗌 No	
1a	Physical address of each property (street, city, state, ZI	P code)								
A	4-1-355 MALTI NAIK PLAZA HANUMAN TEKD	I , ABI	DS H	YDER <i>i</i>	ABAD	, TELANGA	NA IN 5	500001		
В						·				
С										
1b	Type of Property (from list below)  2 For each rental real estate properation above, report the number of fair	rental and	d		Fair Rental Days			Personal Use Days		
A	personal use days. Check the Q if you meet the requirements to		nly	Α		365		0		
B	qualified joint venture. See instru			В						
C				С						
1	of Property: Single Family Residence 3 Vacation/Short-Term Rer Multi-Family Residence 4 Commercial		Land Roya							
				•		Propert	ies:			
Incon				A 7	12.	В			С	
3 4	Rents received	3 4		/	12.					
	Royalties received	4								
Exper 5		5								
6	Advertising	6								
7	Cleaning and maintenance	7		2,4	5.6					
8	Commissions	8		4,4	50.					
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		2,6	2.2					
12	Mortgage interest paid to banks, etc. (see instructions)	12		2,0	33.					
13	Other interest	13								
14	Repairs	14		2,7	1 0					
15	Supplies	15		2,5						
16	Taxes	16		2,0						
17	Utilities	17		2,6	41.					
18	Depreciation expense or depletion	18		2,0						
19	Other (list)	19		, _						
20	Total expenses. Add lines 5 through 19	20		15,1	28.					
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 <b>Form 6198</b>	21	-	-14,4	16.					
22	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions)	22 (		14,41	6.)		)	(	)	
23a	Total of all amounts reported on line 3 for all rental properties				23a		712.			
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		2,090.			
е	Total of all amounts reported on line 20 for all properties				23e	1	5,128.			
24	Income. Add positive amounts shown on line 21. Do no						. 24	,		
25	Losses. Add royalty losses from line 21 and rental real estat							(	14,416.	
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	ot apply to	o you,	also er	nter th	nis amount				
	Schedule 1 (Form 1040), line 5. Otherwise, include this a	mount in t	the tot	al on li	ne 41	on page 2	. 26		-14.416	