(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	ission Identification Number (SID)							
Taxpaye	er's name	Social se	Social security number					
RAG	HAV SOOD	882-52-7223						
Spouse	's name		Spouse's	social s	ecurit	y numbe	r	
Part	Tax Return Information — Tax Year Ending December 31, 20	23 (Enter	Vear vo	ul are i	auth/	orizina	1	
	whole dollars only on lines 1 through 5.	23 (LIIIGI	year ye	u ale	autin	JIIZIIIG.	·)	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income				ı I	156	,508.	
2	Total tax				2		,624.	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099				3		,967.	
4	Amount you want refunded to you			-	1		7307.	
5	Amount you owe				5		657.	
Part					f you	ur retu		
return ( to send for any Agent t paymel authori paymel busines taxes t person Electro	owledge and belief, it is true, correct, and complete. I further declare that the amounts in (original or amended) I am now authorizing. I consent to allow my intermediate service providing my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or read relay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize in an ACH electronic funds withdrawal (direct debit) entry to the financial institution and into finy 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 that, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancers as days prior to the payment (settlement) date. I also authorize the financial institutions involve receive confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or an incirc Funds Withdrawal Consent.	der, transmi son for reje orize the U. ccount indi- cial institutio o terminate ellation requ- lived in the ed to the p	tter, or election of the S. Treasucated in the authors must be processing ayment. I	ectronic he trans iry and i he tax p t the ent orization st be re ing of the further	return mission ts destricted frepara try to fin. To ceived e electric	n origina on, <b>(b)</b> the signated ation sorthis accorrevoke ( d no late tronic particular	tor (ERO) ne reason Financial ftware for ount. This (cancel) a er than 2 ayment of e that the	
Taxpa	ayer's PIN: check one box only			2 7	2	2 3		
X		generate r	ny PIN	Enter f		its, but	as my	
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.					ll zeros		
Yours	I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner below.		od. The	ERO m				
Cnauc	nela DINI, ahaak ana hay ank							
Spous	se's PIN: check one box only		DIN					
	I authorize to enter or ERO firm name	generate r	ny PIN	- Francis	is a dia	its. but	as my	
	signature on the income tax return (original or amended) I am now authorizing.					ll zeros		
	I will enter my PIN as my signature on the income tax return (original or amendifyou are entering your own PIN <b>and</b> your return is filed using the Practitioner below.							
Spous	se's signature ▶	Date ►						
	Practitioner PIN Method Returns Only—contin							
Part	III Certification and Authentication — Practitioner PIN Method Only	1						
ERO's	<b>EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2	2 4	9 6	0 8	2 7	1	
			Don'	t enter al	Il zero:	s		
authori	y that the above numeric entry is my PIN, which is my signature for the electronic individual ized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that ements of the Practitioner PIN method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Programments.	I am subm	itting this	return i	in acc	ordance		
ERO's	s signature ►	Date ►						
	ERO Must Retain This Form — See Instru	ctions						
	Don't Submit This Form to the IRS Unless Reques	sted 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 space.	
For the year Jai	n. 1–Dec	c. 31, 2023, or other tax year beginning		·	, 2023, end	ding			, 20		See sep	oarate i	instructions.	
Your first name	and m	iddle initial	Last na	me						,	Your so	cial sec	urity number	_
RAGHAV			SOOD	)							882	52	7223	
	pouse's	s first name and middle initial	Last na								Spouse'	s social	security numb	eı
Home address	(numbe	er and street). If you have a P.O. box, see	instruction	ons.				A	Apt. no.		Preside	ntial Ele	ection Campai	gn
702 SPR	ING	ST						V	71413		Check h	nere if y	ou, or your	-
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces belov	N.	Sta	te	ZIP c	ode		•	•	jointly, want \$	
SEATTLE						WA	7	981	04		•		nd. Checking a not change	a
Foreign countr	y name		F	Foreign prov	vince/state/	count	ty	Foreig	ın postal c		your tax		ınd.	se
Filing Status	s 🗵	Single					Head of he	useh	old (HOH	H)				_
Check only		Married filing jointly (even if only o	ne had i	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your spo	ouse. If yo	u che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	alifying person is a child but not you	ır depen	ndent:										_
Digital		ny time during 2023, did you: (a) rec												_
Assets		nange, or otherwise dispose of a dig						et)? (Se	ee instru	ctions	s.)	Y€	es 🗵 No	_
Standard	_	neone can claim:	•				a dependent							
Deduction	<u>ш</u> :	Spouse itemizes on a separate retur	n or you	ı were a dı	ual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blin	d <b>Sp</b>	ouse	: Was bor	n befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) So	cial security	,	(3) Relationsh	<sub>iip</sub> (4	) Check t	he box	k if quali	fies for (	see instruction	s):
If more	(1) First name Last name number		to you		Child t	ax cre	dit	Credit fo	r other depender	nts				
than four									[					
dependents, see instruction	s —													
and check	. —													_
here L														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		155,136	•
Attach Form(s)	b	Household employee wages not re		•	•						1b			
W-2 here. Also	С.	Tip income not reported on line 1a	•								1c			_
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	ictions)				1d			_
1099-R if tax	e	Taxable dependent care benefits f									1e			_
was withheld.	f	Employer-provided adoption bene Wages from Form 8919, line 6.	ents from	1 FORM 883	39, line 29						1f			_
If you did not get a Form	g	Other earned income (see instruct	iona)								1g		0	_
W-2, see	h i	Nontaxable combat pay election (s	,					i.			1h			<u>.</u>
instructions.	z	Add lines 1a through 1h	366 111311	uctions)		•					1z		155,136	
Attach Sch. B	<u>-</u>		2a		<u>i</u>	 h Ta	axable interest				2b		901	_
if required.	3a	· –	3a	1	46.		ordinary divide				3b		460	_
	4a		4a				axable amoun				4b			_
Standard	5a	_	5a				axable amoun				5b			_
Deduction for— Single or	6a	_	6a				axable amoun				6b			_
Married filing separately,	С	If you elect to use the lump-sum e		method, ch	neck here					. Ė				_
\$13,850	7	Capital gain or (loss). Attach Sche		•		`	,			. X	7		11	
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule		•							8			
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•								9		156,508	
\$27,700	10	Adjustments to income from Sche		•							10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>a</b> c	djusted gr	ross inco	me					11		156,508	
\$20,800 If you checked	12	Standard deduction or itemized	deducti	ions (from	Schedule	A)					12		13,850	
any box under	13	Qualified business income deduct	ion from	Form 899	5 or Form	899	5-A				13		1	
Standard Deduction,	14	Add lines 12 and 13									14		13,851	
see instructions.	15	Subtract line 1/1 from line 11 If zer	o or loce	c ontor O	Thic ic v	our t	avabla incom				15		142 657	

