IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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 security num	nber								
SRE	EJA MALKA	709-22-628	36								
Spouse	s's name	Spouse's social see	curity number								
Part	Part I Tax Return Information – Tax Year Ending December 31, 2023 (Enter year you are authorizing.)										
	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	75,075.								
2	Total tax	2	8,777.								
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,103.								
4	Amount you want refunded to you	4	2,326.								
5	Amount you owe	5									

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of periury. 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

		-		FBO firm name		Ę
X	l authorize	GLOBAL	TAXES	LLC	to enter or generate my PIN	-
		~ ~ ~ ~ ~ ~ ~				2

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Ent don	,				

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

I authorize

to enter or generate my PIN

as mv 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 🕨							 			
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		_	6 nter a	 	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 🕨	
	st Retain This Form — See iis Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax re	eturn instructions.	REV 03/07/24 PRO	Form 8879 (Rev. 01-2021)

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	202	3	OMB No. 1545	-0074	IRS Use Only	/—Do not w	/rite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
SREEJA MALI												6286
	s first name and middle initial	ame								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
1283 WES	TBU	RY DRIVE										ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP c	ode			jointly, want \$3 nd. Checking a
SAN JOSE	1					CA	ł	951	31			not change
Foreign country	name			Foreign pi	rovince/state/o	count	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status		Single					Head of h	ouseh	old (HOH)			
Check only	Ľ	Married filing jointly (even if only or	ne hac	l income)								
one box.	L	Married filing separately (MFS)							ring spouse			
		you checked the MFS box, enter the			pouse. If you	i che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ir depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rece	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	^r (b) sell,		
Assets	exch	hange, or otherwise dispose of a dig	ital ass	set (or a fir	nancial intere	est ir	n a digital asse	et)? (Se	e instructio	ns.)	□ Ye	es 🛛 No
Standard	_	neone can claim:	•		•		a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2, 1959		s blind
Dependents	s (see	instructions):		(2) 5	Social security	,	(3) Relationsh	_{lip} (4) Check the b	ox if qual	fies for	(see instructions):
lf more	(1) F	irst name Last name			number		to you	·	Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	, 											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b									-	85,609.
Attach Form(s)	b	Household employee wages not re	•		.,							
W-2 here. Also attach Forms	C L	Tip income not reported on line 1a (see instructions)						• •	· · ·	. <u>1</u> 0		
W-2G and	d e	Taxable dependent care benefits f						• •		. 10		
1099-R if tax was withheld.	f	Employer-provided adoption bene		-				. 1f				
If you did not	g	Wages from Form 8919, line 6 .						• •		. 19		
get a Form	9 h	Other earned income (see instructi								. 1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (s	,	structions)			11	Ì				
	z	Add lines 1a through 1h								. 1z	:	85,609.
Attach Sch. B	2a	Tax-exempt interest	2a			bΤ	axable interest	t.		. 2b		56.
if required.	3a	Qualified dividends	3a			bО	ordinary divide	nds .		. 3b)	
	4a	IRA distributions	4a			bΤ	axable amoun	t		. 4b)	
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t		. 5b)	
Single or Married filing	6a	,	6a				axable amoun	t		. 6b	•	
Married filing separately,	С	If you elect to use the lump-sum e		,		`	,		[\exists		
\$13,850 Married filing	7	Capital gain or (loss). Attach Scher		•	•		, check here		l			10 5 5 5
jointly or Qualifying	8	Additional income from Schedule						• •		. 8		-10,590.
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					e		· · ·	. 9	_	75,075.
\$27,700 • Head of	10	Adjustments to income from Sche						• •		. 10		
household, [\$20,800	11	Subtract line 10 from line 9. This is	-					• •	· · ·	. 11	-	75,075.
 If you checked any box under 	<u>12</u> 13	Standard deduction or itemized Qualified business income deduct					 5 A	• •	· · ·	. <u>12</u> . 13	-	13,850.
Standard	13 14	Add lines 12 and 13			ออบ บา ค บเก	099	5-A	• •		. 13		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer	o or le	ss. enter	-0 This is v	 our 1	taxable incom	 ne	•••	. 15		61,225.
			5 01 10	55, 61101	5 . 1113 13 y	501		·• ·	• • •	. 10	· I	<u> </u>

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

Form **1040** (2023)

