## 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

Subm	ission Identification Number (SID)		-				
Taxpay	er's name	Social securit	Social security number				
ARJ.	AV VAKHARIA	597-91-	-378	4			
Spouse	's name	Spouse's soc	ial secu	urity numb	er		
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enti-	 er year you a	re au	thorizing	g.)		
	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	5	5,678.		
2	Total tax		2		4,799.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		7 <b>,</b> 577.		
4	Amount you want refunded to you		4		2,778.		
5	Amount you owe		5				
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)		
to send for any Agent payme authori payme busine taxes to person	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, trans d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for revidelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account in the financial institution account in the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation ress days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the lal identification number (PIN) below is my signature for the income tax return (original or amended) I	ejection of the tr U.S. Treasury andicated in the tation to debit the tion to debit the tte the authoriza quests must be e processing of payment. I furt	ansmised and its of an architecture and its of architecture and it	ssion, (b) designated paration so this according to the control of	the reason of Financial oftware for count. This (cancel) a ter than 2 payment of the that the		
	onic Funds Withdrawal Consent.				1		
	ayer's PIN: check one box only	1	3 -	7 8 4			
×	I authorize GLOBAL TAXES LLC to enter or generate FRO firm name	ř Ent		digits, but	as my		
	signature on the income tax return (original or amended) I am now authorizing.	doi	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN med below.						
Your	signature ▶ Date ▶						
Snous	se's PIN: check one box only				-		
	I authorize to enter or generate	mv PIN			as my		
	ERO firm name		er five	digits, but	_		
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN <b>and</b> your return is filed using the Practitioner PIN met below.						
Spous	se's signature ▶ Date ▶						
	Practitioner PIN Method Returns Only—continue below	N					
Part	Certification and Authentication — Practitioner PIN Method Only						
ERO's	s <b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 0	8 2	7 1		
		Don't ent	er all ze	eros			
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of	mitting this retu	ırn in a	accordanc	I am now e with the		
ERO's	s signature ▶ Date ▶						
	ERO Must Retain This Form — See Instructions						
	Don't Submit This Form to the IRS Unless Requested To	Do So					

