### 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

Social security number   Social security nu	Submi	ssion Identification Number (SID)					
Spouse's parelle	Taxpaye	r's name	Social securi	ty numb	er		
Part   Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)	VIJA	Y GUMTE	189-21	-525	3		
Part II 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	Spouse's	name	Spouse's soo	ial secu	urity numb	er	
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	SASW	OTEE LENKA	985-90	-361	7		
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.  1 Adjusted gross income 2 Total tax 2 11, 197. 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 3 13, 122. 5 Amount you want refunded to you 4 1, 925. 5 Amount you want refunded to you 10 you per	Part	Tax Return Information — Tax Year Ending December 31, 2023 (Enter	year you a	re aut	thorizin	g.)	
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A mount you want refunded to you  A 1,925.  Amount you want refunded to you  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Loder penalties of perjury, 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. If urther 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 original from the income tax return (original to receive form the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury and its designated Financial Agent to reserve the transmission, (b) the reason or any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury and its designated Financial Agent to receive don't be the part of the	1	Adjusted gross income		1	12	3,5	26.
Amount you want refunded to you  5 Amount you owe  Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)  Under penalties of perjun; 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, 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 cash of rejection feature originator (FEN) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection, 6b) 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 iteminate an ACH electronic funds withdrawal (client debled) enty to the financial institution account indication software for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury financial institutions account indication software from 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 to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must be received to the payment of the electr	2	Total tax		2	1	1,19	97.
S Amount you owe	3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	3,1	22.
Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Under penalties of perjury, I cleate that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of your knowledge and belief, it is true, correct, and complete. Further declare that the amounts IP Part I above are the amounts from the income tax return (original or personal personal) I am now authorizing, and to the best of the property of the income tax return (original or amended) I am now authorizing.  In the IRS and to receive from the IRS (8) an acknowledgement of receipt or reason for rejection of the transmission, (8) the reason for any delay in processing the return or refund, and (6) the date of any refund. I applicable, it 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 account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent to terminate the 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 1-888-383-4837-Payment cancellation requests must be received no later than 2 business days prior to the payment (estitlement) 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) between the financial institutions involved in the processing of the electronic payment of the payment of the account the processing of the electronic payment of the payment of t	4	Amount you want refunded to you		4		1,9	25.
Under penalties of perjuy, I declare that II 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 about some than 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 retire or electronic funds withdrawal (circat debt) entry to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for retire or electronic funds withdrawal (circat debt) entry to the intermination of the transmission, (b) the reparation software for payment of my federal taxes owed on this return and/or a payment of retire than 1 and 1 a	_ 5	Amount you owe		_			
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I authorize GLOBAL TAXES LLC 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.  Your signature ▶ Date ▶  Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN one that is provided in the enter flue digits, but one that is provided in the enter of the e	return (or to send for any Agent to paymer authorize paymer business taxes to personal	original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indication from the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the financial institution account indication is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate to the financial institution in the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payor identification number (PIN) below is my signature for the income tax return (original or amended) I and	tter, or electroction of the ties. Treasury a cated in the tien to debit the ests must be processing or ayment. I fur	onic retransmise and its cax preparently the entry that ion. The received the electric than according to the electric transfer according transfer according to the electric transfer according to the electric transfer according transfer accor	curn origingsion, (b) designate paration so this ac orevoked no latertronic planting with the control of the co	nator ( the red Final oftwateount e (cane ater the payment	(ERO) eason ancial re for . This cel) a nan 2 ent of at the
I authorize GLOBAL TAXES LLC 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.  Your signature ▶ Date ▶  Spouse's PIN: check one box only  I authorize GLOBAL TAXES LLC to enter or generate my PIN one that is provided in the enter five digits, but to enter or generate my PIN one that is provided in the enter of the						٦	
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.  Your signature ▶  Date ▶  Spouse's PIN: check one box only  ☐ I authorize ☐ GLOBAL TAXES LLC		•	nv PIN 🗀	5 2	2   5   3		s mv
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 ▶		ERO firm name	ř En			t	,
Spouse's PIN: check one box only    Authorize GLOBAL TAXES LLC   Ito enter or generate my PIN   Ito enter five digits, but don't enter all zeros		if you are entering your own PIN and your return is filed using the Practitioner PIN method					
I authorize   GLOBAL TAXES LLC   to enter or generate my PIN   0   3   6   1   7   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 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   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   2   2   2   4   9   6   0   8   2   7   1   Don't enter all zeros   Don't enter all zer	Your si	gnature ▶ Date ▶					
I authorize   GLOBAL TAXES LLC   to enter or generate my PIN   0   3   6   1   7   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 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   Date   Practitioner PIN Method Returns Only—continue below   Part III   Certification and Authentication — Practitioner PIN Method Only   2   2   2   4   9   6   0   8   2   7   1   Don't enter all zeros   Don't enter all zer	Snous	o'a DINi abaak ana bay anti					
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.  Don't enter all zeros  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 ▶	· —	I authorize GLOBAL TAXES LLC to enter or generate resignature 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 if you are entering your own PIN and your return is filed using the Practitioner PIN method.	En do ow authorizi	ter five n't ente	digits, but r all zeros	box	only
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.  Don't enter all zeros  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 ▶	Spouse						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  Don't enter all zeros  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							
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	authoriz	ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submi	tting this retu	ırn in a	accordan		
	EBO's	eignature • Data •					
	LNU S	ERO Must Retain This Form — See Instructions					