Credits 17 Anount from Schedule 2, line 3 17 18 Add lines 16 and 17 18 Add lines 16 and 17 19 18 Add lines 16 and 17 19 19 19 20 Anount from Schedule 3, line 8 20	Form 1040 (2023	3)								Page 2
18 Add lines 16 and 17 18 8,777. 19 Child tax credit or credit for other dependents from Schedule 8612 19 20 Amount from Schedule 3, line 8 21 21 Add lines 19 and 20 22 22 Subtract lines 118.11 zero or less, enter -0. 22 23 Other taxes, including self-employment tax, from Schedule 2, line 21 23 24 Add lines 22 and 23. This is your total tax 24 25 Federal income tax withheld from: 25a 26 25b 25c 2023 estimated tax payments and anount applied from 2022 return 26 26 27 28 27 Earned income credit (EC) No 28 Add lines 27, 28, 28, and 31. These are your total other payments and refundable credits 32 31 Add lines 32, 62, 63, and 32. These are your total other payments and refundable credits 32 34 Add lines 32, 62, 63, and 32. These are your total other payments and refundable credits 32 34 21 [2 [2] 7 [1 [6] 2 / 7 c Type: [3] Checking [Saving] 34 35 2.7 226. 35a 2.7 226. 35a 2.7 226. <th>Tax and</th> <th>16</th> <th>Tax (see instructions). Check</th> <th>if any from Form</th> <th>(s): 1 🗌 881</th> <th>4 2 4972</th> <th>3 🗌</th> <th></th> <th>16</th> <th>8,777.</th>	Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌		16	8,777.
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31 Amount from Schedule 3, line 15 31 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits 32 33 Add lines 27, 28, 29, and 31. These are your total payments 33 11, 103. 33 Add lines 27, 28, 29, and 31. These are your total payments 33 11, 103. 34 If line 33 is more than line 24, subtract line 24, from line 33. This is the amount you overpaid 34 2, 326. 35a Amount of line 34 you want refunded to you. If Form 888 is attached, check here 35a 2, 326. 36 Amount of line 34 you want applied to your 2024 estimated tax 36 36 Amount of line 34 you want applied to your 2024 estimated tax 36 37 30 Do you want to allow another person to discuss this return with the IRS? See instructions 37 38 37 Do you want to allow another person to discuss this return with the IRS? See instructions on number (PIN) Presonal identification number (PIN) X No Designee's name Phone no. Phone no. Presonal identification number (See inst.) X No Sign Phone no. (405) 612–3961 Email address SREEJAMALKA12@GMALL.COM Preparer's name Identify			,		-		-			
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33 Add lines 25d, 26, and 32. These are your total payments 33 11, 103. Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 2, 326. 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here 36 35a 2, 326. 36a Recount number 3 2 2 7 1 6 2 7 c Type: Checking Saing 2, 326. 36a Amount of line 34 you want applied to your 2024 estimated tax 36 Amount of line 34 you want applied to your 2024 estimated tax 36 37 Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions 37 37 38 Estimated tax penalty (see instructions) 38 Set instructions 38 37 Do you want to allow another person to discuss this return with the IRS? See instructions Phone Personal identification number (PIN) Distructions Phone Personal identification number (PIN) No Designee's name No Personal identification number (PIN) No Designee instructions. Spouse's signature. If			,				-		32	
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36 Amount of line 34 you want applied to your 2024 estimated tax	See instructions.							ouvingo		
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Paid Preparer Use Only Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816		Ph	one no. (405) 612-396	1	Email address	SREEJAMALK	A12@GMAIL.CO	M		
Preparer SYAM PRIYA RAM SAGAR GUPTA SYAM PRIYA RAM SAGAR GUPTA 04/14/2024 P02082/03 Self-employed Firm's name GLOBAL TAXES LLC Phone no. (678) 965-9522 Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816	Daid	Pre			ure		Date	PTIN		Check if:
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Dise Only Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm's EIN 84-3171965		Fir	m'sname GLOBAL TAX	XES LLC				Phon	e no. (678)965-9522
	Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816				84-3171965
	Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.		BAA	REV 03/07/24 PRO			Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	Your soc	ial security number	
SREEJA MALKA		709-22	-6286

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		
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule	E. 5	-10,590.
6	Farm income or (loss). Attach Schedule F.	6	
7	Unemployment compensation	7	
8	Other income:		
а	Net operating loss)	
b	Gambling		
С	Cancellation of debt		
d	Foreign earned income exclusion from Form 2555)	
е	Income from Form 8853		
f	Income from Form 8889		
g	Alaska Permanent Fund dividends		
h	Jury duty pay		
i	Prizes and awards		
j	Activity not engaged in for profit income		
k	Stock options		
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)		
	Section 951(a) inclusion (see instructions)		
0	Section 951A(a) inclusion (see instructions)		
р	Section 461(I) excess business loss adjustment		
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		
t	Pension or annuity from a nonqualifed deferred compensation plan or		
	a nongovernmental section 457 plan		
u	Wages earned while incarcerated 8u		
z	Other income. List type and amount:		
9	Total other income. Add lines 9a through 97	9	
9 10	Total other income. Add lines 8a through 8z		
10	1040, 1040-SR, or 1040-NR, line 8	· · 10	-10,590.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		dule 1 (Form 1040) 2023

