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

	5.1.05 65.1.05						
Submissi	ion Identification Number (SID)						
Taxpayer's	name	Social securi	ty numb	er			
VISHA	L JALI	828-73	828-73-9287				
Spouse's na		Spouse's soo			r		
Dort I	Toy Poture Information Toy Year Ending December 21 2022 (F	inter year your	ro out	horizina	1		
Part I	, , ,	nter year you a	re aui	monzing.	.)		
	ole dollars only on lines 1 through 5. orm 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.						
	djusted gross income		1 1	50	,528.		
	otal tax		2		,931.		
	ederal income tax withheld from Form(s) W-2 and Form(s) 1099		3		,089.		
	mount you want refunded to you		4		,158.		
	mount you owe		5		,130.		
Part II		nd keep a cop	y of y	our retu	rn)		
my knowle return (orig to send m for any de Agent to in payment of authorizati payment, business of taxes to r personal in Electronic	nalties of perjury, I declare that I have examined a copy of the income tax return (original or americade and belief, it is true, correct, and complete. I further declare that the amounts in Part I ginal or amended) I am now authorizing. I consent to allow my intermediate service provider, tray return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for leavy in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the nitiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to term I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation days prior to the payment (settlement) date. I also authorize the financial institutions involved in receive confidential information necessary to answer inquiries and resolve issues related to dentification number (PIN) below is my signature for the income tax return (original or amended Funds Withdrawal Consent.	above are the amensmitter, or electron rejection of the total treasury at indicated in the tritution to debit the processing of the payment. I further the authorization the payment. I further amens are the payment.	ounts front retransmised its cax preparation. The received its front its cax preparation. The received its front received its f	rom the in- curn original ssion, (b) the designated paration solution this accor- to revoke (eved no late ectronic parknowledge	come tax tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of that the		
Taxpaye	r's PIN: check one box only	3	9 2	2 8 7			
×	I authorize GLOBAL TAXES LLC to enter or generation	rate mv PIN 🖰			as my		
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.			digits, but r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Your sign	nature ► Date						
Snouse's	s PIN: check one box only						
-	I authorize to enter or gene	rate my 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	r all zeros			
	I will enter my PIN as my signature on the income tax return (original or amended) I a if you are entering your own PIN and your return is filed using the Practitioner PIN r below.						
Spouse's	s signature ► Date	>					
	Practitioner PIN Method Returns Only—continue be	low					
Part III	Certification and Authentication — Practitioner PIN Method Only						
ERO's E	FIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9 Don't ent	6 0 er all ze	8 2 7	1		
authorized	nat the above numeric entry is my PIN, which is my signature for the electronic individual incomed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am sents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	submitting this retu	ırn in a	ccordance			
ERO's sig	gnature ► Date	>					
	ERO Must Retain This Form — See Instruction						
	Don't Submit This Form to the IRS Unless Requested	To Do So					

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



1040		partment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use Onl	ly—Do not v	vrite or sta	aple in this space.
For the year Jan	n. 1–D	ec. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	e and	middle initial	Last na	me						Your so	ocial sec	curity number
VISHAL			JALI							828	73	9287
If joint return, s	spouse	e's first name and middle initial	Last na	me						Spouse	's socia	security number
Home address	(num	ber and street). If you have a P.O. box, see	instruction	ons.				Α	pt. no.	1		ection Campaign
274 VAS										1		ou, or your jointly, want \$3
		ffice. If you have a foreign address, also co	mplete s	paces bel	ow.	Sta		ZIP co		1 '	_	nd. Checking a
PISCATA						NJ		088				not change
Foreign countr	y nam	e		Foreign pr	ovince/state/o	count	y	Foreig	n postal code	your ta	x or refu	_
Eiling Status	<u> </u>	⊠ Single					Head of ho	nucah	JA (HOH)			
Filing Status	S 1	☑ Married filing jointly (even if only o	ne had i	ncome)			rieau orric	Jusein	olu (FIOFI)			
Check only	[☐ Married filing separately (MFS)	ne nau i	ilicollie)			Qualifying	surviv	ina snouse	(088)		
one box.	li li	you checked the MFS box, enter the	name c	of vour sr	nouse If you	ı che	, ,		0 1	,	ild's na	me if the
		ualifying person is a child but not you		, .	•						ila o ria	
Digital Assets		any time during 2023, did you: (a) rec change, or otherwise dispose of a dig									□ Y €	es 🗵 No
Standard		meone can claim:					a dependent	i). (0 t		J. 1.0.1)		
Deduction		Spouse itemizes on a separate retur	•									
Ago/Plindnes		u: Were born before January 2, 1		Are bli		use		n hofe	re January	2 1050		s blind
			333 _	Ī	·			14				(see instructions):
-		e instructions): First name Last name		(2) 8	Social security number		(3) Relationsh to you	ıb İ,	Child tax		1	or other dependents
If more than four	(-)	- Luci Hame					. ,					
dependents,												
see instruction	ıs —											
and check here []											
Income	1a	Total amount from Form(s) W-2, b	ox 1 (se	e instruc	tions)					. 1a	a	59,927.
	b	Household employee wages not re	eported	on Form	(s) W-2					. 1k	,	
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	a (see ins	struction	s)					. 10	;	
attach Forms	c	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							. 10	ŀ		
W-2G and 1099-R if tax	e	Taxable dependent care benefits f	rom For	m 2441,	line 26 .					. 16	•	
was withheld.	f	Employer-provided adoption bene	fits from	n Form 8	839, line 29					. 11	f	
If you did not	ç	Wages from Form 8919, line 6.								. 19	3	
get a Form W-2, see	h	Other earned income (see instruct	ions) .							. 11	1	0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>li</u>					
		- ı	. ;		· · · ·					. 12	_	59,927.
Attach Sch. B	2 a	· —	2a				axable interest			. 2t		
if required.	3a		3a				rdinary divider					
Standard	4a		4a				axable amount					
Deduction for—	5a	_	5a				axable amount					
Single or Married filing	6a	,	6a				axable amount	i		. 6t		
separately, \$13,850	-	,		•		•	,			H F		
Married filing	7	Capital gain or (loss). Attach Sche									_	0 200
jointly or Qualifying	8	Additional income from Schedule	•							. 8	_	-9,399.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-						. 9		50,528.
Head of	10	Adjustments to income from Sche								. 10	_	50 520
household, \$20,800	11	Subtract line 10 from line 9. This is	-	-	_					. 12		50,528.
If you checked any box under	12	Standard deduction or itemized Qualified business income deduct				,	 5-Δ			. 13		13,850.
Standard	14						υ ત			. 14		13,850.
Deduction, see instructions.	15	Subtract line 14 from line 11. If zer					axable incom	 ie .				36,678.
					,	_						