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

<b>1040</b>	•	artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this	space.
For the year Jan	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20		See sep	oarate i	nstruction	ons.
Your first name	and m	niddle initial	Last na	me							Your so	cial sec	urity nun	nber
VIJAY			GUMT	Έ							189	21	5253	
	pouse's	s first name and middle initial	Last na										security	
SASWOTE	· F?		LENK	Δ							985	90	3617	
		er and street). If you have a P.O. box, see						1	Apt. no.				ection Ca	
7944 ท เ	MACA.	URTHUR BLVD							2161	- 1			ou, or yo	
		ice. If you have a foreign address, also co	mplete s	paces belo	ow.	Sta	te	ZIP c			spouse	if filing	jointly, w	ant \$3
IRVING						TX	Σ	750	63	- 1	•		nd. Chec not chan	•
Foreign countr	y name	ı.	1	Foreign pr	ovince/state/			_	n postal c	- 1	your tax			ge
											-		u 🔲	Spouse
Filing Status	s [	Single					Head of h	ouseh	old (HOF	H)				
Check only	$\overline{\mathbf{x}}$	Married filing jointly (even if only or	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 o	of your sp	ouse. If you	ı che	ecked the HOH	or Q	SS box,	enter	the chi	ld's na	me if the	Э
	qu	ualifying person is a child but not you	ır deper	ndent:										
Digital	Δt a	ny time during 2023, did you: (a) rece	aiva (as	a reward	l award or	navr	nent for prope	rty or	sarvicas'	). or (	h) sell			
Assets		nange, or otherwise dispose of a digi											es X	No
Standard		neone can claim: You as a de					a dependent							
Deduction		Spouse itemizes on a separate return	•											
A a a /Dlindaa								m bafa	ava lanuu		1050		blind	
		: Were born before January 2, 1	959 [	_ Are bli ⊺	•	ouse		14	) Check t				s blind	uctiona):
Dependent		instructions): First name Last name		( <b>2)</b> S	ocial security number	′	(3) Relationsh to you	nip (4	Child t		1		r other de	
If more	<u> </u>			002	-97-093		-		1		, dit	Orodit 10	X	
than four dependents,	IA	SHIKA GUMTE		992	-97-093	0	Daughter		<u>_</u>	_				
see instruction	s								<u>_</u>	_			+	
and check here $\Box$	1								L	_			旹	
-	1a	Total amount from Form(s) W-2, bo	ox 1 (se	e instruct	tions)				L		1a		141,4	448.
Income	b	Household employee wages not re	•		,						1b			
Attach Form(s) W-2 here. Also	c	Tip income not reported on line 1a	•		` '						1c			
attach Forms	d	·	ments not reported on Form(s) W-2 (see instructions)							1d				
W-2G and	e	Taxable dependent care benefits f									1e			
1099-R if tax was withheld.	f	Employer-provided adoption bene									1f		-	
If you did not	g	Wages from Form 8919, line 6 .									1g		-	
get a Form	h	Other earned income (see instructi	ions)								1h		-	0.
W-2, see instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			1i							
	z	Add lines 1a through 1h						<del>.</del> .			1z		141,4	448.
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t .			2b			
if required.	За		3a			<b>b</b> 0	rdinary divide	nds .			3b			
	4a	IRA distributions	4a			b T	axable amoun	t			4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t			5b			
Single or	6a	Social security benefits	6a				axable amoun				6b			
Married filing separately,	С	If you elect to use the lump-sum e	lection i	method,	check here								_	
\$13,850	7	Capital gain or (loss). Attach Scheo	dule D it	f required	d. If not requ	uired	check here			. $\square$	7			-4.
<ul> <li>Married filing jointly or</li> </ul>	8	Additional income from Schedule	1, line 1	0							8		-17,9	918.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	, and 8.	This is yo	our <b>total inc</b>	ome	e				9		123,5	526.
\$27,700	10	Adjustments to income from Sche	dule 1, l	line 26							10			
<ul> <li>Head of household,</li> </ul>	11	Subtract line 10 from line 9. This is	s your <b>a</b>	djusted (	gross incor	ne					11		123,5	526.
\$20,800 If you checked	12	Standard deduction or itemized	deduct	ions (fror	m Schedule	A)					12		27,	700.
any box under	13	Qualified business income deducti	ion from	Form 89	995 or Form	899	5-A				13			
Standard Deduction,	14	Add lines 12 and 13									14			700.
see instructions.	15	Subtract line 1/1 from line 11. If zer	o or loc	c ontor	O Thic ic v		avabla incom				15	1	95 9	226

