Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

OMB No. 1545-0074

ERO must obtain and retain completed Form 8879. ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

T.....

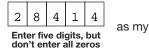
Тахрауе	er's name	Social securit	Social security number			
ABH	IMANYU SINGH	753-22-	-8414	1		
Spouse	's name	Spouse's soc	ial secu	ırity number		
Part	Tax Return Information – Tax Year Ending December 31, 2023 (En	ter year you a	re aut	horizing.)		
Enter	whole dollars only on lines 1 through 5.					
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	73,119.		
2	Total tax		2	8,348.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	12,594.		
4	Amount you want refunded to you		4	4,246.		
5	Amount you owe		5			

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

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	
				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

to	enter	or	generate	my	PIN

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 signature >	Date ►						
Practitioner PIN Method Returns Only—continue below							
Part III Certification and Authentication – Practition	er PIN Method Only						
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-o	ligit self-selected PIN. 2 2 2 4 9 6 0 8 2 7 1 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 Date								
	Instructions Requested To Do So							
For Paperwork Reduction Act Notice, see your tax retu	Irn instructions. RAA	REV 02/11/24 PRO	Form 8879 (Rev. 01-2021)					

1040		artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		turn	202	3	OMB No. 1545	-0074	IRS Use Only	–Do not w	vrite or sta	aple in this space.
For the year Jan	. 1-Dec	c. 31, 2023, or other tax year beginning			, 2023, end	ing			, 20	See se	parate	instructions.
Your first name	and m	iddle initial	Last r	name						Your so	cial sec	curity number
ABHIMANY	IJ		SIN	IGH						753	22	8414
		s first name and middle initial	Last r							Spouse		I security number
Home address	(numbe	er and street). If you have a P.O. box, see	instruc	ctions.				A	pt. no.	Preside	ntial Ele	ection Campaigr
<u>7808 кот</u>	ZC	Г						2	22			ou, or your
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete	spaces be	low.	Sta	te	ZIP co	ode			jointly, want \$3 nd. Checking a
CHARLOTI	Έ					NC		282	69			not change
Foreign country	Foreign country name				rovince/state/c	count	ty	Foreig	n postal code	your tax	_	_
											∐ Yo	ou Spouse
Filing Status		Single					Head of he	ouseh	old (HOH)			
Check only		Married filing jointly (even if only or	ne hao	d income)								
one box.	L	Married filing separately (MFS)					Qualifying		- ·			
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOF	l or QS	SS box, ente	er the ch	ild's na	me if the
	qu	alifying person is a child but not you	ır aep	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	exch	nange, or otherwise dispose of a dig	ital as	set (or a fi	nancial intere	əst ir	n a digital asse	t)? (Se	e instructio	ns.)	Y	es 🛛 No
Standard	Som	neone can claim: 🗌 You as a de	pende	ent 🗌	Your spouse	e as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status a	alien	1					
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore January	2, 1959	🗌 l:	s blind
Dependents	s (see	instructions):		(2) 5	Social security		(3) Relationsh	14			fies for	(see instructions):
If more		irst name Last name		(_)	number		to you	'P	Child tax c	redit	Credit fo	or other dependents
than four												
dependents,												
see instructions and check	s —											
here												
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	see instruc	ctions)					. 1a	1	92,426.
Attach Form(s)	b	Household employee wages not re	eporte	d on Form	n(s) W-2					. 1b)	
W-2 here. Also	С	Tip income not reported on line 1a	a (see i	nstructior	ructions)					. 10	:	
attach Forms W-2G and	d	Medicaid waiver payments not rep	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)						. 1d			
1099-R if tax	е	Taxable dependent care benefits f	rom F	orm 2441, line 26					. 1e	,		
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29								. 1f		
lf you did not get a Form	g	Wages from Form 8919, line 6 .				• •				. 1 g		
W-2, see	h	Other earned income (see instruct	,			•••	· · · · ·	···		. <u>1h</u>	1	0.
instructions.	i	Nontaxable combat pay election (s	see ins	structions))	• •	1 i					00 400
	z	Add lines 1a through 1h			· · · ·	 				. 1z		92,426.
Attach Sch. B if required.	2a	· -	2a				axable interest			. 2b		
	<u>3a</u>		3a 40				ordinary divider			. 3b		
Standard	4a 50		4a				axable amoun		• • •	. 4b		
Deduction for –	5a 6a		5a 6a				axable amoun axable amoun			. 5b . 6b		
 Single or Married filing 	6a	If you elect to use the lump-sum e		mathod				· · ·	· · ·		,	
separately, \$13,850	с 7	Capital gain or (loss). Attach Sche				•	,	• •	L [7		
 Married filing 	8	Additional income from Schedule		•	•				l	. 8		-19,307.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7								. 0		73,119.
surviving spouse, \$27,700	10	Adjustments to income from Sche								. 10	,	
 Head of household, 	11	Subtract line 10 from line 9. This is				ne .				. 11		73,119.
\$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	Add lines 12 and 13								. 14		13,850.
see instructions.	15	Subtract line 14 from line 11. If zer	ro or le	ess, enter	-0 This is y	our t	taxable incom	e.		. 15		59,269.
					,						• •	

