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

IIICIIIai	nevertue del vice					
Subm	ission Identification Number (SID)					
Taxpay	er's name	Social securi	ty numb	per		
SHU	BHAM MADHUSUDAN PATHAK	736-74-6648				
Spouse	's name	Spouse's social security number				
Par	· · ·	year you a	re au	thorizing.)	
	whole dollars only on lines 1 through 5.					
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1.	۱ ،۰۰	0.4.0	
1	Adjusted gross income		1		<u>,918.</u>	
2	Total tax		2		<u>,630.</u>	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3		<u>,462.</u>	
4 5	Amount you want refunded to you		5	2	<u>,832.</u>	
Part		een a con		our retu	rn)	
	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended)					
to send for any Agent payme author payme busine taxes persor	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit d my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reject delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicent of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution ization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ant, 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 parall identification number (PIN) below is my signature for the income tax return (original or amended) I am	ction of the t S. Treasury a cated in the t in to debit the the authoriz ests must be processing of ayment. I fur	ransmis nd its of ax prepare entry atton. The receiff the elasting attoned the raceiff the action are second entry at the raceiff the elasting at the raceiff the elasting at the raceiff the elasting at the	ssion, (b) the designated paration softo this according revoke (continued no late ectronic pasknowledge	re reason Financial tware for bunt. This cancel) a er than 2 yment of that the	
	onic Funds Withdrawal Consent. Bayer's PIN: check one box only					
		N/ DINI 4	6 6	6 4 8	ac my	
	ERO firm name	ř En		digits, but er all zeros	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 no if you are entering your own PIN and your return is filed using the Practitioner PIN method below.					
Your	signature ► Date ►					
Spour	se's PIN: check one box only					
Г	I authorize to enter or generate n	nv PIN			as my	
_	ERO firm name	_	ter five	digits, but	ao my	
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er 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 method below.					
Spous	se's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue below					
Part	III Certification and Authentication — Practitioner PIN Method Only					
ERO's	s EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 4 9 Don't ent	6 0 er all ze	8 2 7 eros	1	
author	y that the above numeric entry is my PIN, which is my signature for the electronic individual income tax ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submit ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> Providers of Inc.	tting this reti	urn in a	accordance		
ERO's	s signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions					
	Don't Submit This Form to the IRS Unless Requested To D	o So				