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌		16	11,697.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	11,697.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	500.
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	500.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	11,197.
	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 <b>total tax</b>					24	11,197.
<b>Payments</b>	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				<b>25a</b> 13	3,122		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	13,122.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	022 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27			
allacii Scii. Elc.	28	Additional child tax credit from	m 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, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your <b>to</b>	tal payments				33	13,122.
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you <b>overpaid</b>		34	1,925.
	35a	Amount of line 34 you want			is attached, chec	k here	. 🗆	35a	1,925.
Direct deposit?	b	Routing number 1 1 1		<del></del>	<b>c</b> Type:	Checking	Savings		
See instructions.	d	Account number 7 1 2	0 7 3 2	1 9					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party	Do	you want to allow another				See			
Designee	ins	structions				. 🗌 Yes. C	omplete	below.	<b>⋉</b> No
		esignee's		Phone			onal iden	tification	
		me		no.	. ,		ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com							, ,
Here		our signature	,	Date	Your occupation				nt you an Identity
	10	our signature		Date	Tour occupation				PIN, enter it here
Joint return?					SOFTWARE E	NGINEER		e inst.)	
See instructions.		ouse's signature. If a joint return, I	<b>both</b> must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.					HOME MAKER			ntity Prot e inst.)	ection PIN, enter it here
	———Ph	one no. (214)606-325	7	Email address	VIJAYGUMTE1		MC		
		eparer's name	Preparer's signat		. 1011100111111	Date Date	PTIN		Check if:
Paid	SYA	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/14/2024	P0208	32703	Self-employed
Preparer		m's name GLOBAL TA				, , ,	·		(678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816			n's EIN	84-3171965
	. "	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	= = = ===				1		<u> </u>

## 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

VIJAY GUMTE & SASWOTEE LENKA

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

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

	Sequence No. <b>01</b>
Your soc	ial security number
189-21	-5253

Par	t I 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. Atta	ach Schedule E .	5	-17,918.
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. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	-17,918.

