Form 8879
(Rev. January 2021)
Department of the Treesury

epartment of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074 ERO must obtain and retain completed Form 8879.

Social accurity number

Go to www.irs.gov/Form8879 for the latest information		Gotou	www.irs.gov	/Form8879	for the	latest	informatio
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Submission Identification Number (SID)

Taypayar'a nama

талрау		Social S	ecunty nui	libel
SHY	AM KUMAR YAMJAL	274-	-51-15	27
Spouse	o's name	Spouse'	s social se	curity number
Par	t I Tax Return Information – Tax Year Ending December 31, 2023 (Enter	er year yo	ou are a	uthorizing.)
Enter	whole dollars only on lines 1 through 5.			
Note	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.			
1	Adjusted gross income		. 1	40,735.
2	Total tax			3,005.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		. 3	6,379.
4	Amount you want refunded to you		. 4	3,374.
5	Amount you owe		. 5	

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

Under penalties of periury. I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize GLOBAL TAXES LLC to enter or generate my PIN

1	1	5	2	7	
	er fiv n't er				as

my

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

Spouse's PIN: check one box only

I authorize

to enter or generate my PIN

01/08/2024

Date

as mv Enter five digits, but don't enter all zeros

ERO firm name signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signat	iture 🕨 🛛 Da	ate 🕨	•								
	Practitioner PIN Method Returns Only—continue	bel	ow								
Part III Ce	ertification and Authentication – Practitioner PIN Method Only										
ERO's EFIN/PI	N. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2		6 nter a		2	7	1	

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature >	Date 🕨								
) Must Retain This Form — See Instruct it This Form to the IRS Unless Requeste								
For Denominaria Deduction Act Nation and your		Earm 8870 (Boy, 01 2021)							

For Paperwork Reduction Act Notice, see your tax return instructions. BAA REV 12/21/23 PRO

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	∕—Do not v	vrite or st	aple in this space.
For the year Jan	. 1-Dec	2. 31, 2023, or other tax year beginning			, 2023, end	ling			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your se	ocial sec	curity number
SHYAM KU	IMAR		YAM	JAL								1527
		s first name and middle initial	Last r									security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.				A	Apt. no.	Preside	ential Ele	ection Campaign
13290 NC	EL 1	RD						5	524	Check	here if y	ou, or your
		ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	ite	ZIP c	ode		•	jointly, want \$3
DALLAS						ТХ	K	752	40			nd. Checking a not change
Foreign country	name			Foreign p	rovince/state/o	count	ty	Foreig	n postal code		x or refu	•
											Y	ou 🗌 Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only] Married filing jointly (even if only o	ne hac	l income)			_					
one box.] Married filing separately (MFS)							ing spouse/			
		ou checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or Q	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ur depe	endent:								
Digital	At ar	ny time during 2023, did you: (a) rec	eive (a	s a reward	d, award, or	payr	ment for prope	rty or	services); or	(b) sell,		
Assets		ange, or otherwise dispose of a dig									Y	es 🛛 No
Standard	Som	eone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1					
Aae/Blindness	You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befo	ore January	2. 1959		s blind
Dependents	s (see	instructions):		(2)	Social security	,	(3) Relationsh	11			ifies for	(see instructions):
• If more		irst name Last name			number		to you		Child tax c	redit	Credit fo	or other dependents
than four												
dependents, see instructions												
and check	·											
here 🗌												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 18	a 📃	45,365.
Attach Form(s)	b	Household employee wages not re								. <u>1</u> k	>	
W-2 here. Also	С	Tip income not reported on line 1a	•		,			• •		. 10		
attach Forms W-2G and	d	Medicaid waiver payments not rep				nstru	uctions)	• •		. 10		
1099-R if tax	е	Taxable dependent care benefits f						• •		. 10		
was withheld.	f	Employer-provided adoption bene			,			• •		. 1		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •		• •		. 10		0.
W-2, see	h	Other earned income (see instruct	,	· · ·		• •	· · · ·		• • •	. 11	1	0.
instructions.	i -	Nontaxable combat pay election (s Add lines 1a through 1h	see ins	structions)		• •	1 i			- 1		45,365.
	z 2a	-	2a		· · · ·		axable interest	· ·		. <u>1</u> 2		45,505.
Attach Sch. B if required.	2a 3a		2a 3a				Ordinary divide		• • •	· 21		
·	4a		4a				axable amoun			. 4		
Standard	-та 5а		5a				axable amoun			. 5ł		
 Deduction for – Single or 	6a		6a				axable amoun			. 6ł		
Married filing	c	If you elect to use the lump-sum e		method.					[· •	-	
separately, \$13,850	7	Capital gain or (loss). Attach Sche				•	,		[7		
 Married filing jointly or 	8	Additional income from Schedule		•	•		-			. 8		-4,630.
Qualifying spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 9		40,735.
\$27,700	10	Adjustments to income from Sche								. 10)	
 Head of household, 	11	Subtract line 10 from line 9. This is			gross incon	ne				. 1'		40,735.
\$20,800 • If you checked	12	Standard deduction or itemized								. 12	2	13,850.
any box under	13	Qualified business income deduct	ion fro	m Form 8	995 or Form	899	5-A			. 1:	3	
Standard Deduction,	14	Add lines 12 and 13								. 14	1	13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our I	taxable incom	ie .		. 19	5	26,885.