# E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury—Internal Revenue Servi  S. Individual Income Tax		turn	202	3	OMB No. 1545-	0074	IRS Use Only	—Do not v	write or staple in this space.	
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					See separate instructions.		
Your first name and middle initial  ARJAV  VAKH  If joint return, spouse's first name and middle initial  Last name and middle initial					IARIA					Your social security number  597 91 3784  Spouse's social security number		
		er and street). If you have a P.O. box, see	instruct	tions.					Apt. no.		ential Election Campaign	
227 SOU	-	• •						1			here if you, or your	
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode		if filing jointly, want \$3	
JERSEY (	CITY				NJ 0				07		this fund. Checking a low will not change	
Foreign country	y name			Foreign p	Foreign province/state/county Foreign				n postal code		x or refund.	
											You Spouse	
Filing Status	; X	Single					☐ Head of ho	useh	old (HOH)			
Check only		Married filing jointly (even if only or	ne had	income)								
one box.		Married filing separately (MFS)					Qualifying	surviv	ing spouse	(QSS)		
	If y	ou checked the MFS box, enter the	name	of your s	pouse. If you	ı che	ecked the HOH	or Q	SS box, ente	r the ch	ild's name if the	
	qu	alifying person is a child but not you	ır depe	ndent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	a reward	d. award. or	pavr	ment for proper	tv or	services): or	(b) sell.		
Assets		ange, or otherwise dispose of a dig						-			☐ Yes 🗵 No	
Standard Deduction	_	eone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent					
Deduction			ii oi yo	u weie a	dual-Status	allell	<u> </u>					
		Were born before January 2, 1	959	Are b	lind <b>Spo</b>	use	: U Was borr		ore January 2	•	Is blind	
Dependent				(2)	Social security	,	(3) Relationshi	p (4	-		ifies for (see instructions)	
If more	(1) Fi	) First name Last name		number		to you			Child tax credit		Credit for other dependents	
than four									<u> </u>			
dependents, see instructions	s											
and check	, —											
here L		T	4 /	<del> </del>	\							
Income	1a	Total amount from Form(s) W-2, b								. 18		
Attach Form(s)	b	1 3 0 1 (7								. 1k		
W-2 here. Also attach Forms	C	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '										
W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10			
1099-R if tax	e •	Employer-provided adoption bene							. 16 . 11			
was withheld.  If you did not	f		1115 1101	III FOIIII C	0039, III le 29	•				. 10		
get a Form	g h	=	ges from Form 8919, line 6									
W-2, see instructions.	i	Nontaxable combat pay election (s		tructions)				Ϊ.		. 11	•	
manuchons.	Z	Add lines 1a through 1h	300 1110			•				. 12	66,485.	
Attach Sch. B			2a		· · · ·	<b>b</b> Т	axable interest			. 12		
if required.	3a	· · · · · · · · · · · · · · · · · · ·	3a				ordinary dividen			. 3k		
	4a		4a				axable amount			. 4k		
Standard	5a		5a				axable amount			. 5k		
• Single or	6a		6a				axable amount			. 6k		
Married filing separately,	С	If you elect to use the lump-sum e	_	method.					[			
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								<b>7</b>		
<ul> <li>Married filing jointly or</li> </ul>			•					. 8	-10,807.			
Qualifying surviving spouse,	9		es 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>						. 9			
\$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 adjusted gross income							55,678.			
\$20,800 • If you checked	12		dard deduction or itemized deductions (from Schedule A)									
any box under	13	Qualified business income deducti	ion fror	n Form 8	995 or Form	899	5-A			. 13		
Standard Deduction,	14	Add lines 12 and 13								. 14	13,850.	
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is y	our I	taxable incom	e .		. 15	41,828.	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if ar	ny from Form(	(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌		16	4,799.	
Credits	17	Amount from Schedule 2, line 3						17		
	18	Add lines 16 and 17						18	4,799.	
	19	Child tax credit or credit for other	er dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8						20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If z	zero or less, e	enter -0				22	4,799.	
	23	Other taxes, including self-emplo	oyment tax, f	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is your	r total tax					24	4,799.	
Payments	25	Federal income tax withheld from	m:							
•	а	Form(s) W-2				25a	,577.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions) .				25c				
	d	Add lines 25a through 25c						25d	7 <b>,</b> 577.	
If you have a	26	2023 estimated tax payments ar	nd amount ap	oplied from 20	22 return			26		
qualifying child,	27	Earned income credit (EIC)			No .	27				
attach Sch. EIC.	28	Additional child tax credit from So	chedule 8812			28				
	29	American opportunity credit from	n Form 8863	, 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. The	ese are your	total other pa	yments and refu	indable credits		32		
	33	Add lines 25d, 26, and 32. These	e are your <b>to</b>	tal payments				33	7,577.	
Refund	34	If line 33 is more than line 24, su	ıbtract line 24	4 from line 33.	This is the amour	nt you <b>overpaid</b>		34	2,778.	
	35a	Amount of line 34 you want refu	ınded to you	ı. If Form 8888	is attached, chec	ck here	. 🗆	35a	2,778.	
Direct deposit?	b	Routing number 0 2 1 2	0 0 3	3 9	<b>c</b> Type:	Checking	Savings			
See instructions.	d	Account number 3 8 1 0	5 5 2	1 6 0 4	1 7					
	36	Amount of line 34 you want appl	lied to your 2	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. Thi	is is the <b>amo</b>	unt you owe.						
You Owe		For details on how to pay, go to	www.irs.gov	/Payments or	see instructions .			37		
	38	Estimated tax penalty (see instru	uctions) .			38				
<b>Third Party</b>		you want to allow another per								
Designee		structions				<del></del>	•		⊠ No	
		esignee's me		Phone no.			onal identi ber (PIN)	fication		
Sign		ider penalties of perjury, I declare that I	have examined		accompanying sche		, ,	he best	of my knowledge and	
Sign		lief, they are true, correct, and complete			, , ,		,		, ,	
Here	Yo	our signature		Date Your occupation				RS ser	nt you an Identity	
				·					IN, enter it here	
Joint return?					IT SECURITY THREAT INTELL			inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.		Date Spouse's occupation				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (551) 248-3381		Email address	ARJAV21093	3@GMAIL.CON	1			
D.:.I	Pre		eparer's signati	ure		Date	PTIN		Check if:	
Paid	SYA	M PRIYA RAM SAGAR GUPTA SY	AM PRIYA	A RAM SAC	GAR GUPTA	04/12/2024	P0208	2703	Self-employed	
Preparer		m's name GLOBAL TAXES				, , , , , , , , , , , , , , , , , , , ,		Phone no. (678) 965-9522		
Use Only		m's address 245 ROONEY C		NSWICK N	J 08816			's EIN	84-3171965	
	<u></u>	40406 1 1 11 11 11 11 11			-		,		= 1010 (	

# 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

ARJAV VAKHARIA

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. 01
Your social security number
597-91-3784

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	0.
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	ach Schedule E .	5	-10,807.
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 <b>additional income</b> . Enter	r here and on Form		40.00
	1040, 1040-SR, or 1040-NR, line 8		10	-10,807.

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,

Attachment

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.

Sequence No. 13

OMB No. 1545-0074

ARJAV VAKHARIA 597-91-3784 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) A/22 GUNJAN PARK, B/H MANGALDEEP SOC APEXA CROSS, ISKON MANDIR ROAD, GOTRI, VADODRA IN 390007 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 325 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 . 3 948. 4 4 Royalties received . **Expenses:** 5 5 Advertising 6 Auto and travel (see instructions) 6 745. 7 Cleaning and maintenance . . . 7 8 Commissions . . . . . 8 9 9 Insurance . . . 10 10 Legal and other professional fees 11 Management fees . . . . . . . . . . 11 1,652. 12 Mortgage interest paid to banks, etc. (see instructions) 12 13 13 14 3,521. 14 Repairs . . . . 4,152. 15 Supplies 15 16 16 Taxes 17 Utilities . . . . . . . 17 1,685. 18 18 Depreciation expense or depletion . . . . . . Other (list) 19 19 20 20 11,755. Total expenses. Add lines 5 through 19 . . . . . 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 -10,807.22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . . . . . 22 10,807.) 948. 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 23d Total of all amounts reported on line 18 for all properties 11,755. Total of all amounts reported on line 20 for all properties 23e 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 10,807. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 26 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 -10**,**807. 26