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 <b>adjustments to income</b> Form 1040, 1040-SR, or 1040-NR, line 10	e. Enter	here and on	26	
	·				

#### **SCHEDULE D** (Form 1040)

### **Capital Gains and Losses**

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment

	tment of the Treasury al Revenue Service Use Form 8949 to list your train Go to www.irs.gov/ScheduleD f				,	Attachment Sequence No. <b>12</b>
	(s) shown on return			l l		ecurity number
	JAY GUMTE & SASWOTEE LENKA				-21-	5253
	you dispose of any investment(s) in a qualified opportunity es," attach Form 8949 and see its instructions for additional			_		
Pa	Tt I Short-Term Capital Gains and Losses—Ge	nerally Assets I	Held One Year	or Less (se	e ins	tructions)
	instructions for how to figure the amounts to enter on the below.	(d) Proceeds	(e) Cost	(g) Adjustmer to gain or loss		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents to e dollars.	(sales price)	(or other basis)	Form(s) 8949, line 2, colum	Part I,	combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked	1	_			4
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	1.	5.			-4.
3	Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1	•		rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if an <b>Worksheet</b> in the instructions	ny, from line 8 of y	-	-	6	(
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwis			e any long-	7	-4.
Pa	t II Long-Term Capital Gains and Losses—Ge	nerally Assets H	Held More Than	One Year	(see	instructions)
	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmer	nts	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss fro Form(s) 8949, Par line 2, column (g		from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
9	Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			ain or (loss)	11	
12	Net long-term gain or (loss) from partnerships, S corporat			dule(s) K-1	12	
	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions	-		Carryover	14	

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

15

Schedule D (Form 1040) 2023 Page 2

#### Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 -4. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . . . . . . . . . . . . . . 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . . . 19 20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 4. ) 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

### 8949

#### Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Go to www.irs.gov/Form8949 for instructions and the latest information.

Attachment

OMB No. 1545-0074

Sequence No. 12A

Internal Revenue Service Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

189-21-5253 VIJAY GUMTE & SASWOTEE LENKA Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (a). (h) enter a code in column (f). Cost or other basis Gain or (loss) (d) (c) (a) (b) Date sold or Proceeds See the **Note** below See the separate instructions. Subtract column (e) Description of property Date acquired (sales price) from column (d) and disposed of and see Column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) combine the result (Mo., day, yr.) (see instructions) in the separate (g) Code(s) from Amount of adjustment instructions. with column (g). instructions 1. 5. -4.

Robinhood Securities LLC | 01/01/23 | 12/31/23 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 5 . above is checked), or line 3 (if Box C above is checked) . -4.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

#### **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.

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.

Attachment Sequence No. 13

OMB No. 1545-0074

VIJ	AY GUMTE & SASWOTEE LENKA						189-2	1-5253	\$
Par									
	Note: If you are in the business of renting personal proper	rty, use <b>S</b>	Schedule	C. See	instru	ctions. If you a	are an indi	vidual, rep	oort farm
	rental income or loss from Form 4835 on page 2, line 40.		- () 4	2000					571.1
	Did you make any payments in 2023 that would require you								
<u>B</u>	f "Yes," did you or will you file required Form(s) 1099? .							. <u> </u>	es 🗌 No
1a	Physical address of each property (street, city, state, ZII	P code)							
A	BASAWESHWAR NAGAR YADGIR KARNATAKA IN	N 5852	202						
В									
С									
1b	Type of Property 2 For each rental real estate property	erty liste	ed .		Fa	ir Rental	Persor	nal Use	0.11/
	(from list below) above, report the number of fair	rental a	ınd			Days	Da	ays	QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to a qualified joint venture. See instru			В					
С	quaimed joint venture. See institu	actions.		С					
Type	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren	ntal	5 Land			Self-Rental			
2	Multi-Family Residence 4 Commercial		6 Roya	Ities	8	Other (desc	ribe)		
						Propert			
Incon	ne:			Α		В	1001		С
3	Rents received	3			00.				
4	Royalties received	4							
Expe		+ - +							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	71.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1,0	30.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		4,2	68.				
15	Supplies	15		3,6	91.				
16	Taxes	16							
17	Utilities	17		4,6					
18	Depreciation expense or depletion	18		3,6	32.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		18,5	18.				
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	1 1		1 17 ^	10				
	file Form 6198	21		-17,9	тя.				
22	Deductible rental real estate loss after limitation, if any,			1 17 ^ -	,	,		,	,
	on Form 8582 (see instructions)	22 (	-	17,91		(	(00	(	)
23a	Total of all amounts reported on line 3 for all rental proper				23a		600.	-	
b	Total of all amounts reported on line 4 for all royalty prop				23b				
C	Total of all amounts reported on line 12 for all properties				23c		622		
d	Total of all amounts reported on line 18 for all properties				23d		3,632.		
e 24	Total of all amounts reported on line 20 for all properties				23e	18	3,518.		
24 25	Income. Add positive amounts shown on line 21. <b>Do not</b> Losses. Add royalty losses from line 21 and rental real estat		-		 ntor to	tal losses hav	. <b>24</b> re <b>25</b>	(	17 010
25								(	17,918.)
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 10/0) line 5. Otherwise include this a						06		_17 010