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

Form **1040** (2023)

Form 1040 (2023	3)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3 🗌	[1	16	3,005.
Credits	17	Amount from Schedule 2, lin	ie3				1	17	
	18	Add lines 16 and 17					1	18	3,005.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	19	
	20	Amount from Schedule 3, lin	e8				2	20	
	21	Add lines 19 and 20					2	21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0			2	22	3,005.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .		2	23	0.
	24	Add lines 22 and 23. This is	your total tax				2	24	3,005.
Payments	25	Federal income tax withheld							i
	а	Form(s) W-2				25a 6	,379.		
	b	Form(s) 1099				25b	·		
	с	Other forms (see instructions				25c			
	d	Add lines 25a through 25c					2	5d	6,379.
If you have a	26	2023 estimated tax payment					2	26	
qualifying child,	27	Earned income credit (EIC)				27			
attach Sch. EIC.	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	8. line 8		29			
	30	Reserved for future use .		-		30			
	31	Amount from Schedule 3. lin				31			
	32	Add lines 27, 28, 29, and 31				-		32	
	33	Add lines 25d, 26, and 32. T		-	-			33	6,379.
Refund	34	If line 33 is more than line 24						34	3,374.
norana	35a	Amount of line 34 you want				, ,		5a	3,374.
Direct deposit?	b	Routing number 1 2 2					Savings		
See instructions.	d	Account number 7 7 1							
	36	Amount of line 34 you want a			ed tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe	01	For details on how to pay, g					3	37	
	38	Estimated tax penalty (see in				38			
Third Party	Do	you want to allow another							
Designee							omplete belo	w. 🗵	No
3	De	signee's		Phone			onal identificat	ion	
	nai			no.			ber (PIN)		
Sign		der penalties of perjury, I declare the ief, they are true, correct, and com			1 2 0		,		, ,
Here		· · · ·	piete. Deciaration						
	Yo	ur signature		Date	Your occupation				ou an Identity enter it here
Joint return?					SOFTWARE :	ENGINEER	(see inst		
See instructions.	Sp	ouse's signature. If a joint return, t	ooth must sign.	Date	Spouse's occupat		If the IRS	sent yo	our spouse an
Keep a copy for your records.									on PIN, enter it here
your records.							(see inst	.)	
		one no. (937)829-617		Email address	SHYAMKUMARYA	AMJAL@GMAIL.CC			
Paid		eparer's name	Preparer's signat			Date	PTIN		eck if:
Preparer	SYAM	PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALLAM	01/08/2024	P0208270		Self-employed
Use Only	Fir	m's name GLOBAL TAX					Phone n	э. (67	8)965-9522
	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Firm's El	N	84-3171965
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	REV 12/21/23 PRO			Form 1040 (2023)

irs.gov/F

BAA REV 12/21/23 PRO

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 23

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form1040 for instructions and the latest information.		Attachment Sequence No. 01
Name(s) shown on Fo	rm 1040, 1040-SR, or 1040-NR	Your soc	ial security number
SHYAM KUMAR YA	MJAL	274-51	-1527

Par	t 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		5	-4,630.
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		
I	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	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			4 600
	1040, 1040-SR, or 1040-NR, line 8		10	-4,630.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedule	1 (Form 1040) 2023

