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

Submission Identification Number (SID)		
Taxpayer's name	Social securi	ty number
TAPAS ROUT	712-06	-2184
Spouse's name	Spouse's soo	cial security number
Part I Tax Return Information — Tax Year Ending December 31,	2023 (Enter year you a	are authorizing.)
Enter whole dollars only on lines 1 through 5.	ZOZS (Zintor your your	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1 Adjusted gross income		1 41,464.
2 Total tax		2 3,096.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 4,558.
4 Amount you want refunded to you		4 1,462.
5 Amount you owe		5
Part II Taxpayer Declaration and Signature Authorization (Be sure you Under penalties of perjury, I declare that I have examined a copy of the income tax return (origin		
my knowledge and belief, it is true, correct, and complete. I further declare that the amounts return (original or amended) I am now authorizing. I consent to allow my intermediate service p to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I a Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution payment of my federal taxes owed on this return and/or a payment of estimated tax, and the finantiation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent at 1-888-353-4537. Payment of business days prior to the payment (settlement) date. I also authorize the financial institutions taxes to receive confidential information necessary to answer inquiries and resolve issues repersonal identification number (PIN) below is my signature for the income tax return (original of Electronic Funds Withdrawal Consent.	rovider, transmitter, or electric reason for rejection of the trauthorize the U.S. Treasury a con account indicated in the transial institution to debit the ent to terminate the authorize ancellation requests must be involved in the processing of elated to the payment. I fur	onic return originator (ERO) ransmission, (b) the reason and its designated Financial ax preparation software for entry to this account. This ation. To revoke (cancel) are received no later than 2 f the electronic payment of the racknowledge that the
Taxpayer's PIN: check one box only X I authorize GLOBAL TAXES LLC to ente	r or concrete my DIN	
ERO firm name		as my as my as my arter five digits, but on't enter all zeros
signature on the income tax return (original or amended) I am now authorizing	ng.	in t chici dii 20103
I will enter my PIN as my signature on the income tax return (original or ame if you are entering your own PIN and your return is filed using the Practitio below.		
Your signature ►	Date ►	
Spouse's PIN: check one box only		
· · _	r or generate my PIN	as my
ERO firm name	En	ter five digits, but
signature on the income tax return (original or amended) I am now authorizing	ng. do	n't enter all zeros
I will enter my PIN as my signature on the income tax return (original or amount if you are entering your own PIN and your return is filed using the Practitio below.	•	-
Spouse's signature ▶	Date ►	
Practitioner PIN Method Returns Only—cor		
Part III Certification and Authentication — Practitioner PIN Method C	Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected P		6 0 8 2 7 1 er all zeros
I certify that the above numeric entry is my PIN, which is my signature for the electronic indivauthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm requirements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i>	that I am submitting this ret	urn in accordance with the
ERO's signature ►	Date ►	
ERO Must Retain This Form — See Ins		
Don't Submit This Form to the IRS Unless Req		