Form 1040 (202)	3)									Page <b>2</b>	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 881	4 <b>2</b> 4972	3 🗌			16	27,624.	
Credits	17	Amount from Schedule 2, lir	ne 3						17		
	18	Add lines 16 and 17							18	27,624.	
	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	B. If zero or less,	enter -0					22	27,624.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 21 .				23	0.	
	24	Add lines 22 and 23. This is	your total tax						24	27,624.	
Payments	25	Federal income tax withheld									
,	а	Form(s) W-2				25a	26	,967			
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c							25d	26,967.	
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				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	undabl	e credits		32		
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments					33	26,967.	
Refund	34	If line 33 is more than line 24									
	35a	, , ,									
Direct deposit?	b	Routing number X X X				Check		Savings			
See instructions.	d	Account number X X X	X X X X	X X X X	X X X X	X 2	ζ	_			
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24	. This is the <b>amo</b>	ount vou owe.		_					
You Owe		For details on how to pay, g							37	657.	
	38	Estimated tax penalty (see in	nstructions) .			38					
<b>Third Party</b>	Do	you want to allow another	person to disc	cuss this retur	n with the IRS?	See See				_	
Designee	ins	instructions								<b>⋉</b> No	
		Designee's Phone Personal ic name no. number (PI									
Cian		der penalties of perjury, I declare t	hat I have examined		accompanying sch	dules ar		` '		of my knowledge and	
Sign		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation			lf t	the IRS se	nt you an Identity	
		. Sur Signature			o los secupation				Protection PIN, enter it here		
Joint return?				SOFTWARE ENGINEER				(Se	see inst.)		
See instructions. Keep a copy for		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupat	tion				nt your spouse an	
your records.			Identity Protection PIN, enter (see inst.)					ection Fin, enter it here			
	Phone no. (979)997-0418 Email address RAGHAVSOOD94@GMAIL.COM								-		
		eparer's name	Preparer's signat		MAGIIAVBOOL	Date		PTIN		Check if:	
Paid		'	1		SAR GUPTA		08/2024		82703	Self-employed	
Preparer									none no. (	678)965-9522	
Use Only	Firm's address 245 ROONEY CT E BRUNSWICK NJ 08816							m's EIN	84-3171965		
	1 11	m 3 address Z 7 J ROONE	T CI DIO	TIDNITCK IN				1.11	III 3 LIIN	04-31/1303	

# Form **8889**

Department of the Treasury

Internal Revenue Service

**Health Savings Accounts (HSAs)** 

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023
Attachment
Sequence No. 52

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

RAGHAV SOOD

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

882-52-7223

Befo	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only 🗌 Family
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family		
	coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	1,350.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,500.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	0.
David	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		104
Part	a separate Part II for each spouse.		HSAs, complete
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here		
	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructi completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040) Part II line 17d	21	

## Form **8995**

Department of the Treasury

Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment Sequence No. **55** 

Name(s) shown on return	Your taxpayer identification number
RAGHAV SOOD	882-52-7223

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number		Qualified business income or (loss)
i				
ii				
iii				
iv				
v				
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 3 (		
4 5	Total qualified business income component. Multiply line 4 by 20% (0.20)	4	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 6.		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 (		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0	8 6.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	1.
10	Qualified business income deduction before the income limitation. Add lines 5 an	1	10	1.
11	Taxable income before qualified business income deduction (see instructions)	11 142,658.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	<b>12</b> 157.		
13	Subtract line 12 from line 11. If zero or less, enter -0	13 142,501.	4.0	20 500
14	Income limitation. Multiply line 13 by 20% (0.20)		14	28,500.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also the applicable line of your return (see instructions)		15	1.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater that		16	( 0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 a	nd 7. If greater than		``
	zero, enter -0		17	( 0.