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis gov officials. Attach Form 2106	/ernment	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			19a	
b	Recipient's SSN		Tou	
c	Date of original divorce or separation agreement (see instructions):			
20			20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:		20	
 a	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8l from the		-	
	rental of personal property engaged in for profit			
с	Nontaxable amount of the value of Olympic and Paralympic medals		-	
•	and USOC prize money reported on line 8m.			
d	Reforestation amortization and expenses		-	
e	Repayment of supplemental unemployment benefits under the Trade		-	
•	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
a	Contributions by certain chaplains to section 403(b) plans 24g		-	
	Attorney fees and court costs for actions involving certain unlawful		-	
	discrimination claims (see instructions)			
i	Attorney fees and court costs you paid in connection with an award		-	
•	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
i	Housing deduction from Form 2555			
, k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
	1041)			
z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Enter her	e and on		
	Form 1040, 1040-SR, or 1040-NR, line 10		26	
	BAA REV 12/21/23	PRO	Schedule 1 (For	m 1040) 2023

SCHEDULE	Е
(Form 1040)	

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041. st information.

.,	2023
	Attachment Sequence No. 13

Name(s)	shown	on	retur

Go to www.irs.gov/ScheduleE for instructions and the late			
	t the late	instructions of	Go to www.irc.gov/SchoduloE
		monuctions a	

Name(s)	shown on return		Ŭ						Your soci	al security	number
SHYA	YAM KUMAR YAMJAL						274-51-1527				
Part			s From Rental Real Estate ar								
	Note: If you a rental income	or los	ne business of renting personal prope s from Form 4835 on page 2, line 40.	rty, use	e Schedu	le C. See	e instru	ctions. If you	are an indi	vidual, rep	ort farm
A [nts in 2023 that would require you		Form(s)	1099? \$	See in	structions .		. 🗌 Ye	s 🛛 No
B l	f "Yes," did you or	will y	ou file required Form(s) 1099? .							. 🗌 Ye	s 🗌 No
1a			ach property (street, city, state, ZI								
Α											
В											
С											
1b	Type of Property (from list below)	2	For each rental real estate proper above, report the number of fair				Fa	air Rental Days		nal Use ays	QJV
Α	3	-	personal use days. Check the Q				365		0		
B	5	-	if you meet the requirements to	file as	a	B		303	U		
c		1	qualified joint venture. See instru	uctions	s.	C					
-	of Property:	1				U					
	Single Family Resi	dence	a Vacation/Short-Term Rer	ntal	5 Lan	d	7	Self-Rental			
	Multi-Family Resid		4 Commercial	ittai	6 Roy				ribe)		
						-		Propert	ies:	1	
Incom						<u> </u>		В			C
3				3		5	520.				
4		а		4							
Exper				E							
5 6	-		· · · · · · · · · · · · · · · · · · ·	5							
7			structions)	7		Q	890.				
8	•			8		C	90.				
9				9							
10			sional fees	10							
11				11		5	50.				
12	-		to banks, etc. (see instructions)	12							
13	00			13							
14				14		1,0	25.				
15				15			60.				
16				16							
17	Utilities			17		1,1	25.				
18	Depreciation expe	ense o	pr depletion	18							
19	Other (list)			19							
20			nes 5 through 19	20		5,1	50.				
21	Subtract line 20 fr	rom li	ne 3 (rents) and/or 4 (royalties). If								
			structions to find out if you must								
				21		-4,6	530.				
22			estate loss after limitation, if any,				· ·	1		,	
			ructions)	22	,		30.)	()	()
23a			ported on line 3 for all rental prope		• •		23a		520.		
b			ported on line 4 for all royalty prop				23b				
C d			ported on line 12 for all properties		• •		23c				
d			ported on line 18 for all properties ported on line 20 for all properties				23d 23e		5,150.		
е 24			amounts shown on line 21. Do no		 de anv le		236		04		
24 25			ses from line 21 and rental real estat		-		nter to	 Intal losses he		(4,630.)
25 26	-	-	e and royalty income or (loss).							(-,030.)
20	i Jiai i elital i edi	cold	e and royally income or (1055).	COULD		∠+ a110	1 ZJ. D		սւլ		

here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2

-4,630.

26

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