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



1040		partment of the Treasury—Internal Revenue Servi		urn	20 2	3	OMB No. 1545	-0074	IRS Use On	ly—Do not v	write or sta	aple in this space.
For the year Jai	า. 1–De	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and n	niddle initial	Last na	me						Your so	ocial sec	curity number
TAPAS			ROUT	•						712	06	2184
If joint return, s	pouse	's first name and middle initial	Last na	me						Spouse	's socia	security number
Home address	(numb	per and street). If you have a P.O. box, see	instruction	ons.				A	pt. no.	Preside	ential Ele	ection Campaign
7810 CH	ELSE	A JADE LN						5	25	1		ou, or your
City, town, or p	oost off	fice. If you have a foreign address, also co	mplete s	paces belo	w.	Sta	te	ZIP co	ode	1 '	•	jointly, want \$3 nd. Checking a
CHARLOT'	ΓE					NC		282	62	1 -		not change
Foreign countr	y name	9	F	Foreign pro	vince/state/o	count	У	Foreig	n postal code	your ta	x or refu	
Filing Status	s D	☑ Single					Head of ho	ouseho	old (HOH)	-		
_		☐ Married filing jointly (even if only o	ne had i	ncome)					,			
Check only one box.		☐ Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spouse	(QSS)		
	If	you checked the MFS box, enter the	name c	of your spo	ouse. If you	ı che	ecked the HOH	l or QS	SS box, ent	er the ch	ild's na	me if the
	qı	ualifying person is a child but not you	ır depen	ndent:								
 Digital		ny time during 2023, did you: (a) rec										
Assets	exc	hange, or otherwise dispose of a dig	ital asse	•				t)? (Se	e instruction	ons.)	Y	es 🗵 No
Standard		neone can claim: You as a de	pendent	t 🗌 Y	our spouse	e as	a dependent					
Deduction	Ш	Spouse itemizes on a separate retur	n or you	ı were a d	ual-status a	alien						
Age/Blindnes	s You	u: Uwere born before January 2, 1	959 [Are blir	nd Spo	use:	: Was bor	n befo	re January	2, 1959		s blind
Dependent	s (see	e instructions):		(2) Sc	ocial security	,	(3) Relationsh	ip (4) Check the	box if qual	ifies for	(see instructions):
If more	(1)	First name Last name		ı	number		to you		Child tax	credit	Credit fo	or other dependents
than four												
dependents, see instruction	s —											
and check	, —											
here L												
Income	1a	Total amount from Form(s) W-2, b	,		,					. 18	_	49,880.
Attach Form(s)	b	Household employee wages not re	•	•	,					1k	_	
W-2 here. Also	C	Tip income not reported on line 1a (see instructions)								10	_	
attach Forms W-2G and	d									. 10	_	
1099-R if tax	e		Taxable dependent care benefits from Form 2441, line 26							. 10	_	
was withheld.	f	Wages from Form 8919, line 6							. 11			
If you did not get a Form	g								. 19			
W-2, see	h :	Other earned income (see instruct	,					 I		. 11	1	0.
instructions.	i -	Nontaxable combat pay election (s	see mstr	ructions)		•	<u>1i</u>			4.		49,880.
Attack Oct D	z 2a	Add lines 1a through 1h	2a		<u>;</u> .	h T	 axable interest			. 12	_	10,000.
Attach Sch. B if required.	2a 3a	·	3a				rdinary divider				_	
	4a	- ·	4a				axable amount				_	
Standard	5a	<u> </u>	та 5а				axable amount				_	
Deduction for— Single or	6a	<u> </u>	6a				axable amount			. 6k	_	
Married filing	C	If you elect to use the lump-sum e		method o						. J		
separately, \$13,850	7	Capital gain or (loss). Attach Sche		•		•	,			☐ 7		
Married filing jointly or	8	Additional income from Schedule								. 8		-8,416.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	•							. 9		41,464.
surviving spouse, \$27,700	10	Adjustments to income from Sche		•						. 10		,
Head of household,	11	Subtract line 10 from line 9. This is								. 11		41,464.
\$20,800	12	Standard deduction or itemized	-	-						. 12		13,850.
If you checked any box under	13	Qualified business income deduct				,	5-A			. 13		
Standard Deduction,	14									. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	o or less	s, enter -C) This is y	our t	axable incom	e .	<u>.</u>			27,614.

Form 1040 (2023	3)								Page Z	
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	3,095.	
Credits	17	Amount from Schedule 2, lin	ne 3					17		
	18	Add lines 16 and 17						18	3,095.	
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19		
	20	Amount from Schedule 3, lin	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	3,095.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	1.	
	24	Add lines 22 and 23. This is	your total tax					24	3,096.	
Payments	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a 4	1,558			
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						25d	4,558.	
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20)22 return			26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	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, lin	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 to	tal payments				33	4,558.	
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	1,462.	
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆	35a	1,462.	
Direct deposit?	b	1								
See instructions.	d	Account number 2 3 7	0 4 8 7	3 8 5 9	9 2					
	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	_	-		38		0.		
Third Party		you want to allow another								
Designee		,	•				omplete	below.	⋉ No	
	De	esignee's		Phone		onal iden	tification			
		me		no.			ber (PIN)			
Sign		der penalties of perjury, I declare t lief, they are true, correct, and com			, , ,				,	
Here			ipiete. Deciaration (I	sed on an imormati			, ,	
	Yo	our signature		Date	Your occupation				nt you an Identity IN, enter it here	
Joint return?					SOFTWARE E	NGINEER		e inst.)	,	
See instructions.		ouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupation		If ti	ne IRS se	nt your spouse an	
Keep a copy for your records.		<u> </u>					Identity Protection PIN, enter it here (see inst.)			
	Ph	one no. (704)852-187	9	Email address	TAPAS.RANJAN.	ROUT@GMAIL.C	OM			
Doid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:	
Paid	SYAI	M PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	03/09/2024	P0208	32703	Self-employed	
Preparer Use Only	Fir	Firm's name GLOBAL TAXES LLC						hone no. (678)965-9522		
Use Only	Fir							n's EIN	84-3171965	