#### **SCHEDULE 8812** (Form 1040)

#### **Credits for Qualifying Children** and Other Dependents

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

OMB No. 1545-0074

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

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Attachment Sequence No. **47** 

Your social security number

		189-21-	-5253
Par	t I Child Tax Credit and Credit for Other Dependents		
1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	. 1	123,526.
2a	Enter income from Puerto Rico that you excluded		
b	Enter the amounts from lines 45 and 50 of your Form 2555	0.	
c	Enter the amount from line 15 of your Form 4563		
d	Add lines 2a through 2c	. 2d	0.
3	Add lines 1 and 2d	. 3	123,526.
4	Number of qualifying children under age 17 with the required social security number 4	0	
5	Multiply line 4 by \$2,000	. 5	
6	Number of other dependents, including any qualifying children who are not under age		
	17 or who do not have the required social security number	_1	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. reside	ent	
_	alien. Also, do not include anyone you included on line 4.	_	
7	Multiply line 6 by \$500	-	500.
8	Add lines 5 and 7	. 8	500.
9	Enter the amount shown below for your filing status.		
	• Married filing jointly—\$400,000		
	• All other filing statuses—\$200,000 $\int$	. 9	400,000.
10	Subtract line 9 from line 3.		
	• If zero or less, enter -0		
	• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For		
	example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	. 10	0.
11	Multiply line 10 by 5% (0.05)		0.
12	Is the amount on line 8 more than the amount on line 11?		500.
	No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit	dit.	
	Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.		
	Yes. Subtract line 11 from line 8. Enter the result.		
13	Enter the amount from Credit Limit Worksheet A	. 13	11,697.
14	Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b>	. 14	500.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.		
	If the amount on line 12 is more than the amount on line 14, you may be able to take the <b>addition</b>		
	on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR	R through	line 27
	(also complete Schedule 3, line 11) before completing Part II-A.		
or Pa	pperwork Reduction Act Notice, see your tax return instructions.  BAA REV 02/05/24 PRO	Schedule	8812 (Form 1040) 2023

Schedule 8812 (Form 1040) 2023

Part	II-A Additional Child Tax Credit for All Filers		
Cautio	on: If you file Form 2555, you cannot claim the additional child tax credit.		
15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line	27 .	
16a	Subtract line 14 from line 12. If zero, stop here; you cannot take the additional child tax credit. Skip Parts II-A		
	and II-B. Enter -0- on line 27	16a	0.
b	Number of qualifying children under 17 with the required social security number: x \$1,600.		
	Enter the result. If zero, stop here; you cannot claim the additional child tax credit. Skip Parts II-A and II-B.		
	Enter -0- on line 27	16b	
	<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the <b>smaller</b> of line 16a or line 16b	17	
18a	Earned income (see instructions)		
b	Nontaxable combat pay (see instructions)		
19	Is the amount on line 18a more than \$2,500?		
	No. Leave line 19 blank and enter -0- on line 20.		
	Yes. Subtract \$2,500 from the amount on line 18a. Enter the result 19		
20	Multiply the amount on line 19 by $15\%$ (0.15) and enter the result	20	
	<b>Next.</b> On line 16b, is the amount \$4,800 or more?		
	No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the		
	smaller of line 17 or line 20 on line 27.		
	Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27.		
	Otherwise, go to line 21.		
Part	II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Resident	s of F	uerto Rico
21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2,		
	boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If		
	your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or		
	if you are a bona fide resident of Puerto Rico, see instructions		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form		
22	1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . 22	-	
23	Add lines 21 and 22	-	
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27,		
	and Schedule 3 (Form 1040), line 11.		
	1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11.		
25	Subtract line 24 from line 23. If zero or less, enter -0	25	
26	Enter the larger of line 20 or line 25	26	
-0	Next, enter the smaller of line 17 or line 26 on line 27.	20	
Part	II-C Additional Child Tax Credit		
27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28.	27	
	, , , , , , , , , , , , , , , , , , , ,		