Par	t II Adjustments to Income		
11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government		
	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	Jury duty pay (see instructions)		
b	Deductible expenses related to income reported on line 8I 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 24d		
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		
h	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:		
05	Tatal athen adjustments. Add lines 04a through 04a	05	
25 06	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 on Form 1040, 1040-SR, or 1040-NR, line 10	06	
		26	
	BAA REV 03/07/24 PRO	Schedule	1 (Form 1040) 2023

(Form 1040)		(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.))	7	3	
Departr Internal	Attach to Form 1040, 1040-SR, 1040-NR, or 1041. Go to <i>www.irs.gov/ScheduleE</i> for instructions and the latest information.												Attach Seque	Attachment Sequence No. 13			
Name(s) shown on return												ocial security		r			
SREEJA MALKA Part I Income or Loss From Rental Real Estate an												709-	-22-628	<u>6</u>			
Par	Note: If yo	ou ar	e in t	the bus	iness of	renting p	al Estate ar personal prope age 2, line 40.	rty, use		l e C . See	e instru	ctions. If you	are an ir	ndividual, re	port farr	n	
		ny payments in 2023 that would require you to file Form(s) 1099? See instructions													_	No No	
1a	Physical add																
A	H NO.1-7-								,	MKUND	7. 1.17	ARANCAL	<u>Ψ</u> ΓΤ.Δ	NCANA I	N 500	6001	
- <u>-</u> B	11 NO.1 /	117	, ,	LUUI	. 110 .	105 10	DIA NEGI.				Δ, W.	AIVANGAT	, 1000	INGANA 1		0001	
1b	Type of Prope (from list below		2				eal estate property l number of fair rent				Fair Rental Days			onal Use Days	Q	QJV	
A	3			personal use days. Check the C		JV box only		Α		365		0	+ г				
В					if you meet the requ qualified joint ventu					B						7	
С				quai	inea joi	int ventu	re. See instru	uctions	.	С							
Туре	of Property:																
1	Single Family R	lesid	lenc	е	3 Vaca	ation/Sho	ort-Term Rer	ntal	5 Lan	d	-	Self-Rental					
2	Multi-Family Re	eside	ence		4 Com	nmercial			6 Roy	alties	8	Other (desc	cribe)				
												Propert					
Income:								A			C						
3	Rents received	d.						3		6	50.						
4	Royalties rece	ived						4									
Expe																	
5	Advertising							5									
6	Auto and trave							6									
7	-	nd maintenance						7		7	50.						
8	Commissions	nissions						8									
9	Insurance .							9									
10	Legal and other professional fees						10										
11	Management fees							11		1,6	500.						
12 13								12									
13	Other interest							13		2 5	00.						
14	Repairs . </td <td>14</td> <td></td> <td></td> <td>50.</td> <td></td> <td></td> <td></td> <td></td> <td></td>							14			50.						
16	Supplies .<							16									
17								17		1,5	40.						
18	Depreciation e							18		, -							
19	Other (list)	•						19									
20	Total expense							20		11,2	40.						
21	Subtract line 2	20 fro	om l	ine 3 (r	rents) a	nd/or 4	(royalties). If										
	result is a (loss																
	file Form 6198							21		-10,5	90.						
22	Deductible rer on Form 8582	e (see	e ins	structic	ons) .			22	(10,59	90.)	()()	
23a	Total of all am										23a		650	•			
b	Total of all am										23b						
c	Total of all am										23c			_			
d	Total of all am										23d		1 0 4 0	_			
e 24	Total of all am			-							23e	1.	1,240				
24 25	Income. Add										· ·	••••••••••••••••••••••••••••••••••••••	. 24		10 5	00)	
	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 (10, 590. Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result													JU.)			
26	here. If Parts																
	Schedule 1 (Fo												. 2	6	-10,5	590.	
Eor De	perwork Reduct					-				PA		-10,59		Schedule F (

Supplemental Income and Loss

SCHEDULE E

Schedule E (Form 1040) 2023

OMB No. 1545-0074