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



For the year Jan. 1–Dec. 31, 2023, or other tax year beginning			, 2023, ending , 20					20		See separate instructions.			
Your first name and middle initial			Last name						,	Your social security number			
SHUBHAM	MADI	HUSUDAN	PATE	łak						736	74 6	5648	
If joint return, spouse's first name and middle initial				ame					:			ecurity number	
Home address	(numbe	er and street). If you have a P.O. box, see	instructi	ions.			Ap	ot. no.		Preside	ntial Elect	tion Campaign	
308 108TH AVE NE B307 Chec						Check here if you, or your							
City, town, or p	Oity, town, or post office. If you have a foreign address, also complete spaces below.						spouse if filing jointly, want \$3 to go to this fund. Checking a						
BELLEVUE	3				WA	4	9800				box below will not change		
Foreign country	/ name			Foreign province/state/o	count	y	Foreigr	postal c	ode	l' — —			
							You	Spouse					
Filing Status	; X	Single				☐ Head of he	ouseho	ld (HOH	- I)				
Check only		Married filing jointly (even if only or	ne had	income)									
one box.		Married filing separately (MFS)				☐ Qualifying	survivi	ng spol	use (C	(QSS)			
	If y	ou checked the MFS box, enter the	name	of your spouse. If you	ı che	ecked the HOH	or QS	S box,	enter	the chi	ld's name	e if the	
	qu	alifying person is a child but not you	ır depei	ndent:									
Digital	At ar	ny time during 2023, did you: (a) rece	eive (as	a reward, award, or i	navn	nent for prope	rtv or s	ervices): or (l	a) sell.			
Assets		ange, or otherwise dispose of a digi					-				☐ Yes	⊠ No	
Standard	Som	eone can claim: You as a de	penden	t Your spouse	e as	a dependent							
Deduction		Spouse itemizes on a separate return		•		•							
A /DI'		_						1	0	1050		P - d	
	•	Were born before January 2, 1	959 [ouse		(4)					olind	
Dependent				(2) Social security number	'	(3) Relationsh to you	ip (4)	Child t			· .	e instructions): other dependents	
If more	(1) F	irst name Last name		Humber		to you		J DIIIIO		uit	Credit for 0	Thei dependents	
than four dependents,								[<u> </u>				
see instruction:	s							[
and check here	ı —							[
-	10	Total amount from Form(s) W 2 h	ov 1 (oc	o instructions)						10	T 1	 .50 , 798 .	
Income	1a h	Total amount from Form(s) W-2, by	`	,						1a 1b		30, 190.	
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1c			
W-2 here. Also attach Forms	c d	·	•	•						1d			
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1e			
1099-R if tax was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								1f			
If you did not	g g	Wages from Form 8919, line 6							1g				
get a Form	9 h	Other earned income (see instructi								1h		0.	
W-2, see instructions.	i	Nontaxable combat pay election (s	,			1i	į .						
	z	A stat time and a theman code of the								1z	1	50,798.	
Attach Sch. B	2a	1	2a		b Ta	axable interest	t .			2b		900.	
if required.	3a	Qualified dividends	3a	50.6		rdinary divider				3b		750.	
	4a		4a			axable amount				4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b Ta	axable amount	t			5b	,		
Single or	6a	Social security benefits	6a		b Ta	axable amount	t			6b	,		
Married filing separately,	С	If you elect to use the lump-sum e	lection	method, check here ((see	instructions)			. \square				
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D i	f required. If not requ	uired,	, check here			. \square	7			
Married filing jointly or	8	Additional income from Schedule								8		16,530.	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total inc	ome	e				9	1	.35,918.	
\$27,700	10	Adjustments to income from Sche	dule 1,	line 26						10			
Head of household,	11	Subtract line 10 from line 9. This is	your a	djusted gross incon	ne					11	1	35,918.	
\$20,800 If you checked	12	Standard deduction or itemized	deduct	tions (from Schedule	A)					12		13,850.	
any box under	13	Qualified business income deducti	on fron	n Form 8995 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	s, enter -0 This is y	our t	axable incom	ie .			15	$\cdot \mid \overline{1}$	22,068.	

Form 1040 (202)	3)								Page Z	
Tax and	16	Tax (see instructions). Check if a	any from Form	(s): 1 881	4 2 🗌 4972	з 🗌		16	22 , 630.	
Credits	17	Amount from Schedule 2, line 3	3					17		
	18	Add lines 16 and 17						18	22,630.	
	19	Child tax credit or credit for oth	er dependent	s from Sched	ule 8812			19		
	20	Amount from Schedule 3, line 8	3					20		
	21	Add lines 19 and 20						21		
	22	Subtract line 21 from line 18. If	zero or less, e	enter -0				22	22,630.	
	23	Other taxes, including self-emp	loyment tax, t	from Schedule	2, line 21			23	0.	
	24	Add lines 22 and 23. This is you	ur total tax					24	22,630.	
Payments	25	Federal income tax withheld fro	om:							
•	а	Form(s) W-2				25a 25	,462.			
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c .						25d	25,462.	
If you have a	26	2023 estimated tax payments a	and 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 S	Schedule 8812			28				
	29	American opportunity credit fro	m Form 8863	, line 8 . .		29				
	30	Reserved for future use				30				
	31	Amount from Schedule 3, line 1	5			31				
	32	Add lines 27, 28, 29, and 31. Th	32							
	33	Add lines 25d, 26, and 32. Thes	se are your to	tal payments				33	25,462.	
Refund	34	If line 33 is more than line 24, s	ubtract line 24	4 from line 33.	This is the amour	t you overpaid		34	2,832.	
	35a	Amount of line 34 you want refu	unded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	2,832.	
Direct deposit?	b	Routing number 1 2 2 1	0 0 0	2 4	c Type:	Checking	Savings			
See instructions.	d	Account number 9 3 0 7	0 5 1	2 9						
	36	Amount of line 34 you want app	olied to your	2024 estimate	ed tax	36				
Amount	37	Subtract line 33 from line 24. The								
You Owe		For details on how to pay, go to	o www.irs.gov	/Payments or	see instructions.			37		
	38	Estimated tax penalty (see instr	ructions) .			38				
Third Party		you want to allow another pe				_				
Designee		structions					•		⊠ No	
		esignee's me		Phone no.			onal identi ber (PIN)	rication		
Sign	Un	der penalties of perjury, I declare that	I have examined	this return and	accompanying sched	dules and statemen	ts, and to t	he best	of my knowledge and	
Here	be	lief, they are true, correct, and complet	n prepare	er has any knowledge.						
Here	Yo	ur signature	Date	Your occupation		If the IRS sent you an Identity				
			GODELLA DE ENGINEED					IN, enter it here		
Joint return? See instructions.		augo's signature. If a joint return both	h must sign	SOFTWARE ENGINEER				(see inst.)		
Keep a copy for your records.	Spouse'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 (see inst.)		
		one no. (480) 652-7817		Email address	CUIIDUAMDATUA	V610CMNTI CO				
		(100)002 /01/	reparer's signati		SHUBHAMPATHA	Date	PTIN		Check if:	
Paid					CAR CHOTA	04/13/2024	P0208	2703	Self-employed	
Preparer										
Use Only								Phone no. (678) 965-9522 Firm's EIN 84-3171965		
<u> </u>	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816 Firm							3 LIIN	84-3171965	