### Form **8889**

### **Health Savings Accounts (HSAs)**

Department of the Treasury Internal Revenue Service

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

VIJAY GUMTE

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions. 189-21-5253

Befo	re you begin: 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	☐ Se	lf-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	7,750.
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	7,750.
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	7,750.
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	
8	Add lines 6 and 7	8	7,750.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions		
11	Add lines 9 and 10	11	384.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	7,366.
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.
Dowl	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		10.4
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	<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.	ons b	
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	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21	

(Rev. November 2023)

Department of the Treasury

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS. Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

Attachment

For tax year 20 23

Sequence No. 70Internal Revenue Service Taxpayer name(s) shown on return Taxpayer identification number VIJAY GUMTE & SASWOTEE LENKA 189-21-5253 Preparer's name Preparer tax identification number SYAM PRIYA RAM SAGAR GUPTA TALLAM **Due Diligence Requirements** Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC X CTC/ACTC/ODC AOTC HOH Did you complete the return based on information for the applicable tax year provided by the taxpayer No N/A X П If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC 2 worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit X Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes." answer questions 4a and 4b. If "No," go to question 5.) X Did you make reasonable inquiries to determine the correct, complete, and consistent information? . Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure X List those documents provided by the taxpayer, if any, that you relied on: Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her X X 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and

orm 8	867 (Rev. 11-2023)			Page 2
Part	Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go	to Part	III.)	
9a		Yes	No	N/A
	claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC			
	and does not have a qualifying child, go to question 10.)			
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
_	has supported the child the entire year?			
C	more than one person (tiebreaker rules)?			
Part	1 (	claim C	TC, A	CTC.
	or ODC, go to Part IV.)		•	,
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is	Yes	No	N/A
	a citizen, national, or resident of the United States?	×		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with			
	the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's			
	custodial parent has released a claim to exemption for the child?	×		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or			
	separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	×		
Part			 Part \	/\
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qu		Yes	No
	tuition and related expenses for the claimed AOTC?			П
Part	Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing statu	s, go to	o Part	VI.)
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax	x year	Yes	No
	and provided more than half of the cost of keeping up a home for the year for a qualifying person?			
Part	VI Eligibility Certification			
	You will have complied with all due diligence requirements for claiming the applicable credit(s) and on the return of the taxpayer identified above if you:	or HO	H filing	status
	<ul> <li>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's respo in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit( status and to figure the amount(s) of the credit(s);</li> </ul>	nses on s) and/c	the ref or HOH	turn or filing
	<ul> <li>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this check credit(s) claimed and HOH filing status, if claimed;</li> </ul>	ist for a	ny app	licable
	C. Submit Form 8867 in the manner required; and			
	D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 88 Document Retention.	67 instr	uctions	under
	1. A copy of this Form 8867.			
	2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.			
	3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).	"s eligib	ility for	the
	<ol><li>A record of how, when, and from whom the information used to prepare this form and the applica obtained.</li></ol>	ble worl	ksheet(	s) was
	<ol><li>A record of any additional information you relied upon, including questions you asked and the tax determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount</li></ol>	payer's ınt(s) of	respon the cre	ses, to
	If you have not complied with all due diligence requirements, you may have to pay a penalty for each related to a claim of an applicable credit or HOH filing status (see instructions for more information	h failur ).	e to co	mply
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct	t. and	Yes	No
	complete?		×	

### 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 VIJAY GUMTE & SASWOTEE LENKA Sch E BASAWESHWAR NAGAR 189-21-5253 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.) 14 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 c 7-year property d 10-year property e 15-year property **f** 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L 01/23 104,220. 3,632 S/L 27.5 yrs. MM property 39 yrs. ММ S/L i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. **b** 12-year ММ S/L c 30-year 30 yrs. 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

portion of the basis attributable to section 263A costs.

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

3,632.

22