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

Form **1040** (2023)

Form 1040 (2023	5)						Page 2
Tax and	16	Tax (see instructions). Check if any from Form	s): 1 🗌 881	4 2 4972	3 🗌	16	8,348.
Credits	17	Amount from Schedule 2, line 3				17	
	18	Add lines 16 and 17				18	8,348.
	19	Child tax credit or credit for other dependents	s from Sched	ule 8812		19	
Credits 17 18 19 20 21 22 23 24 Payments 25 Payments 25 Payments 25 17 18 19 20 21 22 23 24 Payments 25 28 29 30 31 32 33 Refund 34 35 Direct deposit? See instructions. 36 Amount 37 You Owe 38 Third Party Designee 38 Third Party See instructions. Keep a copy for your records. Sign 38 Paid 39 Sign 39 Paid 39 Sign 30 Sign 30	20	Amount from Schedule 3, line 8				20	
	21	Add lines 19 and 20				21	
	22	Subtract line 21 from line 18. If zero or less, e	enter -0			22	8,348.
	23	Other taxes, including self-employment tax, f				23	0.
	24	Add lines 22 and 23. This is your total tax				24	8,348.
Payments	25	Federal income tax withheld from:					
i aj monto	а	Form(s) W-2			25a 12,	594.	
	b	Form(s) 1099			25b		
	с	Other forms (see instructions)			25c		
	d	Add lines 25a through 25c				25d	12,594.
	26	2023 estimated tax payments and amount ap				26	
qualifying child,		Earned income credit (EIC)	•		27		
attach Sch. EIC.	d 16 Tax d 16 Tax 17 Amo 18 Add 18 Add 19 Chill 20 Amo 20 Amo 21 Add 22 Sub 23 Other 21 Add 22 Sub 23 Other 24 Add 21 Add 22 Sub 23 Other 24 Add 18 Forr C Other 4 Add 22 Sub 23 Other 4 Add 10 25 Fedu a Forr C Other 4 Add 26 2023 Star Add 29 Amo 30 Result 30 Result 27 Earr Earr 28 Add 31 Amo 32 Add 33 Add 33 Add 33 Add 33 Add	Additional child tax credit from Schedule 8812			28		
		American opportunity credit from Form 8863,			29		
		Reserved for future use			30		
		Amount from Schedule 3, line 15			31		
		Add lines 27, 28, 29, and 31. These are your			-	32	1
		Add lines 25d, 26, and 32. These are your tot	•	-			12,594.
Refund		If line 33 is more than line 24, subtract line 24				34	4,246.
neruna		Amount of line 34 you want refunded to you			, .		4,246.
Direct deposit?		Routing number 0 5 3 0 0 0 1				avings	
		Account number 2 3 7 0 4 8 1				avingo	
		Amount of line 34 you want applied to your 2			36		
Amount		Subtract line 33 from line 24. This is the amo					1
	37	For details on how to pay, go to <i>www.irs.gov</i>				37	
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to discu					
		tructions				nplete below.	× No
Deelghee	De	signee's	Phone		_	nal identification	
			no.			er (PIN)	
Sign		der penalties of perjury, I declare that I have examined					, ,
-	bel	ef, they are true, correct, and complete. Declaration o	t preparer (otner	than taxpayer) is ba	ased on all information		, ,
	Yo	ur signature	Date	Your occupation			ent you an Identity PIN, enter it here
loint votuvo?				SOFTWARE I	NCINEED	(see inst.)	fin, enter it here
	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat		If the IBS se	ent your spouse an
Keep a copy for	op		Duto	opouoo o occuput			tection PIN, enter it here
your records.						(see inst.)	
	Ph	one no. (980)327-4608	Email address	ABHIMANYU.S	0809@GMAIL.COM	1	
Daid	Pre	parer's name Preparer's signatu	lre		Date	PTIN	Check if:
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA H	RAM SAGAR	GUPTA TALLAM	02/17/2024 1	202082703	Self-employed
-	Fir	n's name GLOBAL TAXES LLC				Phone no.	(678)965-9522
Use Only	Fir	n's address 245 ROONEY CT E BRUI	NSWICK NO	J 08816		Firm's EIN	84-3171965
Go to www.irs.go	ov/Form	1040 for instructions and the latest information.		BAA	REV 02/11/24 PRO		Form 1040 (2023)

SCHEDULE	1
(Form 1040)	

Additional Income and Adjustments to Income

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

OMB No. 1545-0074 20 3

Department of the Treasury Internal Revenue Service	' Co to unusu ire gov/Earm10/0 for instructions and the latest information						
Name(s) shown on Fo	Your social security number						
ABHIMANYU SING	753-22	-8414					
Part I Addition	onal Income						