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SHUBHAM MADHUSUDAN PATHAK

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

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

Your social security number 736-74-6648

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. Att		5	-16,530.
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	r here and on Form	10	- 16,530

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 governr	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 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	-		
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	:	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.

OMB No. 1545-0074

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

Your social security number

SHUE	BHAM MADHUSUDAN PATHAK						736	-74-6648	3
Part	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	d Roy	yalties Schedule	C . See	instru	ctions. If you ar	e an i	ndividual, rep	oort farm
Α	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099?							🗌 Y	es 🗌 No
1a	Physical address of each property (street, city, state, ZIF								
Α	D3 - 703, SUNDER SANSKRUTI VADGAON KH	PUNE	IN 4	111041	L				
В									
С									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental	and	Fair Rental Days				sonal Use Days	QJV
Α	g personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f qualified joint venture. See instru			В					
С	quaimed joint venture. See instru	ictions	i.	С					
Туре	of Property:								•
	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (descri	be)		
						Propertie	s:		
Incon	ne:			Α		В			С
3	Rents received	3			25.				
4	Royalties received	4							
Exper									
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,8	45.				
8	Commissions	8		,_					
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,6	20.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		3,5	85.				
15	Supplies	15		3,2					
16	Taxes	16		-,-					
17	Utilities	17		3,9	18.				
18	Depreciation expense or depletion	18		2,9					
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		17,1	55.				
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		-16 , 5	30.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		16 , 53		()()
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		625		,
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,	966		
е	Total of all amounts reported on line 20 for all properties				23e	17,	,155		
24	Income. Add positive amounts shown on line 21. Do not		de any los	sses			2	4	
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. Er	nter to	tal losses here	2	25 (16,530.)
26	Total rental real estate and royalty income or (loss).	Combi	ine lines	24 and	25. E	nter the resul	t 🗌		
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar	t apply	y to you,	also e	nter tl	his amount or	ו ר	26	-16,530.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No. 179 Name(s) shown on return Business or activity to which this form relates Identifying number SHUBHAM MADHUSUDAN PATHAK Sch E D3 - 703, SUNDER SANSKRUTI 736-74-6648 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1,160,000. 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,890,000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 **16** Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2023 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. SIL g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 85,121. 2,966. 27.5 yrs. S/L property MM 39 yrs. ММ S/L i Nonresidential real S/L property MM Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L **b** 12-year 30 yrs. ММ S/L c 30-year ММ S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 2,966. 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.