SCHEDULE 1 (Form 1040)

TAPAS ROUT

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment

Department of the Treasury Internal Revenue Service

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

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

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

	Sequence No. 01
Your soc	ial security number
712_06	_2194

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		5	-8,416.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-8,416.

Page **2** Schedule 1 (Form 1040) 2023

Par	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	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	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	Contributions by certain chaplains to section 403(b) plans	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:	04-			
0E	Total ather adjustments Add lines 04s through 04s	24z		05	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income Form 1040, 1040-SR, or 1040-NR, line 10	. ⊏nter	nere and on	26	
					le 4 (Farme 4040) 0000
	BAA	REV 03/	04/24 PRO	ocnedu	le 1 (Form 1040) 2023

SCHEDULE 2 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 02

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

Your social security number 712-06-2184

Pa	tl Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	
Par	t Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.		
	If not required, check here	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	1.
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	
	(co	ontinue	ed on page 2)

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

Part II Other Taxes (continued)

7	Other additional taxes:			
а	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home			
	see instructions	17b	-	
	Additional tax on HSA distributions. Attach Form 8889	17c	-	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
е	Additional tax on Archer MSA distributions. Attach Form 8853.	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
ı	Tax on accumulation distribution of trusts	171		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
0	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	170		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:			
		17z		
8	Total additional taxes. Add lines 17a through 17z		18	
9	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxe	es. Enter here and	64	
	on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1.

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

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

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

Attachment Sequence No. 13

Your social security number

TAP	AS ROUT							712-0	6-2184		
Par	Note: If you are in the busi	m Rental Real Estate an iness of renting personal proper Form 4835 on page 2, line 40.			e C. See	instru	ctions. If you	are an indiv	vidual, rep	ort farm	
	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions										
<u>В</u> 1а											
<u>A</u> B	JAMALPUR, BUS STAND ALIGARH UTTAR PRADESH IN 202002										
1b		above, report the number of fair rental and Days						Person Da		QJV	
A	pers	onal use days. Check the Qu	JV box	only	Α		365		0		
В		u meet the requirements to f			В						
С	quan	ified joint venture. See instru	ICTIONS		С						
1		Vacation/Short-Term Ren Commercial	tal	5 Land 6 Roya		-					
							Propert	ies:			
Incor					Α	٥٦	В			С	
3 4	Rents received		3		4	85.					
	Royalties received		4								
5	nses: Advertising		5								
6	Auto and travel (see instruction		6								
7	Cleaning and maintenance.		7		985.						
8	Commissions		8			05.					
9	Insurance		9								
10	Legal and other professional		10								
11	Management fees		11		7	58.					
12	Mortgage interest paid to bar		12			50.					
13	Other interest		13								
14	Repairs		14		1,0	15.					
15	Supplies		15		1,3						
16	Taxes		16								
17	Utilities		17		1,8	75.					
18	Depreciation expense or dep		18		2,9	16.					
19	Other (list)		19								
20	Total expenses. Add lines 5 t	hrough 19	20		8,9	01.					
21	Subtract line 20 from line 3 (result is a (loss), see instruction	ions to find out if you must			0.4	1.0					
	file Form 6198		21		-8,4	тр.					
22	Deductible rental real estate on Form 8582 (see instruction	ons)	22	(8,41	6.)	()	(
23a	Total of all amounts reported					23a		485.			
b	Total of all amounts reported		erties			23b					
C	Total of all amounts reported					23c		016			
d	Total of all amounts reported					23d		2,916.			
e	Total of all amounts reported					23e		3,901.			
24	Income. Add positive amoun			-				. 24	/	0 416	
25	Losses. Add royalty losses fro							-	(8,416.	
26	Total rental real estate and here. If Parts II, III, and IV, a										
	Schedule 1 (Form 1040), line							26		-8.416	