Par	a 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. Att	ach Schedule E .	5	-19,307.
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		
1	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		
ο	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8р		
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 1040, 1040-SR, or 1040-NR, line 8		10	-19,307.
For Pa	perwork Reduction Act Notice, see your tax return instructions.		Schedu	le 1 (Form 1040) 2023

Par	Adjustments to Income				
11	Educator expenses			. 11	
12	Certain business expenses of reservists, performing artists, and fee-	basis	aovernmer	nt 🗌	
	officials. Attach Form 2106			. 12	
13	Health savings account deduction. Attach Form 8889				
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				
18	Penalty on early withdrawal of savings				
19a	Alimony paid				1
b	Recipient's SSN				
с	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction				
21	Student loan interest deduction				
22	Reserved for future use				
23	Archer MSA deduction			. 23	
24	Other adjustments:				
a		24a			
	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			
e	Repayment of supplemental unemployment benefits under the Trade				
•		24e			
f		24f			
g		24g		_	
<u> </u>	Attorney fees and court costs for actions involving certain unlawful	- 3		_	
		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				
		24i			
i		24i			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k			
7	Other adjustments. List type and amount:				
-		24z			
25	Total other adjustments. Add lines 24a through 24z			. 25	1
26	Add lines 11 through 23 and 25. These are your adjustments to income .				+
	Form 1040, 1040-SR, or 1040-NR, line 10				
	BAA		11/24 PRO		ule 1 (Form 1040) 202

	Revenue Service		Go to www.irs.gov/ScheduleE fo	r instru	uctions and	d the la	atest ir	nformation.		Attachm	ce No. 1 3	3
Name(s)	shown on return								Your socia	I security	number	
ABHI	MANYU SINGH								753-22	2-8414		
Part	Income or	Loss F	rom Rental Real Estate an	d Ro	yalties							
	Note: If you an rental income	re in the l or loss fr	ousiness of renting personal proper om Form 4835 on page 2, line 40.	rty, use	Schedule	C . See	e instru	ctions. If you	are an indiv	ridual, rep	ort farm	
			s in 2023 that would require you								s 🛛 N	lo
B li	f "Yes," did you or	will you	file required Form(s) 1099? .							. 🗌 Ye	s 🗌 N	lo
1a			property (street, city, state, ZII									
Α	-		ROAD RANCHI JHARKANI		,							
 	SAREI NAGAR	KANKE	ROAD RANCHI UHARRANI		034000							
<u>С</u>												
 1b	Tupo of Droporty	0 -	or apph rental real actate propa	web v liest	had		Ба	in Dontol	Dereen			
ID	Type of Property (from list below)		or each rental real estate prope bove, report the number of fair				Га	ir Rental Days	Person Da		QJ	V
Α	3		ersonal use days. Check the Q			Α		365	50	0		1
B	5	if	you meet the requirements to f	file as	a	B		303		0		1
		q	ualified joint venture. See instru	uctions	s	C						
	of Property:					<u> </u>						
	Single Family Resid	lence	3 Vacation/Short-Term Ren	tal	5 Land		7	Self-Rental				
	Multi-Family Reside		4 Commercial		6 Roya			Other (desc	ribe)			
							Ū					
-								Propert	ies:			
Incom						Α		В			С	
3				3		5	20.					
_4		4		4								
Expen				_								
5				5								
6			ictions)	6								
7	-		e	7		2,6	41.					
8				8								
9				9								
10			nal fees	10		1 0	0.5					
11	-			11		1,8	95.					
12		-	banks, etc. (see instructions)	12								
13				13		2 1	2.2					
14				14			22.					
15				15 16		5,0	41.					
16 17				17		1 0	12.					
18			depletion	18			12.					
19	Othor (list)			19		ч,Ј	10.					
20			5 through 19	20		19,8	27					
21	•		3 (rents) and/or 4 (royalties). If	20		17,0	27.					
21			uctions to find out if you must									
				21		-19,3	07.					
22			ate loss after limitation, if any,			.,.						
				22	(-	19,30)7.)	(١
23a	•		ted on line 3 for all rental prope				23a	N	520.	·		/
b		•	ted on line 4 for all royalty prop				23b					
c			ted on line 12 for all properties				23c					
d			ted on line 18 for all properties				23d	4	1,516.			
e			ted on line 20 for all properties				23e		9,827.			
24			ounts shown on line 21. Do not						. 24			

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result 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 .

19,307.

-19,307.

25 (

26

SCHEDULE E (Form 1040) Department of the Treasury

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
2023
Attachment Sequence No. 13

A	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions	0
В	If "Yes," did you or will you file required Form(s) 1099?	ο

_									
С									
1b	Type of Property (from list below)	2	or each rental real estate property listed pove, report the number of fair rental and		Fair Rental Days	Personal Use Days	QJV		
Α	3	-	personal use days. Check the QJV box only	Α	365	0			
В			if you meet the requirements to file as a qualified joint venture. See instructions.	В					
С									
Europe of Deconstruct									