Form 1040 (202)	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	з 🗌		16	4,181.
Credits	17	Amount from Schedule 2, lin	ie3					17	
	18	Add lines 16 and 17						18	4,181.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lin	ie 8					20	1,250.
	21	Add lines 19 and 20						21	1,250.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	2,931.
	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 total tax					24	2,931.
Payments	25	Federal income tax withheld	from:						
-	а	Form(s) W-2				25a	6,089		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	6,089.
If you have a	26	2023 estimated tax payment	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	n 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, lin	ie 15			31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	6,089.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the amour	nt you overpaid	١	34	3,158.
	35a	Amount of line 34 you want	refunded to you	រ. If Form 8888	is attached, chec	ck here	🗆	35a	3,158.
Direct deposit?	b	Routing number 0 5 4			c Type:	Checking [Savings	3	
See instructions.	d	Account number 5 3 4	7 2 0 1	4 6 1					
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, go						37	
100 0 110	38	Estimated tax penalty (see in	_	-		38		37	
Third Party	Do	you want to allow another	person to disc	cuss this retu		See	Complete	, bolow	⊠ No
Designee		signee's		Phone			rsonal ide		ĭ NO
		me		no.			mber (PIN)		
Sign		der penalties of perjury, I declare thilef, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		lf t	he IRS se	nt you an Identity
							1	Protection PIN, enter it here	
Joint return?					IT EMPLOYE		`	e inst.)	
See instructions. Keep a copy for your records.		ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupati	ion	Ide		nt your spouse an ection PIN, enter it here
	Ph	one no. (301)338-423	7	Email address	VISHALJALI	[@GMAIL.CC	M		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Preparer	SYA	M PRIYA RAM SAGAR GUPTA	SYAM PRIY	A RAM SAC	GAR GUPTA	04/05/2024	P020	82703	Self-employed
Use Only	Fir	m's name GLOBAL TAX	XES LLC				Ph	one no. ((678)965-9522
————	Fir	m's address 245 ROONE?	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	84-3171965
		10106							- 1040 ()

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 01

Your social security number

Department of the Treasury Internal Revenue Service

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.

VISH	IAL JALI	8	328-73-9	287
Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received			
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. Attach So			-9,399.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		<u>7</u>	
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 8g			
h	Jury duty pay			
i	Prizes and awards			
j	Activity not engaged in for profit income			
k	Stock options			
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)			
n	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			
Z	Other income. List type and amount:			
^	Tatal athor in a real Add lines On the sure No.			
9	Total other income. Add lines 8a through 8z			
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here	and on F	OTITI	

10

-9,399.

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				
	· · · · · · · · · · · · · · · · · · ·	24c		_	
d		24d		_	
е	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g		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				
	tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
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 Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

SCHEDULE 3 (Form 1040)

Department of the Treasury

VISHAL JALI

Additional Credits and Payments

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. 03

Internal Revenue Service Go to www.irs.gov/Fo

Your social security number 828-73-9287

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		. 1	
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attac	ch . 2	
3	Education credits from Form 8863, line 19		. 3	1,250.
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	6b		
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	6g		
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	6 j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m		
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	040, 1040-SR, d		
	1040-NR, line 20		. 8	1,250.
			(continue	ed on page 2)

Schedule 3 (Form 1040) 2023 Page **2**

Par	t II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions) .		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
а	Form 2439	13a		
b	Credit for repayment of amounts included in income from earlier years	13b		
С	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
Z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through	13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040 line 31		15	

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.

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

Attachment Sequence No. 13

OMB No. 1545-0074

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Your social security number

VIS	HAL JALI						828-73	3-9287	
Par	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.	rty, use S		C. See	instru	ctions. If you a	are an indiv	idual, repo	ort farm
	Did you make any payments in 2023 that would require you								
В	If "Yes," did you or will you file required Form(s) 1099? .							. 🗌 Ye	s No
1a	Physical address of each property (street, city, state, ZII	P code)							
Α	TARNAKA SECUNDERABAD TELANGANA IN 500	0017							
В									
C									
1b	Type of Property (from list below) 2 For each rental real estate properabove, report the number of fair	rental ar	nd		Fa	ir Rental Days	Person Day		QJV
Α	personal use days. Check the Q		only	Α		365		0	
В	if you meet the requirements to find a qualified joint venture. See instru			В					
С	quaimed joint venture. See institu	uctions.		С					
Туре	of Property:								
	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial	(6 Roya	lties	8	Other (desci	ribe)		
						Properti			
Incor	ne:			Α		В			С
3	Rents received	3			74.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5			İ				
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,3	67.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	04.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14			13.				
15	Supplies	15		1,3	28.				
16	Taxes	16							
17	Utilities	17			43.				
18	Depreciation expense or depletion	18		3,3	18.				
19	Other (list)	19		0 0					
20	Total expenses. Add lines 5 through 19	20		9,7	73.				
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		-9,3	99.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (9,39	9.)	()(()
23a	Total of all amounts reported on line 3 for all rental prope	erties			23a		374.		
b	Total of all amounts reported on line 4 for all royalty prop	perties			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		,318.		
е	Total of all amounts reported on line 20 for all properties				23e	9	,773.		
24	Income. Add positive amounts shown on line 21. Do not		-				. 24		
25	Losses. Add royalty losses from line 21 and rental real estat	te losses	from line	e 22. E	nter to	tal losses her	e 25 (9,399.)
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 Schedule 1 (Form 1040), line 5. Otherwise, include this a						on 26		-9,399.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

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

VISHAL JALI

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2023

Attachment Sequence No. 50

9287

Your social security number

828

	Ţ	1
CA	IJΠ	ON

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			
1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse		
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		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse		
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 (rounded to	6	
_	at least three places)		
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit;		
	skip line 8, enter the amount from line 7 on line 9, and check this box	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and		
	on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	
Part	II Nonrefundable Education Credits		
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 all Parts III, line 31. If		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	6,250.
11	Enter the smaller of line 10 or \$10,000	11	6,250.
12	Multiply line 11 by 20% (0.20)	12	1,250.
13	qualifying surviving spouse		
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		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		
	qualifying surviving spouse		
17	If line 15 is:		
	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18	4-	1 000
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) .	18	1,250.
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	1,250.

Name(s) shown on return	Your social	security	number
VIGHT. JAHZIV	828	73	9287



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Par	Student and Educational Institution Information	n. See instructions.				
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as s	hown	on page 1 of		
	VISHAL	your tax return)				
	JALI	828-73-9287				
	Educational institution information (see instructions)		/: 6			
а	. Name of first educational institution UNIVERSITY OF THE CUMBERLANDS	b. Name of second educational institution	on (if	any)		
	1) Address. Number and street (or P.O. box). City, town or	(1) Address. Number and street (or P.) hov	() City town or		
•	post office, state, and ZIP code. If a foreign address, see instructions.	post office, state, and ZIP code. If instructions.				
	6198 COLLEGE STATION DRIVE					
	WILLIAMSBURG KY 40769					
(2) Did the student receive Form 1098-T	(2) Did the student receive Form 1098 from this institution for 2023?	-T _	Yes No		
(;	Did the student receive Form 1098-T from this institution for 2022 with box Yes No 7 checked?	(3) Did the student receive Form 1098 from this institution for 2022 with b 7 checked?	_	Yes No		
(4	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 ide if you're claiming the American opposed checked "Yes" in (2) or (3). You can 1098-T or from the institution.	ortuni	ity credit or if you		
	61-0470593					
23	Has the American opportunity credit been claimed for this student for any 4 prior tax years?	\square Yes — Stop! Go to line 31 for this student. \bowtie 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.		– Sto his stu	p! Go to line 31 udent.		
25	Did the student complete the first 4 years of postsecondary education before 2023? See instructions.	X Yes − Stop! 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?			nplete lines 27 O for this student.		
CAUT	You can't take the American opportunity credit and the li you complete lines 27 through 30 for this student, don't don		in the	same year. If		
	American Opportunity Credit					
27	Adjusted qualified education expenses (see instructions). Dor		27			
28	Subtract \$2,000 from line 27. If zero or less, enter -0		28			
29	, , ,		29			
30	If line 28 is zero, enter the amount from line 27. Otherwise, a enter the result. Skip line 31. Include the total of all amounts f		30			
	Lifetime Learning Credit	ioni an Farts III, line 50, On Part I, line 1.	30			
31	Adjusted qualified education expenses (see instructions). Incl	ude the total of all amounts from all Darts				
JI	III, line 31, on Part II, line 10		31	6,250.		